

Code	Description	Fee
???	Unknown EMR procedure	
_TAX	Tax	
0001F	Heart failure assessed (includes assessment of all the following components) (CAD): Blood pressure measured (2000F) Level of activity assessed (1003F) Clinical symptoms of volume overload (excess) assessed (1004F) Weight, recorded (2001F) Clinical signs o	
0001M	Infectious disease, HCV, six biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, and haptoglobin) utilizing serum, prognostic algorithm reported as scores for fibrosis and necroinflammatory activity in liver	
0001U	Red blood cell antigen typing, DNA, human erythrocyte antigen gene analysis of 35 antigens from 11 blood groups, utilizing whole blood, common RBC alleles reported	
0002M	Liver disease, ten biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, haptoglobin, AST, glucose, total cholesterol and triglycerides) utilizing serum, prognostic algorithm reported as quantitative scores for fibrosis, ste	
0002U	Oncology (colorectal), quantitative assessment of three urine metabolites (ascorbic acid, succinic acid and carnitine) by liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring acquisition, algorithm reported as	
0003M	Liver disease, ten biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, haptoglobin, AST, glucose, total cholesterol and triglycerides) utilizing serum, prognostic algorithm reported as quantitative scores for fibrosis, ste	
0003U	Oncology (ovarian) biochemical assays of five proteins (apolipoprotein A-1, CA 125 II, follicle stimulating hormone, human epididymis protein 4, transferrin), utilizing serum, algorithm reported as a likelihood score	
0004M	Scoliosis, DNA analysis of 53 single nucleotide polymorphisms (SNPs), using saliva, prognostic algorithm reported as a risk score	
0004U	Infectious disease (bacterial), DNA, 27 resistance genes, PCR amplification and probe hybridization in microarray format (molecular detection and identification of AmpC, carbapenemase and ESBL coding genes), bacterial culture colonies, report of genes det	
0005F	Osteoarthritis assessed (OA) Includes assessment of all the following components: Osteoarthritis symptoms and functional status assessed (1006F) Use of anti-inflammatory or over-the-counter (OTC) analgesic medications assessed (1007F) Initial examination	
0005U	Oncology (prostate) gene expression profile by real-time RT-PCR of 3 genes (ERG, PCA3, and SPDEF), urine, algorithm reported as risk score	
0006M	Oncology (hepatic), mRNA expression levels of 161 genes, utilizing fresh hepatocellular carcinoma tumor tissue, with alpha-fetoprotein level, algorithm reported as a risk classifier	
0006U	Prescription drug monitoring, 120 or more drugs and substances, definitive tandem mass spectrometry with chromatography, urine, qualitative report of presence (including quantitative levels, when detected) or absence of each drug or substance with descrip	
0007M	Oncology (gastrointestinal neuroendocrine tumors), real-time PCR expression analysis of 51 genes, utilizing whole peripheral blood, algorithm reported as a nomogram of tumor disease index	
0007U	Drug test(s), presumptive, with definitive confirmation of positive results, any number of drug classes, urine, includes specimen verification including DNA authentication in comparison to buccal DNA, per date of service	

0008M Oncology (breast), mRNA analysis of 58 genes using hybrid capture, on formalin-fixed paraffin-embedded (FFPE) tissue, prognostic algorithm reported as a risk score

0008U Helicobacter pylori detection and antibiotic resistance, DNA, 16S and 23S rRNA, gyrA, pbp1, rdxA and rpoB, next generation sequencing, formalin-fixed paraffin-embedded or fresh tissue, predictive, reported as positive or negative for resistance to clarith

0009M Fetal aneuploidy (trisomy 21, and 18) DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy

0009U Oncology (breast cancer), ERBB2 (HER2) copy number by FISH, tumor cells from formalin-fixed paraffin-embedded tissue isolated using image-based dielectrophoresis (DEP) sorting, reported as ERBB2 gene amplified or non-amplified

00100 Anesthesia for procedures on salivary glands, including biopsy

00102 Anesthesia for procedures involving plastic repair of cleft lip

00103 Anesthesia for reconstructive procedures of eyelid (eg, blepharoplasty, ptosis surgery)

00104 Anesthesia for electroconvulsive therapy

0010U Infectious disease (bacterial), strain typing by whole genome sequencing, phylogenetic-based report of strain relatedness, per submitted isolate

0011U Prescription drug monitoring, evaluation of drugs present by LC-MS/MS, using oral fluid, reported as a comparison to an estimated steady-state range, per date of service including all drug compounds and metabolites

00120 Anesthesia for procedures on external, middle, and inner ear including biopsy; not otherwise specified

00124 Anesthesia for procedures on external, middle, and inner ear including biopsy; otoscopy

00126 Anesthesia for procedures on external, middle, and inner ear including biopsy; tympanotomy

0012F Community-acquired bacterial pneumonia assessment (includes all of the following components) (CAP): Co-morbid conditions assessed (1026F) Vital signs recorded (2010F) Mental status assessed (2014F) Hydration status assessed (2018F)

0012U Germline disorders, gene rearrangement detection by whole genome next-generation sequencing, DNA, whole blood, report of specific gene rearrangement(s)

0013U Oncology (solid organ neoplasia), gene rearrangement detection by whole genome next-generation sequencing, DNA, fresh or frozen tissue or cells, report of specific gene rearrangement(s)

00140 Anesthesia for procedures on eye; not otherwise specified

00142 Anesthesia for procedures on eye; lens surgery

00144 Anesthesia for procedures on eye; corneal transplant

00145 Anesthesia for procedures on eye; vitreoretinal surgery

00147 Anesthesia for procedures on eye; iridectomy

00148 Anesthesia for procedures on eye; ophthalmoscopy

0014F Comprehensive preoperative assessment performed for cataract surgery with intraocular lens (IOL) placement (includes assessment of all of the following components) (EC): Dilated fundus evaluation performed within 12 months prior to cataract surgery (2020F)

0014U Hematology (hematolymphoid neoplasia), gene rearrangement detection by whole genome next-generation sequencing, DNA, whole blood or bone marrow, report of specific gene rearrangement(s)

0015F Melanoma follow up completed (includes assessment of all of the following components) (ML): History obtained regarding new or changing moles (1050F) Complete physical skin exam performed (2029F) Patient counseled to perform a monthly self skin examination

0015U Drug metabolism (adverse drug reactions), DNA, 22 drug metabolism and transporter genes, real-time PCR, blood or buccal swab, genotype and metabolizer status for therapeutic decision support

00160 Anesthesia for procedures on nose and accessory sinuses; not otherwise specified

00162 Anesthesia for procedures on nose and accessory sinuses; radical surgery

00164 Anesthesia for procedures on nose and accessory sinuses; biopsy, soft tissue

0016U Oncology (hematolymphoid neoplasia), RNA, BCR/ABL1 major and minor breakpoint fusion transcripts, quantitative PCR amplification, blood or bone marrow, report of fusion not detected or detected with quantitation

00170 Anesthesia for intraoral procedures, including biopsy; not otherwise specified

00172 Anesthesia for intraoral procedures, including biopsy; repair of cleft palate

00174 Anesthesia for intraoral procedures, including biopsy; excision of retropharyngeal tumor

00176 Anesthesia for intraoral procedures, including biopsy; radical surgery

0017U Oncology (hematolymphoid neoplasia), JAK2 mutation, DNA, PCR amplification of exons 12-14 and sequence analysis, blood or bone marrow, report of JAK2 mutation not detected or detected

0018U Oncology (thyroid), microRNA profiling by RT-PCR of 10 microRNA sequences, utilizing fine needle aspirate, algorithm reported as a positive or negative result for moderate to high risk of malignancy

00190 Anesthesia for procedures on facial bones or skull; not otherwise specified

00192 Anesthesia for procedures on facial bones or skull; radical surgery (including prognathism)

0019T Extracorporeal shock wave involving musculoskeletal system, not otherwise specified, low energy

0019U Oncology, RNA, gene expression by whole transcriptome sequencing, formalin-fixed paraffin embedded tissue or fresh frozen tissue, predictive algorithm reported as potential targets for therapeutic agents

0020U Drug test(s), presumptive, with definitive confirmation of positive results, any number of drug classes, urine, with specimen verification including DNA authentication in comparison to buccal DNA, per date of service

00210 Anesthesia for intracranial procedures; not otherwise specified

00211 Anesthesia for intracranial procedures; craniotomy or craniectomy for evacuation of hematoma

00212 Anesthesia for intracranial procedures; subdural taps

00214 Anesthesia for intracranial procedures; burr holes, including ventriculography

00215 Anesthesia for intracranial procedures; cranioplasty or elevation of depressed skull fracture, extradural (simple or compound)

00216 Anesthesia for intracranial procedures; vascular procedures

00218 Anesthesia for intracranial procedures; procedures in sitting position

0021U Oncology (prostate), detection of 8 autoantibodies (ARF 6, NKX3-1, 5'-UTR-BMI1, CEP 164, 3'-UTR-Ropporin, Desmocollin, AURKAIP-1, CSNK2A2), multiplexed immunoassay and flow cytometry serum, algorithm reported as risk score

00220 Anesthesia for intracranial procedures; cerebrospinal fluid shunting procedures

00222 Anesthesia for intracranial procedures; electrocoagulation of intracranial nerve

0022U Targeted genomic sequence analysis panel, non-small cell lung neoplasia, DNA and RNA analysis, 23 genes, interrogation for sequence variants and rearrangements, reported as presence/absence of variants and associated therapy(ies) to consider

0023U Oncology (acute myelogenous leukemia), DNA, genotyping of internal tandem duplication, p.D835, p.I836, using mononuclear cells, reported as detection or non-detection of FLT3 mutation and indication for or against the use of imatinib

00300 Anesthesia for all procedures on the integumentary system, muscles and nerves of head, neck, and posterior trunk, not otherwise specified

00320 Anesthesia for all procedures on esophagus, thyroid, larynx, trachea and lymphatic system of neck; not otherwise specified, age 1 year or older

00322 Anesthesia for all procedures on esophagus, thyroid, larynx, trachea and lymphatic system of neck; needle biopsy of thyroid

00326 Anesthesia for all procedures on the larynx and trachea in children younger than 1 year of age

00350 Anesthesia for procedures on major vessels of neck; not otherwise specified

00352 Anesthesia for procedures on major vessels of neck; simple ligation

00400 Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; not otherwise specified

00402 Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; reconstructive procedures on breast (eg, reduction or augmentation mammoplasty, muscle flaps)

00404 Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; radical or modified radical procedures on breast

00406 Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; radical or modified radical procedures on breast with internal mammary node dissection

00410 Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; electrical conversion of arrhythmias

0042T Cerebral perfusion analysis using computed tomography with contrast administration, including post-processing of parametric maps with determination of cerebral blood flow, cerebral blood volume, and mean transit time

00450 Anesthesia for procedures on clavicle and scapula; not otherwise specified

00452 Anesthesia for procedures on clavicle and scapula; radical surgery

00454 Anesthesia for procedures on clavicle and scapula; biopsy of clavicle

00470 Anesthesia for partial rib resection; not otherwise specified

00472 Anesthesia for partial rib resection; thoracoplasty (any type)

00474 Anesthesia for partial rib resection; radical procedures (eg, pectus excavatum)

00500 Anesthesia for all procedures on esophagus

0051T Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy

00520 Anesthesia for closed chest procedures; (including bronchoscopy) not otherwise specified

00522 Anesthesia for closed chest procedures; needle biopsy of pleura

00524 Anesthesia for closed chest procedures; pneumocentesis

00528 Anesthesia for closed chest procedures; mediastinoscopy and diagnostic thoracoscopy not utilizing 1 lung ventilation

00529 Anesthesia for closed chest procedures; mediastinoscopy and diagnostic thoracoscopy utilizing 1 lung ventilation

0052T Replacement or repair of thoracic unit of a total replacement heart system (artificial heart)

00530 Anesthesia for permanent transvenous pacemaker insertion

00532 Anesthesia for access to central venous circulation

00534 Anesthesia for transvenous insertion or replacement of pacing cardioverter-defibrillator

00537 Anesthesia for cardiac electrophysiologic procedures including radiofrequency ablation

00539 Anesthesia for tracheobronchial reconstruction

0053T Replacement or repair of implantable component or components of total replacement heart system (artificial heart), excluding thoracic unit

00540 Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); not otherwise specified

00541 Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); utilizing 1 lung ventilation

00542 Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); decortication

00546 Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); pulmonary resection with thoracoplasty

00548 Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); intrathoracic procedures on the trachea and bronchi

0054T Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on fluoroscopic images (List separately in addition to code for primary procedure)

00550 Anesthesia for sternal debridement

0055T Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on CT/MRI images (List separately in addition to code for primary procedure)

00560 Anesthesia for procedures on heart, pericardial sac, and great vessels of chest; without pump oxygenator

00561 Anesthesia for procedures on heart, pericardial sac, and great vessels of chest; with pump oxygenator, younger than 1 year of age

00562 Anesthesia for procedures on heart, pericardial sac, and great vessels of chest; with pump oxygenator, age 1 year or older, for all noncoronary bypass procedures (eg, valve procedures) or for re-operation for coronary bypass more than 1 month after origin

00563 Anesthesia for procedures on heart, pericardial sac, and great vessels of chest; with pump oxygenator with hypothermic circulatory arrest

00566 Anesthesia for direct coronary artery bypass grafting; without pump oxygenator

00567 Anesthesia for direct coronary artery bypass grafting; with pump oxygenator

00580 Anesthesia for heart transplant or heart/lung transplant

0058T Cryopreservation; reproductive tissue, ovarian

0059T Cryopreservation; oocyte(s)

00600 Anesthesia for procedures on cervical spine and cord; not otherwise specified

00604 Anesthesia for procedures on cervical spine and cord; procedures with patient in the sitting position

00620 Anesthesia for procedures on thoracic spine and cord, not otherwise specified

00622 Anesthesia for procedures on thoracic spine and cord; thoracolumbar sympathectomy

00625 Anesthesia for procedures on the thoracic spine and cord, via an anterior transthoracic approach; not utilizing 1 lung ventilation

00626 Anesthesia for procedures on the thoracic spine and cord, via an anterior transthoracic approach; utilizing 1 lung ventilation

00630 Anesthesia for procedures in lumbar region; not otherwise specified

00632 Anesthesia for procedures in lumbar region; lumbar sympathectomy

00634 Anesthesia for procedures in lumbar region; chemonucleolysis

00635 Anesthesia for procedures in lumbar region; diagnostic or therapeutic lumbar puncture

00640 Anesthesia for manipulation of the spine or for closed procedures on the cervical, thoracic or lumbar spine

00670 Anesthesia for extensive spine and spinal cord procedures (eg, spinal instrumentation or vascular procedures)

00700 Anesthesia for procedures on upper anterior abdominal wall; not otherwise specified

00702 Anesthesia for procedures on upper anterior abdominal wall; percutaneous liver biopsy

0071T Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume less than 200 cc of tissue

0072T Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume greater or equal to 200 cc of tissue

00730 Anesthesia for procedures on upper posterior abdominal wall

00731 Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; not otherwise specified

00732 Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; endoscopic retrograde cholangiopancreatography (ERCP)

0073T Compensator-based beam modulation treatment delivery of inverse planned treatment using 3 or more high resolution (milled or cast) compensator convergent beam modulated fields, per treatment session

00740 Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum

00750 Anesthesia for hernia repairs in upper abdomen; not otherwise specified

00752 Anesthesia for hernia repairs in upper abdomen; lumbar and ventral (incisional) hernias and/or wound dehiscence

00754 Anesthesia for hernia repairs in upper abdomen; omphalocele

00756 Anesthesia for hernia repairs in upper abdomen; transabdominal repair of diaphragmatic hernia

0075T Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and interpretation, open or percutaneous; initial vessel

0076T Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and interpretation, open or percutaneous; each additional vessel (List separately in addition to code for primary procedure)

00770 Anesthesia for all procedures on major abdominal blood vessels

00790 Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; not otherwise specified

00792 Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; partial hepatectomy or management of liver hemorrhage (excluding liver biopsy)

00794 Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; pancreatectomy, partial or total (eg, Whipple procedure)

00796 Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; liver transplant (recipient)

00797 Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; gastric restrictive procedure for morbid obesity

00800 Anesthesia for procedures on lower anterior abdominal wall; not otherwise specified

00802 Anesthesia for procedures on lower anterior abdominal wall; panniculectomy

00810 Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum

00811 Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified

00812 Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy

00813 Anesthesia for combined upper and lower gastrointestinal endoscopic procedures, endoscope introduced both proximal to and distal to the duodenum

00820 Anesthesia for procedures on lower posterior abdominal wall

00830 Anesthesia for hernia repairs in lower abdomen; not otherwise specified

00832 Anesthesia for hernia repairs in lower abdomen; ventral and incisional hernias
00834 Anesthesia for hernia repairs in the lower abdomen not otherwise specified, younger than 1 year of age
00836 Anesthesia for hernia repairs in the lower abdomen not otherwise specified, infants younger than 37 weeks gestational age at birth and younger than 50 weeks gestational age at time of surgery
00840 Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; not otherwise specified
00842 Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; amniocentesis
00844 Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; abdominoperineal resection
00846 Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; radical hysterectomy
00848 Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; pelvic exenteration
00851 Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; tubal ligation/transection
0085T Breath test for heart transplant rejection
00860 Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; not otherwise specified
00862 Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; renal procedures, including upper one-third of ureter, or donor nephrectomy

00864 Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; total cystectomy
00865 Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; radical prostatectomy (suprapubic, retropubic)
00866 Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; adrenalectomy
00868 Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; renal transplant (recipient)
00870 Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; cystolithotomy
00872 Anesthesia for lithotripsy, extracorporeal shock wave; with water bath
00873 Anesthesia for lithotripsy, extracorporeal shock wave; without water bath
00880 Anesthesia for procedures on major lower abdominal vessels; not otherwise specified

00882 Anesthesia for procedures on major lower abdominal vessels; inferior vena cava ligation

00902 Anesthesia for; anorectal procedure
00904 Anesthesia for; radical perineal procedure
00906 Anesthesia for; vulvectomy
00908 Anesthesia for; perineal prostatectomy
00910 Anesthesia for transurethral procedures (including urethroscopy); not otherwise specified
00912 Anesthesia for transurethral procedures (including urethroscopy); transurethral resection of bladder tumor(s)
00914 Anesthesia for transurethral procedures (including urethroscopy); transurethral resection of prostate
00916 Anesthesia for transurethral procedures (including urethroscopy); post-transurethral resection bleeding
00918 Anesthesia for transurethral procedures (including urethroscopy); with fragmentation, manipulation and/or removal of ureteral calculus

00920 Anesthesia for procedures on male genitalia (including open urethral procedures); not otherwise specified

00921 Anesthesia for procedures on male genitalia (including open urethral procedures); vasectomy, unilateral or bilateral

00922 Anesthesia for procedures on male genitalia (including open urethral procedures); seminal vesicles

00924 Anesthesia for procedures on male genitalia (including open urethral procedures); undescended testis, unilateral or bilateral

00926 Anesthesia for procedures on male genitalia (including open urethral procedures); radical orchiectomy, inguinal

00928 Anesthesia for procedures on male genitalia (including open urethral procedures); radical orchiectomy, abdominal

0092T Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection), each additional interspace, cervical (List separately

00930 Anesthesia for procedures on male genitalia (including open urethral procedures); orchiopexy, unilateral or bilateral

00932 Anesthesia for procedures on male genitalia (including open urethral procedures); complete amputation of penis

00934 Anesthesia for procedures on male genitalia (including open urethral procedures); radical amputation of penis with bilateral inguinal lymphadenectomy

00936 Anesthesia for procedures on male genitalia (including open urethral procedures); radical amputation of penis with bilateral inguinal and iliac lymphadenectomy

00938 Anesthesia for procedures on male genitalia (including open urethral procedures); insertion of penile prosthesis (perineal approach)

00940 Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); not otherwise specified

00942 Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); colpotomy, vaginectomy, colporrhaphy, and open urethral procedures

00944 Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); vaginal hysterectomy

00948 Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); cervical cerclage

00950 Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); culdoscopy

00952 Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); hysteroscopy and/or hysterosalpingography

0095T Removal of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (List separately in addition to code for primary procedure)

0098T Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (List separately in addition to code for primary procedure)

0099T Implantation of intrastromal corneal ring segments

0100T Placement of a subconjunctival retinal prosthesis receiver and pulse generator, and implantation of intraocular retinal electrode array, with vitrectomy

0101T Extracorporeal shock wave involving musculoskeletal system, not otherwise specified, high energy

0102T Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, involving lateral humeral epicondyle

0103T Holotranscobalamin, quantitative

0106T Quantitative sensory testing (QST), testing and interpretation per extremity; using touch pressure stimuli to assess large diameter sensation

0107T Quantitative sensory testing (QST), testing and interpretation per extremity; using vibration stimuli to assess large diameter fiber sensation

0108T Quantitative sensory testing (QST), testing and interpretation per extremity; using cooling stimuli to assess small nerve fiber sensation and hyperalgesia

0109T Quantitative sensory testing (QST), testing and interpretation per extremity; using heat-pain stimuli to assess small nerve fiber sensation and hyperalgesia

0110T Quantitative sensory testing (QST), testing and interpretation per extremity; using other stimuli to assess sensation

01112 Anesthesia for bone marrow aspiration and/or biopsy, anterior or posterior iliac crest

0111T Long-chain (C20-22) omega-3 fatty acids in red blood cell (RBC) membranes

01120 Anesthesia for procedures on bony pelvis

01130 Anesthesia for body cast application or revision

01140 Anesthesia for interpelviabdominal (hindquarter) amputation

01150 Anesthesia for radical procedures for tumor of pelvis, except hindquarter amputation

01160 Anesthesia for closed procedures involving symphysis pubis or sacroiliac joint

01170 Anesthesia for open procedures involving symphysis pubis or sacroiliac joint

01173 Anesthesia for open repair of fracture disruption of pelvis or column fracture involving acetabulum

01180 Anesthesia for obturator neurectomy; extrapelvic

01190 Anesthesia for obturator neurectomy; intrapelvic

01200 Anesthesia for all closed procedures involving hip joint

01202 Anesthesia for arthroscopic procedures of hip joint

01210 Anesthesia for open procedures involving hip joint; not otherwise specified

01212 Anesthesia for open procedures involving hip joint; hip disarticulation

01214 Anesthesia for open procedures involving hip joint; total hip arthroplasty

01215 Anesthesia for open procedures involving hip joint; revision of total hip arthroplasty

01220 Anesthesia for all closed procedures involving upper two-thirds of femur

01230 Anesthesia for open procedures involving upper two-thirds of femur; not otherwise specified

01232 Anesthesia for open procedures involving upper two-thirds of femur; amputation

01234 Anesthesia for open procedures involving upper two-thirds of femur; radical resection

0123T Fistulization of sclera for glaucoma, through ciliary body

01250 Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of upper leg

01260 Anesthesia for all procedures involving veins of upper leg, including exploration

0126T Common carotid intima-media thickness (IMT) study for evaluation of atherosclerotic burden or coronary heart disease risk factor assessment

01270 Anesthesia for procedures involving arteries of upper leg, including bypass graft; not otherwise specified

01272 Anesthesia for procedures involving arteries of upper leg, including bypass graft; femoral artery ligation

01274 Anesthesia for procedures involving arteries of upper leg, including bypass graft; femoral artery embolectomy

01320 Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of knee and/or popliteal area

01340 Anesthesia for all closed procedures on lower one-third of femur

01360 Anesthesia for all open procedures on lower one-third of femur

01380 Anesthesia for all closed procedures on knee joint

01382 Anesthesia for diagnostic arthroscopic procedures of knee joint

01390 Anesthesia for all closed procedures on upper ends of tibia, fibula, and/or patella

01392 Anesthesia for all open procedures on upper ends of tibia, fibula, and/or patella

01400 Anesthesia for open or surgical arthroscopic procedures on knee joint; not otherwise specified

01402 Anesthesia for open or surgical arthroscopic procedures on knee joint; total knee arthroplasty

01404 Anesthesia for open or surgical arthroscopic procedures on knee joint; disarticulation at knee

01420 Anesthesia for all cast applications, removal, or repair involving knee joint

01430 Anesthesia for procedures on veins of knee and popliteal area; not otherwise specified

01432 Anesthesia for procedures on veins of knee and popliteal area; arteriovenous fistula

01440 Anesthesia for procedures on arteries of knee and popliteal area; not otherwise specified

01442 Anesthesia for procedures on arteries of knee and popliteal area; popliteal thromboendarterectomy, with or without patch graft

01444 Anesthesia for procedures on arteries of knee and popliteal area; popliteal excision and graft or repair for occlusion or aneurysm

01462 Anesthesia for all closed procedures on lower leg, ankle, and foot

01464 Anesthesia for arthroscopic procedures of ankle and/or foot

01470 Anesthesia for procedures on nerves, muscles, tendons, and fascia of lower leg, ankle, and foot; not otherwise specified

01472 Anesthesia for procedures on nerves, muscles, tendons, and fascia of lower leg, ankle, and foot; repair of ruptured Achilles tendon, with or without graft

01474 Anesthesia for procedures on nerves, muscles, tendons, and fascia of lower leg, ankle, and foot; gastrocnemius recession (eg, Strayer procedure)

01480 Anesthesia for open procedures on bones of lower leg, ankle, and foot; not otherwise specified

01482 Anesthesia for open procedures on bones of lower leg, ankle, and foot; radical resection (including below knee amputation)

01484 Anesthesia for open procedures on bones of lower leg, ankle, and foot; osteotomy or osteoplasty of tibia and/or fibula

01486 Anesthesia for open procedures on bones of lower leg, ankle, and foot; total ankle replacement

01490 Anesthesia for lower leg cast application, removal, or repair

01500 Anesthesia for procedures on arteries of lower leg, including bypass graft; not otherwise specified

01502 Anesthesia for procedures on arteries of lower leg, including bypass graft; embolectomy, direct or with catheter

01520 Anesthesia for procedures on veins of lower leg; not otherwise specified

01522 Anesthesia for procedures on veins of lower leg; venous thrombectomy, direct or with catheter

0159T Computer-aided detection, including computer algorithm analysis of MRI image data for lesion detection/characterization, pharmacokinetic analysis, with further physician review for interpretation, breast MRI (List separately in addition to code for primary)

01610 Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of shoulder and axilla

01620 Anesthesia for all closed procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint

01622 Anesthesia for diagnostic arthroscopic procedures of shoulder joint

01630 Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint; not otherwise specified

01634 Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint; shoulder disarticulation

01636 Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint; interthoracoscapular (forequarter) amputation

01638 Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint; total shoulder replacement

0163T Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), each additional interspace, lumbar (List separately in addition to code for primary procedure)

0164T Removal of total disc arthroplasty, (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure)

01650 Anesthesia for procedures on arteries of shoulder and axilla; not otherwise specified

01652 Anesthesia for procedures on arteries of shoulder and axilla; axillary-brachial aneurysm

01654 Anesthesia for procedures on arteries of shoulder and axilla; bypass graft

01656 Anesthesia for procedures on arteries of shoulder and axilla; axillary-femoral bypass graft

0165T Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure)

01670 Anesthesia for all procedures on veins of shoulder and axilla

01680 Anesthesia for shoulder cast application, removal or repair, not otherwise specified

01682 Anesthesia for shoulder cast application, removal or repair; shoulder spica

0169T Stereotactic placement of infusion catheter(s) in the brain for delivery of therapeutic agent(s), including computerized stereotactic planning and burr hole(s)

01710 Anesthesia for procedures on nerves, muscles, tendons, fascia, and bursae of upper arm and elbow; not otherwise specified

01712 Anesthesia for procedures on nerves, muscles, tendons, fascia, and bursae of upper arm and elbow; tenotomy, elbow to shoulder, open

01714 Anesthesia for procedures on nerves, muscles, tendons, fascia, and bursae of upper arm and elbow; tenoplasty, elbow to shoulder

01716 Anesthesia for procedures on nerves, muscles, tendons, fascia, and bursae of upper arm and elbow; tenodesis, rupture of long tendon of biceps

0171T Insertion of posterior spinous process distraction device (including necessary removal of bone or ligament for insertion and imaging guidance), lumbar; single level

0172T Insertion of posterior spinous process distraction device (including necessary removal of bone or ligament for insertion and imaging guidance), lumbar; each additional level (List separately in addition to code for primary procedure)

01730 Anesthesia for all closed procedures on humerus and elbow

01732 Anesthesia for diagnostic arthroscopic procedures of elbow joint

01740 Anesthesia for open or surgical arthroscopic procedures of the elbow; not otherwise specified

01742 Anesthesia for open or surgical arthroscopic procedures of the elbow; osteotomy of humerus

01744 Anesthesia for open or surgical arthroscopic procedures of the elbow; repair of nonunion or malunion of humerus

0174T Computer-aided detection (CAD) (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation and report, with or without digitization of film radiographic images, chest radiograph(s), performed c

01756 Anesthesia for open or surgical arthroscopic procedures of the elbow; radical procedures

01758 Anesthesia for open or surgical arthroscopic procedures of the elbow; excision of cyst or tumor of humerus

0175T Computer-aided detection (CAD) (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation and report, with or without digitization of film radiographic images, chest radiograph(s), performed r

01760 Anesthesia for open or surgical arthroscopic procedures of the elbow; total elbow replacement

01770 Anesthesia for procedures on arteries of upper arm and elbow; not otherwise specified

01772 Anesthesia for procedures on arteries of upper arm and elbow; embolectomy

01780 Anesthesia for procedures on veins of upper arm and elbow; not otherwise specified

01782 Anesthesia for procedures on veins of upper arm and elbow; phleborrhaphy

0178T Electrocardiogram, 64 leads or greater, with graphic presentation and analysis; with interpretation and report

0179T Electrocardiogram, 64 leads or greater, with graphic presentation and analysis; tracing and graphics only, without interpretation and report

0180T Electrocardiogram, 64 leads or greater, with graphic presentation and analysis; interpretation and report only

01810 Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of forearm, wrist, and hand

0181T Corneal hysteresis determination, by air impulse stimulation, bilateral, with interpretation and report

01820 Anesthesia for all closed procedures on radius, ulna, wrist, or hand bones

01829 Anesthesia for diagnostic arthroscopic procedures on the wrist

0182T High dose rate electronic brachytherapy, per fraction

01830 Anesthesia for open or surgical arthroscopic/endoscopic procedures on distal radius, distal ulna, wrist, or hand joints; not otherwise specified

01832 Anesthesia for open or surgical arthroscopic/endoscopic procedures on distal radius, distal ulna, wrist, or hand joints; total wrist replacement

01840 Anesthesia for procedures on arteries of forearm, wrist, and hand; not otherwise specified

01842 Anesthesia for procedures on arteries of forearm, wrist, and hand; embolectomy

01844 Anesthesia for vascular shunt, or shunt revision, any type (eg, dialysis)

0184T Excision of rectal tumor, transanal endoscopic microsurgical approach (ie, TEMS), including muscularis propria (ie, full thickness)

01850 Anesthesia for procedures on veins of forearm, wrist, and hand; not otherwise specified

01852 Anesthesia for procedures on veins of forearm, wrist, and hand; phleborrhaphy

01860 Anesthesia for forearm, wrist, or hand cast application, removal, or repair

0188T Remote real-time interactive video-conferenced critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes

0189T Remote real-time interactive video-conferenced critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)

0190T Placement of intraocular radiation source applicator (List separately in addition to primary procedure)

01916 Anesthesia for diagnostic arteriography/venography

- 0191T Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the trabecular meshwork; initial insertion
- 01920 Anesthesia for cardiac catheterization including coronary angiography and ventriculography (not to include Swan-Ganz catheter)
- 01922 Anesthesia for non-invasive imaging or radiation therapy
- 01924 Anesthesia for therapeutic interventional radiological procedures involving the arterial system; not otherwise specified
- 01925 Anesthesia for therapeutic interventional radiological procedures involving the arterial system; carotid or coronary
- 01926 Anesthesia for therapeutic interventional radiological procedures involving the arterial system; intracranial, intracardiac, or aortic
- 01930 Anesthesia for therapeutic interventional radiological procedures involving the venous/lymphatic system (not to include access to the central circulation); not otherwise specified
- 01931 Anesthesia for therapeutic interventional radiological procedures involving the venous/lymphatic system (not to include access to the central circulation); intrahepatic or portal circulation (eg, transvenous intrahepatic portosystemic shunt[s] [TIPS])
- 01932 Anesthesia for therapeutic interventional radiological procedures involving the venous/lymphatic system (not to include access to the central circulation); intrathoracic or jugular
- 01933 Anesthesia for therapeutic interventional radiological procedures involving the venous/lymphatic system (not to include access to the central circulation); intracranial
- 01935 Anesthesia for percutaneous image guided procedures on the spine and spinal cord; diagnostic
- 01936 Anesthesia for percutaneous image guided procedures on the spine and spinal cord; therapeutic
- 01951 Anesthesia for second- and third-degree burn excision or debridement with or without skin grafting, any site, for total body surface area (TBSA) treated during anesthesia and surgery; less than 4% total body surface area
- 01952 Anesthesia for second- and third-degree burn excision or debridement with or without skin grafting, any site, for total body surface area (TBSA) treated during anesthesia and surgery; between 4% and 9% of total body surface area
- 01953 Anesthesia for second- and third-degree burn excision or debridement with or without skin grafting, any site, for total body surface area (TBSA) treated during anesthesia and surgery; each additional 9% total body surface area or part thereof (List separa
- 01958 Anesthesia for external cephalic version procedure
- 0195T Arthrodesis, pre-sacral interbody technique, disc space preparation, discectomy, without instrumentation, with image guidance, includes bone graft when performed; L5-S1 interspace
- 01960 Anesthesia for vaginal delivery only
- 01961 Anesthesia for cesarean delivery only
- 01962 Anesthesia for urgent hysterectomy following delivery
- 01963 Anesthesia for cesarean hysterectomy without any labor analgesia/anesthesia care
- 01965 Anesthesia for incomplete or missed abortion procedures
- 01966 Anesthesia for induced abortion procedures
- 01967 Neuraxial labor analgesia/anesthesia for planned vaginal delivery (this includes any repeat subarachnoid needle placement and drug injection and/or any necessary replacement of an epidural catheter during labor)
- 01968 Anesthesia for cesarean delivery following neuraxial labor analgesia/anesthesia (List separately in addition to code for primary procedure performed)

01969	Anesthesia for cesarean hysterectomy following neuraxial labor analgesia/anesthesia (List separately in addition to code for primary procedure performed)	
0196T	Arthrodesis, pre-sacral interbody technique, disc space preparation, discectomy, without instrumentation, with image guidance, includes bone graft when performed; L4-L5 interspace (List separately in addition to code for primary procedure)	
0197T	Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (eg, 3D positional tracking, gating, 3D surface tracking), each fraction of treatment	
0198T	Measurement of ocular blood flow by repetitive intraocular pressure sampling, with interpretation and report	
01990	Physiological support for harvesting of organ(s) from brain-dead patient	
01991	Anesthesia for diagnostic or therapeutic nerve blocks and injections (when block or injection is performed by a different physician or other qualified health care professional); other than the prone position	
01992	Anesthesia for diagnostic or therapeutic nerve blocks and injections (when block or injection is performed by a different physician or other qualified health care professional); prone position	
01996	Daily hospital management of epidural or subarachnoid continuous drug administration	
01999	Unlisted anesthesia procedure(s)	
0199T	Physiologic recording of tremor using accelerometer(s) and/or gyroscope(s) (including frequency and amplitude), including interpretation and report	
0200T	Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical device, when used, 1 or more needles, includes imaging guidance and bone biopsy, when performed	
0201T	Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical device, when used, 2 or more needles, includes imaging guidance and bone biopsy, when performed	
0202T	Posterior vertebral joint(s) arthroplasty (eg, facet joint[s] replacement), including facetectomy, laminectomy, foraminotomy, and vertebral column fixation, injection of bone cement, when performed, including fluoroscopy, single level, lumbar spine	
0202U	Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets	\$1,050.59
0205T	Intravascular catheter-based coronary vessel or graft spectroscopy (eg, infrared) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation, and report, each vessel (List separately in addition to code for	
0206T	Computerized database analysis of multiple cycles of digitized cardiac electrical data from two or more ECG leads, including transmission to a remote center, application of multiple nonlinear mathematical transformations, with coronary artery obstruction	
0207T	Evacuation of meibomian glands, automated, using heat and intermittent pressure, unilateral	
0208T	Pure tone audiometry (threshold), automated; air only	
0209T	Pure tone audiometry (threshold), automated; air and bone	
0210T	Speech audiometry threshold, automated;	
0211T	Speech audiometry threshold, automated; with speech recognition	
0212T	Comprehensive audiometry threshold evaluation and speech recognition (0209T, 0211T combined), automated	
0213T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; single level	

- 0214T Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; second level (List separately in addition to code for primary procedure)
- 0215T Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary)
- 0216T Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; single level
- 0217T Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; second level (List separately in addition to code for primary procedure)
- 0218T Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary proc)
- 0219T Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; cervical
- 0220T Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; thoracic
- 0221T Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; lumbar
- 0222T Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; each additional vertebral segment (List separately in addition to code for primary procedure)
- 0223T Acoustic cardiography, including automated analysis of combined acoustic and electrical intervals; single, with interpretation and report
- 0224T Acoustic cardiography, including automated analysis of combined acoustic and electrical intervals; multiple, including serial trended analysis and limited reprogramming of device parameter, AV or VV delays only, with interpretation and report
- 0225T Acoustic cardiography, including automated analysis of combined acoustic and electrical intervals; multiple, including serial trended analysis and limited reprogramming of device parameter, AV and VV delays, with interpretation and report
- 0226T Anoscopy, high resolution (HRA) (with magnification and chemical agent enhancement); diagnostic, including collection of specimen(s) by brushing or washing when performed
- 0227T Anoscopy, high resolution (HRA) (with magnification and chemical agent enhancement); with biopsy(ies)
- 0228T Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, cervical or thoracic; single level
- 0229T Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, cervical or thoracic; each additional level (List separately in addition to code for primary procedure)
- 0230T Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, lumbar or sacral; single level
- 0231T Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, lumbar or sacral; each additional level (List separately in addition to code for primary procedure)

- 0232T Injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed
- 0233T Skin advanced glycation endproducts (AGE) measurement by multi-wavelength fluorescent spectroscopy
- 0234T Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; renal artery
- 0235T Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; visceral artery (except renal), each vessel
- 0236T Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; abdominal aorta
- 0237T Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; brachiocephalic trunk and branches, each vessel
- 0238T Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; iliac artery, each vessel
- 0239T Bioimpedance spectroscopy (BIS), measuring 100 frequencies or greater, direct measurement of extracellular fluid differences between the limbs
- 0240T Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study with interpretation and report; with high resolution esophageal pressure topography
- 0241T Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study with interpretation and report; with stimulation or perfusion during high resolution esophageal pressure topography study (eg, stimulant, acid or alkali perfusi
- 0243T Intermittent measurement of wheeze rate for bronchodilator or bronchial-challenge diagnostic evaluation(s), with interpretation and report
- 0244T Continuous measurement of wheeze rate during treatment assessment or during sleep for documentation of nocturnal wheeze and cough for diagnostic evaluation 3 to 24 hours, with interpretation and report
- 0245T Open treatment of rib fracture requiring internal fixation, unilateral; 1-2 ribs
- 0246T Open treatment of rib fracture requiring internal fixation, unilateral; 3-4 ribs
- 0247T Open treatment of rib fracture requiring internal fixation, unilateral; 5-6 ribs
- 0248T Open treatment of rib fracture requiring internal fixation, unilateral; 7 or more ribs
- 0249T Ligation, hemorrhoidal vascular bundle(s), including ultrasound guidance
- 0253T Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the suprachoroidal space
- 0254T Endovascular repair of iliac artery bifurcation (eg, aneurysm, pseudoaneurysm, arteriovenous malformation, trauma, dissection) using bifurcated endograft from the common iliac artery into both the external and internal iliac artery, including all selectiv
- 0255T Endovascular repair of iliac artery bifurcation (eg, aneurysm, pseudoaneurysm, arteriovenous malformation, trauma) using bifurcated endoprosthesis from the common iliac artery into both the external and internal iliac artery, unilateral; radiological supe
- 0262T Implantation of catheter-delivered prosthetic pulmonary valve, endovascular approach
- 0263T Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete procedure including unilateral or bilateral bone marrow harvest
- 0264T Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete procedure excluding bone marrow harvest

- 0265T Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; unilateral or bilateral bone marrow harvest only for intramuscular autologous bone marrow ce
- 0266T Implantation or replacement of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrogation, programming, and repositioning, when performed)
- 0267T Implantation or replacement of carotid sinus baroreflex activation device; lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed)
- 0268T Implantation or replacement of carotid sinus baroreflex activation device; pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed)
- 0269T Revision or removal of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrogation, programming, and repositioning, when performed)
- 0270T Revision or removal of carotid sinus baroreflex activation device; lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed)
- 0271T Revision or removal of carotid sinus baroreflex activation device; pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed)
- 0272T Interrogation device evaluation (in person), carotid sinus baroreflex activation system, including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (
- 0273T Interrogation device evaluation (in person), carotid sinus baroreflex activation system, including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (
- 0274T Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (eg, fluoroscopic, CT), singl
- 0275T Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (eg, fluoroscopic, CT), singl
- 0278T Transcutaneous electrical modulation pain reprocessing (eg, scrambler therapy), each treatment session (includes placement of electrodes)
- 0281T Percutaneous transcatheter closure of the left atrial appendage with implant, including fluoroscopy, transeptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, radiological supervision and interpretation
- 0282T Percutaneous or open implantation of neurostimulator electrode array(s), subcutaneous (peripheral subcutaneous field stimulation), including imaging guidance, when performed, cervical, thoracic or lumbar; for trial, including removal at the conclusion of
- 0283T Percutaneous or open implantation of neurostimulator electrode array(s), subcutaneous (peripheral subcutaneous field stimulation), including imaging guidance, when performed, cervical, thoracic or lumbar; permanent, with implantation of a pulse generator
- 0284T Revision or removal of pulse generator or electrodes, including imaging guidance, when performed, including addition of new electrodes, when performed

- 0285T Electronic analysis of implanted peripheral subcutaneous field stimulation pulse generator, with reprogramming when performed
- 0286T Near-infrared spectroscopy studies of lower extremity wounds (eg, for oxyhemoglobin measurement)
- 0287T Near-infrared guidance for vascular access requiring real-time digital visualization of subcutaneous vasculature for evaluation of potential access sites and vessel patency
- 0288T Anoscopy, with delivery of thermal energy to the muscle of the anal canal (eg, for fecal incontinence)
- 0289T Corneal incisions in the donor cornea created using a laser, in preparation for penetrating or lamellar keratoplasty (List separately in addition to code for primary procedure)
- 0290T Corneal incisions in the recipient cornea created using a laser, in preparation for penetrating or lamellar keratoplasty (List separately in addition to code for primary procedure)
- 0291T Intravascular optical coherence tomography (coronary native vessel or graft) during diagnostic evaluation and/or therapeutic intervention, including imaging supervision, interpretation, and report; initial vessel (List separately in addition to primary pr
- 0292T Intravascular optical coherence tomography (coronary native vessel or graft) during diagnostic evaluation and/or therapeutic intervention, including imaging supervision, interpretation, and report; each additional vessel (List separately in addition to pr
- 0293T Insertion of left atrial hemodynamic monitor; complete system, includes implanted communication module and pressure sensor lead in left atrium including transeptal access, radiological supervision and interpretation, and associated injection procedures,
- 0294T Insertion of left atrial hemodynamic monitor; pressure sensor lead at time of insertion of pacing cardioverter-defibrillator pulse generator including radiological supervision and interpretation and associated injection procedures, when performed (List se
- 0295T External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation
- 0296T External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage; recording (includes connection and initial recording)
- 0297T External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage; scanning analysis with report
- 0298T External electrocardiographic recording for more than 48 hours up to 21 days by continuous rhythm recording and storage; review and interpretation
- 0299T Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care; initial wound
- 0300T Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care; each additional wound (List separately in addition to code for primary procedure)
- 0301T Destruction/reduction of malignant breast tumor with externally applied focused microwave, including interstitial placement of disposable catheter with combined temperature monitoring probe and microwave focusing sensocatheter under ultrasound thermothera
- 0302T Insertion or removal and replacement of intracardiac ischemia monitoring system including imaging supervision and interpretation when performed and intra-operative interrogation and programming when performed; complete system (includes device and electro

- 0303T Insertion or removal and replacement of intracardiac ischemia monitoring system including imaging supervision and interpretation when performed and intra-operative interrogation and programming when performed; electrode only
- 0304T Insertion or removal and replacement of intracardiac ischemia monitoring system including imaging supervision and interpretation when performed and intra-operative interrogation and programming when performed; device only
- 0305T Programming device evaluation (in person) of intracardiac ischemia monitoring system with iterative adjustment of programmed values, with analysis, review, and report
- 0306T Interrogation device evaluation (in person) of intracardiac ischemia monitoring system with analysis, review, and report
- 0307T Removal of intracardiac ischemia monitoring device
- 0308T Insertion of ocular telescope prosthesis including removal of crystalline lens or intraocular lens prosthesis
- 0309T Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft, when performed, lumbar, L4-L5 interspace (List separately in addition to code for primary
- 0310T Motor function mapping using non-invasive navigated transcranial magnetic stimulation (nTMS) for therapeutic treatment planning, upper and lower extremity
- 0311T Non-invasive calculation and analysis of central arterial pressure waveforms with interpretation and report
- 0312T Vagus nerve blocking therapy (morbid obesity); laparoscopic implantation of neurostimulator electrode array, anterior and posterior vagal trunks adjacent to esophagogastric junction (EGJ), with implantation of pulse generator, includes programming
- 0313T Vagus nerve blocking therapy (morbid obesity); laparoscopic revision or replacement of vagal trunk neurostimulator electrode array, including connection to existing pulse generator
- 0314T Vagus nerve blocking therapy (morbid obesity); laparoscopic removal of vagal trunk neurostimulator electrode array and pulse generator
- 0315T Vagus nerve blocking therapy (morbid obesity); removal of pulse generator
- 0316T Vagus nerve blocking therapy (morbid obesity); replacement of pulse generator
- 0317T Vagus nerve blocking therapy (morbid obesity); neurostimulator pulse generator electronic analysis, includes reprogramming when performed
- 0319T Insertion or replacement of subcutaneous implantable defibrillator system with subcutaneous electrode
- 0320T Insertion of subcutaneous defibrillator electrode
- 0321T Insertion of subcutaneous implantable defibrillator pulse generator only with existing subcutaneous electrode
- 0322T Removal of subcutaneous implantable defibrillator pulse generator only
- 0323T Removal of subcutaneous implantable defibrillator pulse generator with replacement of subcutaneous implantable defibrillator pulse generator only
- 0324T Removal of subcutaneous defibrillator electrode
- 0325T Repositioning of subcutaneous implantable defibrillator electrode and/or pulse generator
- 0326T Electrophysiologic evaluation of subcutaneous implantable defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic pa
- 0327T Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter, implantable subcutaneous lead defibrillator system

0328T Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, implantable subcutaneous lead defibrillator system

0329T Monitoring of intraocular pressure for 24 hours or longer, unilateral or bilateral, with interpretation and report

0330T Tear film imaging, unilateral or bilateral, with interpretation and report

0331T Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment;

0332T Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment; with tomographic SPECT

0333T Visual evoked potential, screening of visual acuity, automated, with report

0334T Sacroiliac joint stabilization for arthrodesis, percutaneous or minimally invasive (indirect visualization), includes obtaining and applying autograft or allograft (structural or morselized), when performed, includes image guidance when performed (eg, CT

0335T Extra-osseous subtalar joint implant for talotarsal stabilization

0336T Laparoscopy, surgical, ablation of uterine fibroid(s), including intraoperative ultrasound guidance and monitoring, radiofrequency

0337T Endothelial function assessment, using peripheral vascular response to reactive hyperemia, non-invasive (eg, brachial artery ultrasound, peripheral artery tonometry), unilateral or bilateral

0338T Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretat

0339T Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretat

0340T Ablation, pulmonary tumor(s), including pleura or chest wall when involved by tumor extension, percutaneous, cryoablation, unilateral, includes imaging guidance

0341T Quantitative pupillometry with interpretation and report, unilateral or bilateral

0342T Therapeutic apheresis with selective HDL delipidation and plasma reinfusion

0343T Transcatheter mitral valve repair percutaneous approach including transeptal puncture when performed; initial prosthesis

0344T Transcatheter mitral valve repair percutaneous approach including transeptal puncture when performed; additional prosthesis (es) during same session (List separately in addition to code for primary procedure)

0345T Transcatheter mitral valve repair percutaneous approach via the coronary sinus

0346T Ultrasound, elastography (List separately in addition to code for primary procedure)

0347T Placement of interstitial device(s) in bone for radiostereometric analysis (RSA)

0348T Radiologic examination, radiostereometric analysis (RSA); spine, (includes cervical, thoracic and lumbosacral, when performed)

0349T Radiologic examination, radiostereometric analysis (RSA); upper extremity(ies), (includes shoulder, elbow, and wrist, when performed)

0350T Radiologic examination, radiostereometric analysis (RSA); lower extremity(ies), (includes hip, proximal femur, knee, and ankle, when performed)

0351T Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; real-time intraoperative

0352T Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; interpretation and report, real-time or referred

0353T Optical coherence tomography of breast, surgical cavity; real-time intraoperative

- 0354T Optical coherence tomography of breast, surgical cavity; interpretation and report, real-time or referred
- 0355T Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report
- 0356T Insertion of drug-eluting implant (including punctal dilation and implant removal when performed) into lacrimal canaliculus, each
- 0357T Cryopreservation; immature oocyte(s)
- 0358T Bioelectrical impedance analysis whole body composition assessment, with interpretation and report
- 0359T Behavior identification assessment, by the physician or other qualified health care professional, face-to-face with patient and caregiver(s), includes administration of standardized and non-standardized tests, detailed behavioral history, patient observat
- 0360T Observational behavioral follow-up assessment, includes physician or other qualified health care professional direction with interpretation and report, administered by one technician; first 30 minutes of technician time, face-to-face with the patient
- 0361T Observational behavioral follow-up assessment, includes physician or other qualified health care professional direction with interpretation and report, administered by one technician; each additional 30 minutes of technician time, face-to-face with the pa
- 0362T Exposure behavioral follow-up assessment, includes physician or other qualified health care professional direction with interpretation and report, administered by physician or other qualified health care professional with the assistance of one or more tec
- 0363T Exposure behavioral follow-up assessment, includes physician or other qualified health care professional direction with interpretation and report, administered by physician or other qualified health care professional with the assistance of one or more tec
- 0364T Adaptive behavior treatment by protocol, administered by technician, face-to-face with one patient; first 30 minutes of technician time
- 0365T Adaptive behavior treatment by protocol, administered by technician, face-to-face with one patient; each additional 30 minutes of technician time (List separately in addition to code for primary procedure)
- 0366T Group adaptive behavior treatment by protocol, administered by technician, face-to-face with two or more patients; first 30 minutes of technician time
- 0367T Group adaptive behavior treatment by protocol, administered by technician, face-to-face with two or more patients; each additional 30 minutes of technician time (List separately in addition to code for primary procedure)
- 0368T Adaptive behavior treatment with protocol modification administered by physician or other qualified health care professional with one patient; first 30 minutes of patient face-to-face time
- 0369T Adaptive behavior treatment with protocol modification administered by physician or other qualified health care professional with one patient; each additional 30 minutes of patient face-to-face time (List separately in addition to code for primary procedu
- 0370T Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present)
- 0371T Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present)
- 0372T Adaptive behavior treatment social skills group, administered by physician or other qualified health care professional face-to-face with multiple patients

- 0373T Exposure adaptive behavior treatment with protocol modification requiring two or more technicians for severe maladaptive behavior(s); first 60 minutes of technicians' time, face-to-face with patient
- 0374T Exposure adaptive behavior treatment with protocol modification requiring two or more technicians for severe maladaptive behavior(s); each additional 30 minutes of technicians' time face-to-face with patient (List separately in addition to code for primar
- 0375T Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctectomy for nerve root or spinal cord decompression and microdissection), cervical, three or more levels
- 0376T Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the trabecular meshwork; each additional device insertion (List separately in addition to code for primary procedure)
- 0377T Anoscopy with directed submucosal injection of bulking agent for fecal incontinence
- 0378T Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated data transmitted to a remote surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified
- 0379T Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated data transmitted to a remote surveillance center for up to 30 days; technical support and patient instructions, surveillance, analysis, and
- 0380T Computer-aided animation and analysis of time series retinal images for the monitoring of disease progression, unilateral or bilateral, with interpretation and report
- 0381T External heart rate and 3-axis accelerometer data recording up to 14 days to assess changes in heart rate and to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; includes report, scanning analysis with report, revi
- 0382T External heart rate and 3-axis accelerometer data recording up to 14 days to assess changes in heart rate and to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; review and interpretation only
- 0383T External heart rate and 3-axis accelerometer data recording from 15 to 30 days to assess changes in heart rate and to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; includes report, scanning analysis with report,
- 0384T External heart rate and 3-axis accelerometer data recording from 15 to 30 days to assess changes in heart rate and to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; review and interpretation only
- 0385T External heart rate and 3-axis accelerometer data recording more than 30 days to assess changes in heart rate and to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; includes report, scanning analysis with report,
- 0386T External heart rate and 3-axis accelerometer data recording more than 30 days to assess changes in heart rate and to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; review and interpretation only
- 0387T Transcatheter insertion or replacement of permanent leadless pacemaker, ventricular
- 0388T Transcatheter removal of permanent leadless pacemaker, ventricular
- 0389T Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report, leadless pacemaker system

- 0390T Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure or test with analysis, review and report, leadless pacemaker system
- 0391T Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter, leadless pacemaker system
- 0394T High dose rate electronic brachytherapy, skin surface application, per fraction, includes basic dosimetry, when performed
- 0395T High dose rate electronic brachytherapy, interstitial or intracavitary treatment, per fraction, includes basic dosimetry, when performed
- 0396T Intra-operative use of kinetic balance sensor for implant stability during knee replacement arthroplasty (List separately in addition to code for primary procedure)
- 0397T Endoscopic retrograde cholangiopancreatography (ERCP), with optical endomicroscopy (List separately in addition to code for primary procedure)
- 0398T Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation lesion, intracranial for movement disorder including stereotactic navigation and frame placement when performed
- 0399T Myocardial strain imaging (quantitative assessment of myocardial mechanics using image-based analysis of local myocardial dynamics) (List separately in addition to code for primary procedure)
- 0400T Multi-spectral digital skin lesion analysis of clinically atypical cutaneous pigmented lesions for detection of melanomas and high risk melanocytic atypia; one to five lesions
- 0401T Multi-spectral digital skin lesion analysis of clinically atypical cutaneous pigmented lesions for detection of melanomas and high risk melanocytic atypia; six or more lesions
- 0402T Collagen cross-linking of cornea (including removal of the corneal epithelium and intraoperative pachymetry when performed)
- 0403T Preventive behavior change, intensive program of prevention of diabetes using a standardized diabetes prevention program curriculum, provided to individuals in a group setting, minimum 60 minutes, per day
- 0404T Transcervical uterine fibroid(s) ablation with ultrasound guidance, radiofrequency
- 0405T Oversight of the care of an extracorporeal liver assist system patient requiring review of status, review of laboratories and other studies, and revision of orders and liver assist care plan (as appropriate), within a calendar month, 30 minutes or more of
- 0406T Nasal endoscopy, surgical, ethmoid sinus, placement of drug eluting implant;
- 0407T Nasal endoscopy, surgical, ethmoid sinus, placement of drug eluting implant; with biopsy, polypectomy or debridement
- 0408T Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator with transvenous electrodes
- 0409T Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator only
- 0410T Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; atrial electrode only
- 0411T Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; ventricular electrode only
- 0412T Removal of permanent cardiac contractility modulation system; pulse generator only

0413T Removal of permanent cardiac contractility modulation system; transvenous electrode (atrial or ventricular)

0414T Removal and replacement of permanent cardiac contractility modulation system pulse generator only

0415T Repositioning of previously implanted cardiac contractility modulation transvenous electrode (atrial or ventricular lead)

0416T Relocation of skin pocket for implanted cardiac contractility modulation pulse generator

0417T Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, including review and report, implantable cardiac contractility m

0418T Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter, implantable cardiac contractility modulation system

0419T Destruction of neurofibroma, extensive (cutaneous, dermal extending into subcutaneous); face, head and neck, greater than 50 neurofibromas

0420T Destruction of neurofibroma, extensive (cutaneous, dermal extending into subcutaneous); trunk and extremities, extensive, greater than 100 neurofibromas

0421T Transurethral waterjet ablation of prostate, including control of post-operative bleeding, including ultrasound guidance, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included when p

0422T Tactile breast imaging by computer-aided tactile sensors, unilateral or bilateral

0423T Secretory type II phospholipase A2 (sPLA2-IIA)

0424T Insertion or replacement of neurostimulator system for treatment of central sleep apnea; complete system (transvenous placement of right or left stimulation lead, sensing lead, implantable pulse generator)

0425T Insertion or replacement of neurostimulator system for treatment of central sleep apnea; sensing lead only

0426T Insertion or replacement of neurostimulator system for treatment of central sleep apnea; stimulation lead only

0427T Insertion or replacement of neurostimulator system for treatment of central sleep apnea; pulse generator only

0428T Removal of neurostimulator system for treatment of central sleep apnea; pulse generator only

0429T Removal of neurostimulator system for treatment of central sleep apnea; sensing lead only

0430T Removal of neurostimulator system for treatment of central sleep apnea; stimulation lead only

0431T Removal and replacement of neurostimulator system for treatment of central sleep apnea, pulse generator only

0432T Repositioning of neurostimulator system for treatment of central sleep apnea; stimulation lead only

0433T Repositioning of neurostimulator system for treatment of central sleep apnea; sensing lead only

0434T Interrogation device evaluation implanted neurostimulator pulse generator system for central sleep apnea

0435T Programming device evaluation of implanted neurostimulator pulse generator system for central sleep apnea; single session

0436T Programming device evaluation of implanted neurostimulator pulse generator system for central sleep apnea; during sleep study

0437T Implantation of non-biologic or synthetic implant (eg, polypropylene) for fascial reinforcement of the abdominal wall (List separately in addition to code for primary procedure)

- 0439T Myocardial contrast perfusion echocardiography, at rest or with stress, for assessment of myocardial ischemia or viability (List separately in addition to code for primary procedure)
- 0440T Ablation, percutaneous, cryoablation, includes imaging guidance; upper extremity distal/peripheral nerve
- 0441T Ablation, percutaneous, cryoablation, includes imaging guidance; lower extremity distal/peripheral nerve
- 0442T Ablation, percutaneous, cryoablation, includes imaging guidance; nerve plexus or other truncal nerve (eg, brachial plexus, pudendal nerve)
- 0443T Real-time spectral analysis of prostate tissue by fluorescence spectroscopy, including imaging guidance (List separately in addition to code for primary procedure)
- 0444T Initial placement of a drug-eluting ocular insert under one or more eyelids, including fitting, training, and insertion, unilateral or bilateral
- 0445T Subsequent placement of a drug-eluting ocular insert under one or more eyelids, including re-training, and removal of existing insert, unilateral or bilateral
- 0446T Creation of subcutaneous pocket with insertion of implantable interstitial glucose sensor, including system activation and patient training
- 0447T Removal of implantable interstitial glucose sensor from subcutaneous pocket via incision
- 0448T Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new implantable sensor, including system activation
- 0449T Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; initial device
- 0450T Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; each additional device (List separately in addition to code for primary procedure)
- 0451T Insertion or replacement of a permanently implantable aortic counterpulsation ventricular assist system, endovascular approach, and programming of sensing and therapeutic parameters; complete system (counterpulsation device, vascular graft, implantable va
- 0452T Insertion or replacement of a permanently implantable aortic counterpulsation ventricular assist system, endovascular approach, and programming of sensing and therapeutic parameters; aortic counterpulsation device and vascular hemostatic seal
- 0453T Insertion or replacement of a permanently implantable aortic counterpulsation ventricular assist system, endovascular approach, and programming of sensing and therapeutic parameters; mechano-electrical skin interface
- 0454T Insertion or replacement of a permanently implantable aortic counterpulsation ventricular assist system, endovascular approach, and programming of sensing and therapeutic parameters; subcutaneous electrode
- 0455T Removal of permanently implantable aortic counterpulsation ventricular assist system; complete system (aortic counterpulsation device, vascular hemostatic seal, mechano-electrical skin interface and electrodes)
- 0456T Removal of permanently implantable aortic counterpulsation ventricular assist system; aortic counterpulsation device and vascular hemostatic seal
- 0457T Removal of permanently implantable aortic counterpulsation ventricular assist system; mechano-electrical skin interface
- 0458T Removal of permanently implantable aortic counterpulsation ventricular assist system; subcutaneous electrode
- 0459T Relocation of skin pocket with replacement of implanted aortic counterpulsation ventricular assist device, mechano-electrical skin interface and electrodes
- 0460T Repositioning of previously implanted aortic counterpulsation ventricular assist device; subcutaneous electrode

- 0461T Repositioning of previously implanted aortic counterpulsation ventricular assist device; aortic counterpulsation device
- 0462T Programming device evaluation (in person) with iterative adjustment of the implantable mechano-electrical skin interface and/or external driver to test the function of the device and select optimal permanent programmed values with analysis, including reevaluation
- 0463T Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter, implantable aortic counterpulsation ventricular assist system, per day
- 0464T Visual evoked potential, testing for glaucoma, with interpretation and report
- 0465T Suprachoroidal injection of a pharmacologic agent (does not include supply of medication)
- 0466T Insertion of chest wall respiratory sensor electrode or electrode array, including connection to pulse generator (List separately in addition to code for primary procedure)
- 0467T Revision or replacement of chest wall respiratory sensor electrode or electrode array, including connection to existing pulse generator
- 0468T Removal of chest wall respiratory sensor electrode or electrode array
- 0469T Retinal polarization scan, ocular screening with on-site automated results, bilateral
- 0470T Optical coherence tomography (OCT) for microstructural and morphological imaging of skin, image acquisition, interpretation, and report; first lesion
- 0471T Optical coherence tomography (OCT) for microstructural and morphological imaging of skin, image acquisition, interpretation, and report; each additional lesion (List separately in addition to code for primary procedure)
- 0472T Device evaluation, interrogation, and initial programming of intraocular retinal electrode array (eg, retinal prosthesis), in person, with iterative adjustment of the implantable device to test functionality, select optimal permanent programmed values with analysis, including reevaluation
- 0473T Device evaluation and interrogation of intraocular retinal electrode array (eg, retinal prosthesis), in person, including reprogramming and visual training, when performed, with review and report by a qualified health care professional
- 0474T Insertion of anterior segment aqueous drainage device, with creation of intraocular reservoir, internal approach, into the supraciliary space
- 0475T Recording of fetal magnetic cardiac signal using at least 3 channels; patient recording and storage, data scanning with signal extraction, technical analysis and result, as well as supervision, review, and interpretation of report by a physician or other qualified health care professional
- 0476T Recording of fetal magnetic cardiac signal using at least 3 channels; patient recording, data scanning, with raw electronic signal transfer of data and storage
- 0477T Recording of fetal magnetic cardiac signal using at least 3 channels; signal extraction, technical analysis, and result
- 0478T Recording of fetal magnetic cardiac signal using at least 3 channels; review, interpretation, report by physician or other qualified health care professional
- 0479T Fractional ablative laser fenestration of burn and traumatic scars for functional improvement; first 100 cm² or part thereof, or 1% of body surface area of infants and children
- 0480T Fractional ablative laser fenestration of burn and traumatic scars for functional improvement; each additional 100 cm², or each additional 1% of body surface area of infants and children, or part thereof (List separately in addition to code for primary procedure)
- 0481T Injection(s), autologous white blood cell concentrate (autologous protein solution), any site, including image guidance, harvesting and preparation, when performed

0482T Absolute quantitation of myocardial blood flow, positron emission tomography (PET), rest and stress (List separately in addition to code for primary procedure)

0483T Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; percutaneous approach, including transeptal puncture, when performed

0484T Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; transthoracic exposure (eg, thoracotomy, transapical)

0485T Optical coherence tomography (OCT) of middle ear, with interpretation and report; unilateral

0486T Optical coherence tomography (OCT) of middle ear, with interpretation and report; bilateral

0487T Biomechanical mapping, transvaginal, with report

0488T Preventive behavior change, online/electronic structured intensive program for prevention of diabetes using a standardized diabetes prevention program curriculum, provided to an individual, per 30 days

0489T Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; adipose tissue harvesting, isolation and preparation of harvested cells including incubation with cell dissociation enzymes, removal of non-viable cells and debris, determi

0490T Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; multiple injections in one or both hands

0491T Ablative laser treatment, non-contact, full field and fractional ablation, open wound, per day, total treatment surface area; first 20 sq cm or less

0492T Ablative laser treatment, non-contact, full field and fractional ablation, open wound, per day, total treatment surface area; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)

0493T Near-infrared spectroscopy studies of lower extremity wounds (eg, for oxyhemoglobin measurement)

0494T Surgical preparation and cannulation of marginal (extended) cadaver donor lung(s) to ex vivo organ perfusion system, including decannulation, separation from the perfusion system, and cold preservation of the allograft prior to implantation, when performe

0495T Initiation and monitoring marginal (extended) cadaver donor lung(s) organ perfusion system by physician or qualified health care professional, including physiological and laboratory assessment (eg, pulmonary artery flow, pulmonary artery pressure, left at

0496T Initiation and monitoring marginal (extended) cadaver donor lung(s) organ perfusion system by physician or qualified health care professional, including physiological and laboratory assessment (eg, pulmonary artery flow, pulmonary artery pressure, left at

0497T External patient-activated, physician- or other qualified health care professional-prescribed, electrocardiographic rhythm derived event recorder without 24 hour attended monitoring; in-office connection

0498T External patient-activated, physician- or other qualified health care professional-prescribed, electrocardiographic rhythm derived event recorder without 24 hour attended monitoring; review and interpretation by a physician or other qualified health care

0499T Cystourethroscopy, with mechanical dilation and urethral therapeutic drug delivery for urethral stricture or stenosis, including fluoroscopy, when performed

0500F Initial prenatal care visit (report at first prenatal encounter with health care professional providing obstetrical care. Report also date of visit and, in a separate field, the date of the last menstrual period [LMP]) (Prenatal)

0500T Infectious agent detection by nucleic acid (DNA or RNA), human papillomavirus (HPV) for five or more separately reported high-risk HPV types (eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) (ie, genotyping)

0501F Prenatal flow sheet documented in medical record by first prenatal visit (documentation includes at minimum blood pressure, weight, urine protein, uterine size, fetal heart tones, and estimated date of delivery). Report also: date of visit and, in a separ

0501T Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery

0502F Subsequent prenatal care visit (Prenatal) [Excludes: patients who are seen for a condition unrelated to pregnancy or prenatal care (eg, an upper respiratory infection; patients seen for consultation only, not for continuing care)]

0502T Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery

0503F Postpartum care visit (Prenatal)

0503T Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery

0504T Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery

0505F Hemodialysis plan of care documented (ESRD, P-ESRD)

0507F Peritoneal dialysis plan of care documented (ESRD)

0509F Urinary incontinence plan of care documented (GER)

0513F Elevated blood pressure plan of care documented (CKD)

0514F Plan of care for elevated hemoglobin level documented for patient receiving Erythropoiesis-Stimulating Agent therapy (ESA) (CKD)

0516F Anemia plan of care documented (ESRD)

0517F Glaucoma plan of care documented (EC)

0518F Falls plan of care documented (GER)

0519F Planned chemotherapy regimen, including at a minimum: drug(s) prescribed, dose, and duration, documented prior to initiation of a new treatment regimen (ONC)

0520F Radiation dose limits to normal tissues established prior to the initiation of a course of 3D conformal radiation for a minimum of 2 tissue/organ (ONC)

0521F Plan of care to address pain documented (COA) (ONC)

0525F Initial visit for episode (BkP)

0526F Subsequent visit for episode (BkP)

0528F Recommended follow-up interval for repeat colonoscopy of at least 10 years documented in colonoscopy report (End/Polyp)

0529F Interval of 3 or more years since patient's last colonoscopy, documented (End/Polyp)

0535F Dyspnea management plan of care, documented (Pall Cr)

0540F Glucorticoid Management Plan Documented (RA)

0545F Plan for follow-up care for major depressive disorder, documented (MDD ADOL)

0550F Cytopathology report on routine nongynecologic specimen finalized within two working days of accession date (PATH)

0551F Cytopathology report on nongynecologic specimen with documentation that the specimen was non-routine (PATH)

0555F Symptom management plan of care documented (HF)

0556F Plan of care to achieve lipid control documented (CAD)

0557F Plan of care to manage anginal symptoms documented (CAD)

0575F	HIV RNA control plan of care, documented (HIV)	
0580F	Multidisciplinary care plan developed or updated (ALS)	
0581F	Patient transferred directly from anesthetizing location to critical care unit (Peri2)	
0582F	Patient not transferred directly from anesthetizing location to critical care unit (Peri2)	
0583F	Transfer of care checklist used (Peri2)	
0584F	Transfer of care checklist not used (Peri2)	
1000F	Tobacco use assessed (CAD, CAP, COPD, PV) (DM)	
10021	Fine needle aspiration; without imaging guidance	\$706.14
10022	Fine needle aspiration; with imaging guidance	
1002F	Anginal symptoms and level of activity assessed (NMA-No Measure Associated)	
10030	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst), soft tissue (eg, extremity, abdominal wall, neck), percutaneous	
10035	Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; first lesion	
10036	Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; each additional lesion (List separately in addition to code for primary procedure)	
1003F	Level of activity assessed (NMA-No Measure Associated)	
10040	Acne surgery (eg, marsupialization, opening or removal of multiple milia, comedones, cysts, pustules)	
1004F	Clinical symptoms of volume overload (excess) assessed (NMA-No Measure Associated)	
1005F	Asthma symptoms evaluated (includes documentation of numeric frequency of symptoms or patient completion of an asthma assessment tool/survey/questionnaire) (NMA-No Measure Associated)	
10060	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single	\$1,013.70
10061	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or multiple	\$1,864.80
1006F	Osteoarthritis symptoms and functional status assessed (may include the use of a standardized scale or the completion of an assessment questionnaire, such as the SF-36, AAOS Hip & Knee Questionnaire) (OA) [Instructions: Report when osteoarthritis is adre	
1007F	Use of anti-inflammatory or analgesic over-the-counter (OTC) medications for symptom relief assessed (OA)	
10080	Incision and drainage of pilonidal cyst; simple	\$3,437.10
10081	Incision and drainage of pilonidal cyst; complicated	\$3,437.10
1008F	Gastrointestinal and renal risk factors assessed for patients on prescribed or OTC non-steroidal anti-inflammatory drug (NSAID) (OA)	
1010F	Severity of angina assessed by level of activity (CAD)	
1011F	Angina present (CAD)	
10120	Incision and removal of foreign body, subcutaneous tissues; simple	\$1,864.80
10121	Incision and removal of foreign body, subcutaneous tissues; complicated	\$8,088.18
1012F	Angina absent (CAD)	
10140	Incision and drainage of hematoma, seroma or fluid collection	\$8,088.18
1015F	Chronic obstructive pulmonary disease (COPD) symptoms assessed (Includes assessment of at least 1 of the following: dyspnea, cough/sputum, wheezing), or respiratory symptom assessment tool completed (COPD)	
10160	Puncture aspiration of abscess, hematoma, bulla, or cyst	\$1,864.80

10180	Incision and drainage, complex, postoperative wound infection	
1018F	Dyspnea assessed, not present (COPD)	
1019F	Dyspnea assessed, present (COPD)	
1022F	Pneumococcus immunization status assessed (CAP, COPD)	
1026F	Co-morbid conditions assessed (eg, includes assessment for presence or absence of: malignancy, liver disease, congestive heart failure, cerebrovascular disease, renal disease, chronic obstructive pulmonary disease, asthma, diabetes, other co-morbid condit	
1030F	Influenza immunization status assessed (CAP)	
1031F	Smoking status and exposure to second hand smoke in the home assessed (Asthma)	
1032F	Current tobacco smoker or currently exposed to secondhand smoke (Asthma)	
1033F	Current tobacco non-smoker and not currently exposed to secondhand smoke (Asthma)	
1034F	Current tobacco smoker (CAD, CAP, COPD, PV) (DM)	
1035F	Current smokeless tobacco user (eg, chew, snuff) (PV)	
1036F	Current tobacco non-user (CAD, CAP, COPD, PV) (DM) (IBD)	
1038F	Persistent asthma (mild, moderate or severe) (Asthma)	
1039F	Intermittent asthma (Asthma)	
1040F	DSM-5 criteria for major depressive disorder documented at the initial evaluation (MDD, MDD ADOL)	
1050F	History obtained regarding new or changing moles (ML)	
1052F	Type, anatomic location, and activity all assessed (IBD)	
1055F	Visual functional status assessed (EC)	
1060F	Documentation of permanent or persistent or paroxysmal atrial fibrillation (STR)	
1061F	Documentation of absence of permanent and persistent and paroxysmal atrial fibrillation (STR)	
1065F	Ischemic stroke symptom onset of less than 3 hours prior to arrival (STR)	
1066F	Ischemic stroke symptom onset greater than or equal to 3 hours prior to arrival (STR)	
1070F	Alarm symptoms (involuntary weight loss, dysphagia, or gastrointestinal bleeding) assessed; none present (GERD)	
1071F	Alarm symptoms (involuntary weight loss, dysphagia, or gastrointestinal bleeding) assessed; 1 or more present (GERD)	
1090F	Presence or absence of urinary incontinence assessed (GER)	
1091F	Urinary incontinence characterized (eg, frequency, volume, timing, type of symptoms, how bothersome) (GER)	
11000	Debridement of extensive eczematous or infected skin; up to 10% of body surface	\$2,929.20
11001	Debridement of extensive eczematous or infected skin; each additional 10% of the body surface, or part thereof (List separately in addition to code for primary procedure)	\$125.16
11004	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia and perineum	
11005	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; abdominal wall, with or without fascial closure	
11006	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia, perineum and abdominal wall, with or without fascial closure	
11008	Removal of prosthetic material or mesh, abdominal wall for infection (eg, for chronic or recurrent mesh infection or necrotizing soft tissue infection) (List separately in addition to code for primary procedure)	
1100F	Patient screened for future fall risk; documentation of 2 or more falls in the past year or any fall with injury in the past year (GER)	

11010	Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin and subcutaneous tissues	
11011	Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin, subcutaneous tissue, muscle fascia, and muscle	\$3,437.10
11012	Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin, subcutaneous tissue, muscle fascia, muscle, and bone	
1101F	Patient screened for future fall risk; documentation of no falls in the past year or only 1 fall without injury in the past year (GER)	
11042	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less	\$1,864.80
11043	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less	\$2,929.20
11044	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less	
11045	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	
11046	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	
11047	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	
11055	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); single lesion	
11056	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); 2 to 4 lesions	
11057	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); more than 4 lesions	
11100	Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; single lesion	
11101	Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; each separate/additional lesion (List separately in addition to code for primary procedure)	
1110F	Patient discharged from an inpatient facility (eg, hospital, skilled nursing facility, or rehabilitation facility) within the last 60 days (GER)	
1111F	Discharge medications reconciled with the current medication list in outpatient medical record (COA) (GER)	
1116F	Auricular or periauricular pain assessed (AOE)	
1118F	GERD symptoms assessed after 12 months of therapy (GERD)	
1119F	Initial evaluation for condition (HEP C)(EPI, DSP)	
11200	Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions	\$517.74
11201	Removal of skin tags, multiple fibrocutaneous tags, any area; each additional 10 lesions, or part thereof (List separately in addition to code for primary procedure)	
1121F	Subsequent evaluation for condition (HEP C)(EPI)	
1123F	Advance Care Planning discussed and documented advance care plan or surrogate decision maker documented in the medical record (DEM) (GER, Pall Cr)	
1124F	Advance Care Planning discussed and documented in the medical record, patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan (DEM) (GER, Pall Cr)	
1125F	Pain severity quantified; pain present (COA) (ONC)	
1126F	Pain severity quantified; no pain present (COA) (ONC)	
1127F	New episode for condition (NMA-No Measure Associated)	

1128F	Subsequent episode for condition (NMA-No Measure Associated)	
11300	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less	
11301	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.6 to 1.0 cm	
11302	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 1.1 to 2.0 cm	
11303	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter over 2.0 cm	
11305	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less	
11306	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm	
11307	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm	
11308	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter over 2.0 cm	
1130F	Back pain and function assessed, including all of the following: Pain assessment and functional status and patient history, including notation of presence or absence of "red flags" (warning signs) and assessment of prior treatment and response, and employ	
11310	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less	
11311	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm	
11312	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm	
11313	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 2.0 cm	
1134F	Episode of back pain lasting 6 weeks or less (BkP)	
1135F	Episode of back pain lasting longer than 6 weeks (BkP)	
1136F	Episode of back pain lasting 12 weeks or less (BkP)	
1137F	Episode of back pain lasting longer than 12 weeks (BkP)	
11400	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less	\$723.96
11401	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.6 to 1.0 cm	
11402	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0 cm	
11403	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 2.1 to 3.0 cm	
11404	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 3.1 to 4.0 cm	\$8,088.18
11406	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter over 4.0 cm	
11420	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less	
11421	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm	
11422	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm	
11423	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm	
11424	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm	

- 11426 Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm
- 11440 Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less
- 11441 Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0 cm
- 11442 Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 1.1 to 2.0 cm
- 11443 Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 2.1 to 3.0 cm
- 11444 Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 3.1 to 4.0 cm
- 11446 Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter over 4.0 cm
- 11450 Excision of skin and subcutaneous tissue for hidradenitis, axillary; with simple or intermediate repair
- 11451 Excision of skin and subcutaneous tissue for hidradenitis, axillary; with complex repair
- 11462 Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with simple or intermediate repair
- 11463 Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with complex repair
- 11470 Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with simple or intermediate repair
- 11471 Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with complex repair
- 1150F Documentation that a patient has a substantial risk of death within 1 year (Pall Cr)
- 1151F Documentation that a patient does not have a substantial risk of death within one year (Pall Cr)
- 1152F Documentation of advanced disease diagnosis, goals of care prioritize comfort (Pall Cr)
- 1153F Documentation of advanced disease diagnosis, goals of care do not prioritize comfort (Pall Cr)
- 1157F Advance care plan or similar legal document present in the medical record (COA)
- 1158F Advance care planning discussion documented in the medical record (COA)
- 1159F Medication list documented in medical record (COA)
- 11600 Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.5 cm or less
- 11601 Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.6 to 1.0 cm
- 11602 Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 1.1 to 2.0 cm
- 11603 Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 2.1 to 3.0 cm
- 11604 Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 3.1 to 4.0 cm
- 11606 Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter over 4.0 cm

1160F	Review of all medications by a prescribing practitioner or clinical pharmacist (such as, prescriptions, OTCs, herbal therapies and supplements) documented in the medical record (COA)	
11620	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less	
11621	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm	
11622	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm	
11623	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm	
11624	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm	
11626	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm	
11640	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.5 cm or less	
11641	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.6 to 1.0 cm	
11642	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 1.1 to 2.0 cm	
11643	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 2.1 to 3.0 cm	
11644	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 3.1 to 4.0 cm	
11646	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter over 4.0 cm	
1170F	Functional status assessed (COA) (RA)	
11719	Trimming of nondystrophic nails, any number	
11720	Debridement of nail(s) by any method(s); 1 to 5	\$335.76
11721	Debridement of nail(s) by any method(s); 6 or more	
11730	Avulsion of nail plate, partial or complete, simple; single	\$1,013.70
11732	Avulsion of nail plate, partial or complete, simple; each additional nail plate (List separately in addition to code for primary procedure)	
11740	Evacuation of subungual hematoma	\$630.24
11750	Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal	\$1,864.80
11752	Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal; with amputation of tuft of distal phalanx	
11755	Biopsy of nail unit (eg, plate, bed, matrix, hyponychium, proximal and lateral nail folds) (separate procedure)	
1175F	Functional status for dementia assessed and results reviewed (DEM)	
11760	Repair of nail bed	\$2,929.20
11762	Reconstruction of nail bed with graft	
11765	Wedge excision of skin of nail fold (eg, for ingrown toenail)	\$966.42
11770	Excision of pilonidal cyst or sinus; simple	
11771	Excision of pilonidal cyst or sinus; extensive	\$13,949.22
11772	Excision of pilonidal cyst or sinus; complicated	
1180F	All specified thromboembolic risk factors assessed (AFIB)	
1181F	Neuropsychiatric symptoms assessed and results reviewed (DEM)	
1182F	Neuropsychiatric symptoms, one or more present (DEM)	
1183F	Neuropsychiatric symptoms, absent (DEM)	
11900	Injection, intralesional; up to and including 7 lesions	
11901	Injection, intralesional; more than 7 lesions	

11920	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less	
11921	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm	
11922	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; each additional 20.0 sq cm, or part thereof (List separately in addition to code for primary procedure)	
11950	Subcutaneous injection of filling material (eg, collagen); 1 cc or less	
11951	Subcutaneous injection of filling material (eg, collagen); 1.1 to 5.0 cc	
11952	Subcutaneous injection of filling material (eg, collagen); 5.1 to 10.0 cc	
11954	Subcutaneous injection of filling material (eg, collagen); over 10.0 cc	
11960	Insertion of tissue expander(s) for other than breast, including subsequent expansion	
11970	Replacement of tissue expander with permanent prosthesis	
11971	Removal of tissue expander(s) without insertion of prosthesis	
11976	Removal, implantable contraceptive capsules	
11980	Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin)	
11981	Insertion, non-biodegradable drug delivery implant	
11982	Removal, non-biodegradable drug delivery implant	
11983	Removal with reinsertion, non-biodegradable drug delivery implant	
12001	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less	\$1,013.70
12002	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm	\$1,013.70
12004	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 7.6 cm to 12.5 cm	\$1,013.70
12005	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 12.6 cm to 20.0 cm	\$1,864.80
12006	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 20.1 cm to 30.0 cm	\$1,122.96
12007	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); over 30.0 cm	
1200F	Seizure type(s) and current seizure frequency(ies) documented (EPI)	
12011	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	\$1,013.70
12013	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm	\$1,013.70
12014	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm	\$1,013.70
12015	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm	\$1,013.70
12016	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm	\$1,864.80
12017	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm	
12018	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm	
12020	Treatment of superficial wound dehiscence; simple closure	\$1,624.50
12021	Treatment of superficial wound dehiscence; with packing	
12031	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.5 cm or less	\$1,864.80
12032	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.6 cm to 7.5 cm	\$1,864.80

12034	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 7.6 cm to 12.5 cm	\$1,864.80
12035	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 12.6 cm to 20.0 cm	\$2,200.74
12036	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 20.1 cm to 30.0 cm	\$2,929.20
12037	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); over 30.0 cm	\$6,280.35
12041	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less	\$1,864.80
12042	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.6 cm to 7.5 cm	\$1,864.80
12044	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 7.6 cm to 12.5 cm	\$2,929.20
12045	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 12.6 cm to 20.0 cm	
12046	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 20.1 cm to 30.0 cm	
12047	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; over 30.0 cm	
12051	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less	\$1,864.80
12052	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm	\$1,864.80
12053	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm	\$1,864.80
12054	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm	\$2,086.26
12055	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm	\$2,694.90
12056	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm	
12057	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm	
1205F	Etiology of epilepsy or epilepsy syndrome(s) reviewed and documented (EPI)	
1220F	Patient screened for depression (SUD)	
13100	Repair, complex, trunk; 1.1 cm to 2.5 cm	\$2,929.20
13101	Repair, complex, trunk; 2.6 cm to 7.5 cm	\$2,929.20
13102	Repair, complex, trunk; each additional 5 cm or less (List separately in addition to code for primary procedure)	\$129.96
13120	Repair, complex, scalp, arms, and/or legs; 1.1 cm to 2.5 cm	\$2,929.20
13121	Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm	\$2,929.20
13122	Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less (List separately in addition to code for primary procedure)	\$601.02
13131	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm	\$1,864.80
13132	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm	\$2,929.20
13133	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; each additional 5 cm or less (List separately in addition to code for primary procedure)	\$287.46
13151	Repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm	\$2,929.20
13152	Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm	\$2,929.20
13153	Repair, complex, eyelids, nose, ears and/or lips; each additional 5 cm or less (List separately in addition to code for primary procedure)	\$756.36

13160	Secondary closure of surgical wound or dehiscence, extensive or complicated	\$4,706.10
14000	Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less	
14001	Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq cm to 30.0 sq cm	
1400F	Parkinson's disease diagnosis reviewed (Prkns)	
14020	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10 sq cm or less	
14021	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10.1 sq cm to 30.0 sq cm	
14040	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less	
14041	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10.1 sq cm to 30.0 sq cm	
14060	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less	
14061	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10.1 sq cm to 30.0 sq cm	
14301	Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm	
14302	Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq cm, or part thereof (List separately in addition to code for primary procedure)	
14350	Filletted finger or toe flap, including preparation of recipient site	
1450F	Symptoms improved or remained consistent with treatment goals since last assessment (HF)	
1451F	Symptoms demonstrated clinically important deterioration since last assessment (HF)	
1460F	Qualifying cardiac event/diagnosis in previous 12 months (CAD)	
1461F	No qualifying cardiac event/diagnosis in previous 12 months (CAD)	
1490F	Dementia severity classified, mild (DEM)	
1491F	Dementia severity classified, moderate (DEM)	
1493F	Dementia severity classified, severe (DEM)	
1494F	Cognition assessed and reviewed (DEM)	
15002	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or 1% of body area of infants and children	
15003	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; each additional 100 sq cm, or part thereof, or each additio	
15004	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or	
15005	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or	
1500F	Symptoms and signs of distal symmetric polyneuropathy reviewed and documented (DSP)	
1501F	Not initial evaluation for condition (DSP)	
1502F	Patient queried about pain and pain interference with function using a valid and reliable instrument (DSP)	
1503F	Patient queried about symptoms of respiratory insufficiency (ALS)	
15040	Harvest of skin for tissue cultured skin autograft, 100 sq cm or less	
1504F	Patient has respiratory insufficiency (ALS)	

- 15050 Pinch graft, single or multiple, to cover small ulcer, tip of digit, or other minimal open area (except on face), up to defect size 2 cm diameter
- 1505F Patient does not have respiratory insufficiency (ALS)
- 15100 Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)
- 15101 Split-thickness autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
- 15110 Epidermal autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children
- 15111 Epidermal autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
- 15115 Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children
- 15116 Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to co
- 15120 Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)
- 15121 Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition
- 15130 Dermal autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children
- 15131 Dermal autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
- 15135 Dermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children
- 15136 Dermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code
- 15150 Tissue cultured skin autograft, trunk, arms, legs; first 25 sq cm or less
- 15151 Tissue cultured skin autograft, trunk, arms, legs; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure)
- 15152 Tissue cultured skin autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
- 15155 Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 25 sq cm or less
- 15156 Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure)
- 15157 Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in add

- 15200 Full thickness graft, free, including direct closure of donor site, trunk; 20 sq cm or less
- 15201 Full thickness graft, free, including direct closure of donor site, trunk; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
- 15220 Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; 20 sq cm or less
- 15221 Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
- 15240 Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq cm or less
- 15241 Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
- 15260 Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less
- 15261 Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)
- 15271 Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area
- 15272 Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)
- 15273 Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children
- 15274 Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part ther
- 15275 Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area
- 15276 Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separatel
- 15277 Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of
- 15278 Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part the
- 15570 Formation of direct or tubed pedicle, with or without transfer; trunk
- 15572 Formation of direct or tubed pedicle, with or without transfer; scalp, arms, or legs
- 15574 Formation of direct or tubed pedicle, with or without transfer; forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet
- 15576 Formation of direct or tubed pedicle, with or without transfer; eyelids, nose, ears, lips, or intraoral
- 15600 Delay of flap or sectioning of flap (division and inset); at trunk
- 15610 Delay of flap or sectioning of flap (division and inset); at scalp, arms, or legs

15620 Delay of flap or sectioning of flap (division and inset); at forehead, cheeks, chin, neck, axillae, genitalia, hands, or feet

15630 Delay of flap or sectioning of flap (division and inset); at eyelids, nose, ears, or lips

15650 Transfer, intermediate, of any pedicle flap (eg, abdomen to wrist, Walking tube), any location

15730 Midface flap (ie, zygomaticofacial flap) with preservation of vascular pedicle(s)

15731 Forehead flap with preservation of vascular pedicle (eg, axial pattern flap, paramedian forehead flap)

15732 Muscle, myocutaneous, or fasciocutaneous flap; head and neck (eg, temporalis, masseter muscle, sternocleidomastoid, levator scapulae)

15733 Muscle, myocutaneous, or fasciocutaneous flap; head and neck with named vascular pedicle (ie, buccinators, genioglossus, temporalis, masseter, sternocleidomastoid, levator scapulae)

15734 Muscle, myocutaneous, or fasciocutaneous flap; trunk

15736 Muscle, myocutaneous, or fasciocutaneous flap; upper extremity

15738 Muscle, myocutaneous, or fasciocutaneous flap; lower extremity

15740 Flap; island pedicle requiring identification and dissection of an anatomically named axial vessel

15750 Flap; neurovascular pedicle

15756 Free muscle or myocutaneous flap with microvascular anastomosis

15757 Free skin flap with microvascular anastomosis

15758 Free fascial flap with microvascular anastomosis

15760 Graft; composite (eg, full thickness of external ear or nasal ala), including primary closure, donor area

15770 Graft; derma-fat-fascia

15775 Punch graft for hair transplant; 1 to 15 punch grafts

15776 Punch graft for hair transplant; more than 15 punch grafts

15777 Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (ie, breast, trunk) (List separately in addition to code for primary procedure)

15780 Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)

15781 Dermabrasion; segmental, face

15782 Dermabrasion; regional, other than face

15783 Dermabrasion; superficial, any site (eg, tattoo removal)

15786 Abrasion; single lesion (eg, keratosis, scar)

15787 Abrasion; each additional 4 lesions or less (List separately in addition to code for primary procedure)

15788 Chemical peel, facial; epidermal

15789 Chemical peel, facial; dermal

15792 Chemical peel, nonfacial; epidermal

15793 Chemical peel, nonfacial; dermal

15819 Cervicoplasty

15820 Blepharoplasty, lower eyelid;

15821 Blepharoplasty, lower eyelid; with extensive herniated fat pad

15822 Blepharoplasty, upper eyelid;

15823 Blepharoplasty, upper eyelid; with excessive skin weighting down lid

15824 Rhytidectomy; forehead

15825 Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)

15826 Rhytidectomy; glabellar frown lines

15828 Rhytidectomy; cheek, chin, and neck

15829 Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap

15830 Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy

15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh	
15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg	
15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip	
15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock	
15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm	
15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand	
15838	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad	
15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area	
15840	Graft for facial nerve paralysis; free fascia graft (including obtaining fascia)	
15841	Graft for facial nerve paralysis; free muscle graft (including obtaining graft)	
15842	Graft for facial nerve paralysis; free muscle flap by microsurgical technique	
15845	Graft for facial nerve paralysis; regional muscle transfer	
15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication) (List separately in addition to code for primary procedure)	
15850	Removal of sutures under anesthesia (other than local), same surgeon	
15851	Removal of sutures under anesthesia (other than local), other surgeon	
15852	Dressing change (for other than burns) under anesthesia (other than local)	
15860	Intravenous injection of agent (eg, fluorescein) to test vascular flow in flap or graft	
15876	Suction assisted lipectomy; head and neck	
15877	Suction assisted lipectomy; trunk	
15878	Suction assisted lipectomy; upper extremity	
15879	Suction assisted lipectomy; lower extremity	
15920	Excision, coccygeal pressure ulcer, with coccygectomy; with primary suture	
15922	Excision, coccygeal pressure ulcer, with coccygectomy; with flap closure	
15931	Excision, sacral pressure ulcer, with primary suture;	
15933	Excision, sacral pressure ulcer, with primary suture; with ostectomy	
15934	Excision, sacral pressure ulcer, with skin flap closure;	
15935	Excision, sacral pressure ulcer, with skin flap closure; with ostectomy	
15936	Excision, sacral pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure;	
15937	Excision, sacral pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure; with ostectomy	
15940	Excision, ischial pressure ulcer, with primary suture;	
15941	Excision, ischial pressure ulcer, with primary suture; with ostectomy (ischiectomy)	
15944	Excision, ischial pressure ulcer, with skin flap closure;	
15945	Excision, ischial pressure ulcer, with skin flap closure; with ostectomy	
15946	Excision, ischial pressure ulcer, with ostectomy, in preparation for muscle or myocutaneous flap or skin graft closure	
15950	Excision, trochanteric pressure ulcer, with primary suture;	
15951	Excision, trochanteric pressure ulcer, with primary suture; with ostectomy	
15952	Excision, trochanteric pressure ulcer, with skin flap closure;	
15953	Excision, trochanteric pressure ulcer, with skin flap closure; with ostectomy	
15956	Excision, trochanteric pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure;	
15958	Excision, trochanteric pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure; with ostectomy	
15999	Unlisted procedure, excision pressure ulcer	
16000	Initial treatment, first degree burn, when no more than local treatment is required	\$1,013.70

16020	Dressings and/or debridement of partial-thickness burns, initial or subsequent; small (less than 5% total body surface area)	\$1,013.70
16025	Dressings and/or debridement of partial-thickness burns, initial or subsequent; medium (eg, whole face or whole extremity, or 5% to 10% total body surface area)	\$1,013.70
16030	Dressings and/or debridement of partial-thickness burns, initial or subsequent; large (eg, more than 1 extremity, or greater than 10% total body surface area)	\$1,864.80
16035	Escharotomy; initial incision	
16036	Escharotomy; each additional incision (List separately in addition to code for primary procedure)	
17000	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion	\$381.78
17003	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); second through 14 lesions, each (List separately in addition to code for first lesion)	
17004	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses), 15 or more lesions	
17106	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm	
17107	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm	
17108	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm	
17110	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions	\$642.24
17111	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions	
17250	Chemical cauterization of granulation tissue (ie, proud flesh)	\$462.36
17260	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.5 cm or less	
17261	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.6 to 1.0 cm	
17262	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 1.1 to 2.0 cm	
17263	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 2.1 to 3.0 cm	
17264	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 3.1 to 4.0 cm	
17266	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter over 4.0 cm	
17270	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less	
17271	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm	

17272	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm	
17273	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 2.1 to 3.0 cm	
17274	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 3.1 to 4.0 cm	
17276	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter over 4.0 cm	
17280	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less	
17281	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm	
17282	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm	
17283	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 2.1 to 3.0 cm	
17284	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 3.1 to 4.0 cm	
17286	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 4.0 cm	
17311	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (
17312	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (
17313	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (
17314	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (
17315	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (
17340	Cryotherapy (CO2 slush, liquid N2) for acne	
17360	Chemical exfoliation for acne (eg, acne paste, acid)	
17380	Electrolysis epilation, each 30 minutes	
17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue	\$1,013.70
19000	Puncture aspiration of cyst of breast;	

19001	Puncture aspiration of cyst of breast; each additional cyst (List separately in addition to code for primary procedure)	
19020	Mastotomy with exploration or drainage of abscess, deep	\$8,088.18
19030	Injection procedure only for mammary ductogram or galactogram	
19081	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including stereotactic guidance	
19082	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including stereotactic guidance (List separately in addi	
19083	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including ultrasound guidance	
19084	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including ultrasound guidance (List separately in additi	
19085	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including magnetic resonance guidance	
19086	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including magnetic resonance guidance (List separately i	
19100	Biopsy of breast; percutaneous, needle core, not using imaging guidance (separate procedure)	
19101	Biopsy of breast; open, incisional	
19105	Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma	
19110	Nipple exploration, with or without excision of a solitary lactiferous duct or a papilloma lactiferous duct	
19112	Excision of lactiferous duct fistula	
19120	Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion (except 19300), open, male or female, 1 or more lesions	
19125	Excision of breast lesion identified by preoperative placement of radiological marker, open; single lesion	
19126	Excision of breast lesion identified by preoperative placement of radiological marker, open; each additional lesion separately identified by a preoperative radiological marker (List separately in addition to code for primary procedure)	
19260	Excision of chest wall tumor including ribs	
19271	Excision of chest wall tumor involving ribs, with plastic reconstruction; without mediastinal lymphadenectomy	
19272	Excision of chest wall tumor involving ribs, with plastic reconstruction; with mediastinal lymphadenectomy	
19281	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including mammographic guidance	
19282	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including mammographic guidance (List separately in addition to code for primary procedure)	
19283	Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including stereotactic guidance	

- 19284 Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure)
- 19285 Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including ultrasound guidance
- 19286 Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure)
- 19287 Placement of breast localization device(s) (eg clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including magnetic resonance guidance
- 19288 Placement of breast localization device(s) (eg clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure)
- 19294 Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (IORT) concurrent with partial mastectomy (List separately in addition to code for primary procedure)
- 19296 Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; on date separate from partial mastectomy
- 19297 Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; concurrent with partial mastectomy (List separately in a
- 19298 Placement of radiotherapy after loading brachytherapy catheters (multiple tube and button type) into the breast for interstitial radioelement application following (at the time of or subsequent to) partial mastectomy, includes imaging guidance
- 19300 Mastectomy for gynecomastia
- 19301 Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy);
- 19302 Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy); with axillary lymphadenectomy
- 19303 Mastectomy, simple, complete
- 19304 Mastectomy, subcutaneous
- 19305 Mastectomy, radical, including pectoral muscles, axillary lymph nodes
- 19306 Mastectomy, radical, including pectoral muscles, axillary and internal mammary lymph nodes (Urban type operation)
- 19307 Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle
- 19316 Mastopexy
- 19318 Reduction mammoplasty
- 19324 Mammoplasty, augmentation; without prosthetic implant
- 19325 Mammoplasty, augmentation; with prosthetic implant
- 19328 Removal of intact mammary implant
- 19330 Removal of mammary implant material
- 19340 Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
- 19342 Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
- 19350 Nipple/areola reconstruction
- 19355 Correction of inverted nipples
- 19357 Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion

19361	Breast reconstruction with latissimus dorsi flap, without prosthetic implant	
19364	Breast reconstruction with free flap	
19366	Breast reconstruction with other technique	
19367	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site;	
19368	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site; with microvascular anastomosis (supercharging)	
19369	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), double pedicle, including closure of donor site	
19370	Open periprosthetic capsulotomy, breast	
19371	Periprosthetic capsulectomy, breast	
19380	Revision of reconstructed breast	
19396	Preparation of moulage for custom breast implant	
19499	Unlisted procedure, breast	
20005	Incision and drainage of soft tissue abscess, subfascial (ie, involves the soft tissue below the deep fascia)	
2000F	Blood pressure measured (CKD)(DM)	
2001F	Weight recorded (PAG)	
2002F	Clinical signs of volume overload (excess) assessed (NMA-No Measure Associated)	
2004F	Initial examination of the involved joint(s) (includes visual inspection, palpation, range of motion) (OA) [Instructions: Report only for initial osteoarthritis visit or for visits for new joint involvement]	
20100	Exploration of penetrating wound (separate procedure); neck	
20101	Exploration of penetrating wound (separate procedure); chest	
20102	Exploration of penetrating wound (separate procedure); abdomen/flank/back	
20103	Exploration of penetrating wound (separate procedure); extremity	\$3,390.30
2010F	Vital signs (temperature, pulse, respiratory rate, and blood pressure) documented and reviewed (CAP) (EM)	
2014F	Mental status assessed (CAP) (EM)	
20150	Excision of epiphyseal bar, with or without autogenous soft tissue graft obtained through same fascial incision	
2015F	Asthma impairment assessed (Asthma)	
2016F	Asthma risk assessed (Asthma)	
2018F	Hydration status assessed (normal/mildly dehydrated/severely dehydrated) (CAP)	
2019F	Dilated macular exam performed, including documentation of the presence or absence of macular thickening or hemorrhage and the level of macular degeneration severity (EC)	
20200	Biopsy, muscle; superficial	
20205	Biopsy, muscle; deep	
20206	Biopsy, muscle, percutaneous needle	
2020F	Dilated fundus evaluation performed within 12 months prior to cataract surgery (EC)	
2021F	Dilated macular or fundus exam performed, including documentation of the presence or absence of macular edema and level of severity of retinopathy (EC)	
20220	Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs)	
20225	Biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur)	
2022F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed (DM)	
20240	Biopsy, bone, open; superficial (eg, sternum, spinous process, rib, patella, olecranon process, calcaneus, tarsal, metatarsal, carpal, metacarpal, phalanx)	
20245	Biopsy, bone, open; deep (eg, humeral shaft, ischium, femoral shaft)	

2024F	7 standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist documented and reviewed (DM)	
20250	Biopsy, vertebral body, open; thoracic	
20251	Biopsy, vertebral body, open; lumbar or cervical	
2026F	Eye imaging validated to match diagnosis from 7 standard field stereoscopic photos results documented and reviewed (DM)	
2027F	Optic nerve head evaluation performed (EC)	
2028F	Foot examination performed (includes examination through visual inspection, sensory exam with monofilament, and pulse exam - report when any of the 3 components are completed) (DM)	
2029F	Complete physical skin exam performed (ML)	
2030F	Hydration status documented, normally hydrated (PAG)	
2031F	Hydration status documented, dehydrated (PAG)	
2035F	Tympanic membrane mobility assessed with pneumatic otoscopy or tympanometry (OME)	
2040F	Physical examination on the date of the initial visit for low back pain performed, in accordance with specifications (BkP)	
2044F	Documentation of mental health assessment prior to intervention (back surgery or epidural steroid injection) or for back pain episode lasting longer than 6 weeks (BkP)	
20500	Injection of sinus tract; therapeutic (separate procedure)	
20501	Injection of sinus tract; diagnostic (sinogram)	
2050F	Wound characteristics including size and nature of wound base tissue and amount of drainage prior to debridement documented (CWC)	
20520	Removal of foreign body in muscle or tendon sheath; simple	\$8,088.18
20525	Removal of foreign body in muscle or tendon sheath; deep or complicated	\$13,949.22
20526	Injection, therapeutic (eg, local anesthetic, corticosteroid), carpal tunnel	
20527	Injection, enzyme (eg, collagenase), palmar fascial cord (ie, Dupuytren's contracture)	
20550	Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")	
20551	Injection(s); single tendon origin/insertion	
20552	Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)	\$320.76
20553	Injection(s); single or multiple trigger point(s), 3 or more muscles	
20555	Placement of needles or catheters into muscle and/or soft tissue for subsequent interstitial radioelement application (at the time of or subsequent to the procedure)	
20600	Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); without ultrasound guidance	\$1,468.20
20604	Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); with ultrasound guidance, with permanent recording and reporting	
20605	Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); without ultrasound guidance	\$1,468.20
20606	Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); with ultrasound guidance, with permanent recording and reporting	
2060F	Patient interviewed directly on or before date of diagnosis of major depressive disorder (MDD ADOL)	
20610	Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance	\$1,468.20
20611	Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting	
20612	Aspiration and/or injection of ganglion cyst(s) any location	
20615	Aspiration and injection for treatment of bone cyst	

20650	Insertion of wire or pin with application of skeletal traction, including removal (separate procedure)	\$15,871.38
20660	Application of cranial tongs, caliper, or stereotactic frame, including removal (separate procedure)	
20661	Application of halo, including removal; cranial	
20662	Application of halo, including removal; pelvic	
20663	Application of halo, including removal; femoral	
20664	Application of halo, including removal, cranial, 6 or more pins placed, for thin skull osteology (eg, pediatric patients, hydrocephalus, osteogenesis imperfecta)	
20665	Removal of tongs or halo applied by another individual	
20670	Removal of implant; superficial (eg, buried wire, pin or rod) (separate procedure)	\$2,176.08
20680	Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)	
20690	Application of a uniplane (pins or wires in 1 plane), unilateral, external fixation system	
20692	Application of a multiplane (pins or wires in more than 1 plane), unilateral, external fixation system (eg, Ilizarov, Monticelli type)	
20693	Adjustment or revision of external fixation system requiring anesthesia (eg, new pin[s] or wire[s] and/or new ring[s] or bar[s])	
20694	Removal, under anesthesia, of external fixation system	
20696	Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg, spatial frame), including imaging; initial and subsequent alignment(s), assessment(s), and computation(s) of	
20697	Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg, spatial frame), including imaging; exchange (ie, removal and replacement) of strut, each	
20802	Replantation, arm (includes surgical neck of humerus through elbow joint), complete amputation	
20805	Replantation, forearm (includes radius and ulna to radial carpal joint), complete amputation	
20808	Replantation, hand (includes hand through metacarpophalangeal joints), complete amputation	
20816	Replantation, digit, excluding thumb (includes metacarpophalangeal joint to insertion of flexor sublimis tendon), complete amputation	
20822	Replantation, digit, excluding thumb (includes distal tip to sublimis tendon insertion), complete amputation	
20824	Replantation, thumb (includes carpometacarpal joint to MP joint), complete amputation	
20827	Replantation, thumb (includes distal tip to MP joint), complete amputation	
20838	Replantation, foot, complete amputation	
20900	Bone graft, any donor area; minor or small (eg, dowel or button)	
20902	Bone graft, any donor area; major or large	
20910	Cartilage graft; costochondral	
20912	Cartilage graft; nasal septum	
20920	Fascia lata graft; by stripper	
20922	Fascia lata graft; by incision and area exposure, complex or sheet	
20924	Tendon graft, from a distance (eg, palmaris, toe extensor, plantaris)	
20926	Tissue grafts, other (eg, paratenon, fat, dermis)	
20930	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure)	
20931	Allograft, structural, for spine surgery only (List separately in addition to code for primary procedure)	

- 20936 Autograft for spine surgery only (includes harvesting the graft); local (eg, ribs, spinous process, or laminar fragments) obtained from same incision (List separately in addition to code for primary procedure)
- 20937 Autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin or fascial incision) (List separately in addition to code for primary procedure)
- 20938 Autograft for spine surgery only (includes harvesting the graft); structural, bicortical or tricortical (through separate skin or fascial incision) (List separately in addition to code for primary procedure)
- 20939 Bone marrow aspiration for bone grafting, spine surgery only, through separate skin or fascial incision (List separately in addition to code for primary procedure)
- 20950 Monitoring of interstitial fluid pressure (includes insertion of device, eg, wick catheter technique, needle manometer technique) in detection of muscle compartment syndrome
- 20955 Bone graft with microvascular anastomosis; fibula
- 20956 Bone graft with microvascular anastomosis; iliac crest
- 20957 Bone graft with microvascular anastomosis; metatarsal
- 20962 Bone graft with microvascular anastomosis; other than fibula, iliac crest, or metatarsal
- 20969 Free osteocutaneous flap with microvascular anastomosis; other than iliac crest, metatarsal, or great toe
- 20970 Free osteocutaneous flap with microvascular anastomosis; iliac crest
- 20972 Free osteocutaneous flap with microvascular anastomosis; metatarsal
- 20973 Free osteocutaneous flap with microvascular anastomosis; great toe with web space
- 20974 Electrical stimulation to aid bone healing; noninvasive (nonoperative)
- 20975 Electrical stimulation to aid bone healing; invasive (operative)
- 20979 Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative)
- 20982 Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; radiofrequency
- 20983 Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; cryoablation
- 20985 Computer-assisted surgical navigational procedure for musculoskeletal procedures, image-less (List separately in addition to code for primary procedure)
- 20999 Unlisted procedure, musculoskeletal system, general
- 21010 Arthrotomy, temporomandibular joint
- 21011 Excision, tumor, soft tissue of face or scalp, subcutaneous; less than 2 cm
- 21012 Excision, tumor, soft tissue of face or scalp, subcutaneous; 2 cm or greater
- 21013 Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); less than 2 cm
- 21014 Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); 2 cm or greater
- 21015 Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; less than 2 cm
- 21016 Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; 2 cm or greater
- 21025 Excision of bone (eg, for osteomyelitis or bone abscess); mandible
- 21026 Excision of bone (eg, for osteomyelitis or bone abscess); facial bone(s)
- 21029 Removal by contouring of benign tumor of facial bone (eg, fibrous dysplasia)
- 21030 Excision of benign tumor or cyst of maxilla or zygoma by enucleation and curettage

21031 Excision of torus mandibularis
21032 Excision of maxillary torus palatinus
21034 Excision of malignant tumor of maxilla or zygoma
21040 Excision of benign tumor or cyst of mandible, by enucleation and/or curettage
21044 Excision of malignant tumor of mandible;
21045 Excision of malignant tumor of mandible; radical resection
21046 Excision of benign tumor or cyst of mandible; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion[s])
21047 Excision of benign tumor or cyst of mandible; requiring extra-oral osteotomy and partial mandibulectomy (eg, locally aggressive or destructive lesion[s])
21048 Excision of benign tumor or cyst of maxilla; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion[s])
21049 Excision of benign tumor or cyst of maxilla; requiring extra-oral osteotomy and partial maxillectomy (eg, locally aggressive or destructive lesion[s])
21050 Condylectomy, temporomandibular joint (separate procedure)
21060 Meniscectomy, partial or complete, temporomandibular joint (separate procedure)

21070 Coronoidectomy (separate procedure)
21073 Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care)
21076 Impression and custom preparation; surgical obturator prosthesis
21077 Impression and custom preparation; orbital prosthesis
21079 Impression and custom preparation; interim obturator prosthesis
21080 Impression and custom preparation; definitive obturator prosthesis
21081 Impression and custom preparation; mandibular resection prosthesis
21082 Impression and custom preparation; palatal augmentation prosthesis
21083 Impression and custom preparation; palatal lift prosthesis
21084 Impression and custom preparation; speech aid prosthesis
21085 Impression and custom preparation; oral surgical splint
21086 Impression and custom preparation; auricular prosthesis
21087 Impression and custom preparation; nasal prosthesis
21088 Impression and custom preparation; facial prosthesis
21089 Unlisted maxillofacial prosthetic procedure
21100 Application of halo type appliance for maxillofacial fixation, includes removal (separate procedure)
21110 Application of interdental fixation device for conditions other than fracture or dislocation, includes removal
21116 Injection procedure for temporomandibular joint arthrography
21120 Genioplasty; augmentation (autograft, allograft, prosthetic material)
21121 Genioplasty; sliding osteotomy, single piece
21122 Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)
21123 Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)
21125 Augmentation, mandibular body or angle; prosthetic material
21127 Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)
21137 Reduction forehead; contouring only
21138 Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)
21139 Reduction forehead; contouring and setback of anterior frontal sinus wall
21141 Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft
21142 Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft

- 21143 Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, without bone graft
- 21145 Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)
- 21146 Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft)
- 21147 Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted bilateral alveolar cleft or multiple osteotomies)
- 21150 Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome)
- 21151 Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)
- 21154 Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I
- 21155 Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I
- 21159 Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I
- 21160 Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); with LeFort I
- 21172 Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)
- 21175 Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (eg, plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)
- 21179 Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)
- 21180 Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)
- 21181 Reconstruction by contouring of benign tumor of cranial bones (eg, fibrous dysplasia), extracranial
- 21182 Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting less
- 21183 Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting grea
- 21184 Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting grea
- 21188 Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)
- 21193 Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft
- 21194 Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)
- 21195 Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation

21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation	
21198	Osteotomy, mandible, segmental;	
21199	Osteotomy, mandible, segmental; with genioglossus advancement	
21206	Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)	
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)	
21209	Osteoplasty, facial bones; reduction	
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)	
21215	Graft, bone; mandible (includes obtaining graft)	
21230	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)	
21235	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)	
21240	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)	
21242	Arthroplasty, temporomandibular joint, with allograft	
21243	Arthroplasty, temporomandibular joint, with prosthetic joint replacement	
21244	Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)	
21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial	
21246	Reconstruction of mandible or maxilla, subperiosteal implant; complete	
21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial microsomia)	
21248	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial	
21249	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete	
21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)	
21256	Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (eg, micro-ophthalmia)	
21260	Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach	
21261	Periorbital osteotomies for orbital hypertelorism, with bone grafts; combined intra- and extracranial approach	
21263	Periorbital osteotomies for orbital hypertelorism, with bone grafts; with forehead advancement	
21267	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach	
21268	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra- and extracranial approach	
21270	Malar augmentation, prosthetic material	
21275	Secondary revision of orbitocraniofacial reconstruction	
21280	Medial canthopexy (separate procedure)	
21282	Lateral canthopexy	
21295	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); extraoral approach	
21296	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); intraoral approach	
21299	Unlisted craniofacial and maxillofacial procedure	
21310	Closed treatment of nasal bone fracture without manipulation	\$1,289.40
21315	Closed treatment of nasal bone fracture; without stabilization	\$1,572.06
21320	Closed treatment of nasal bone fracture; with stabilization	
21325	Open treatment of nasal fracture; uncomplicated	

21330	Open treatment of nasal fracture; complicated, with internal and/or external skeletal fixation	
21335	Open treatment of nasal fracture; with concomitant open treatment of fractured septum	
21336	Open treatment of nasal septal fracture, with or without stabilization	
21337	Closed treatment of nasal septal fracture, with or without stabilization	
21338	Open treatment of nasoethmoid fracture; without external fixation	
21339	Open treatment of nasoethmoid fracture; with external fixation	
21340	Percutaneous treatment of nasoethmoid complex fracture, with splint, wire or headcap fixation, including repair of canthal ligaments and/or the nasolacrimal apparatus	
21343	Open treatment of depressed frontal sinus fracture	
21344	Open treatment of complicated (eg, comminuted or involving posterior wall) frontal sinus fracture, via coronal or multiple approaches	
21345	Closed treatment of nasomaxillary complex fracture (LeFort II type), with interdental wire fixation or fixation of denture or splint	
21346	Open treatment of nasomaxillary complex fracture (LeFort II type); with wiring and/or local fixation	
21347	Open treatment of nasomaxillary complex fracture (LeFort II type); requiring multiple open approaches	
21348	Open treatment of nasomaxillary complex fracture (LeFort II type); with bone grafting (includes obtaining graft)	
21355	Percutaneous treatment of fracture of malar area, including zygomatic arch and malar tripod, with manipulation	
21356	Open treatment of depressed zygomatic arch fracture (eg, Gillies approach)	
21360	Open treatment of depressed malar fracture, including zygomatic arch and malar tripod	
21365	Open treatment of complicated (eg, comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with internal fixation and multiple surgical approaches	
21366	Open treatment of complicated (eg, comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with bone grafting (includes obtaining graft)	
21385	Open treatment of orbital floor blowout fracture; transantral approach (Caldwell-Luc type operation)	
21386	Open treatment of orbital floor blowout fracture; periorbital approach	
21387	Open treatment of orbital floor blowout fracture; combined approach	
21390	Open treatment of orbital floor blowout fracture; periorbital approach, with alloplastic or other implant	
21395	Open treatment of orbital floor blowout fracture; periorbital approach with bone graft (includes obtaining graft)	
21400	Closed treatment of fracture of orbit, except blowout; without manipulation	\$1,115.04
21401	Closed treatment of fracture of orbit, except blowout; with manipulation	
21406	Open treatment of fracture of orbit, except blowout; without implant	
21407	Open treatment of fracture of orbit, except blowout; with implant	
21408	Open treatment of fracture of orbit, except blowout; with bone grafting (includes obtaining graft)	
21421	Closed treatment of palatal or maxillary fracture (LeFort I type), with interdental wire fixation or fixation of denture or splint	
21422	Open treatment of palatal or maxillary fracture (LeFort I type);	
21423	Open treatment of palatal or maxillary fracture (LeFort I type); complicated (comminuted or involving cranial nerve foramina), multiple approaches	
21431	Closed treatment of craniofacial separation (LeFort III type) using interdental wire fixation of denture or splint	

21432	Open treatment of craniofacial separation (LeFort III type); with wiring and/or internal fixation	
21433	Open treatment of craniofacial separation (LeFort III type); complicated (eg, comminuted or involving cranial nerve foramina), multiple surgical approaches	
21435	Open treatment of craniofacial separation (LeFort III type); complicated, utilizing internal and/or external fixation techniques (eg, head cap, halo device, and/or intermaxillary fixation)	
21436	Open treatment of craniofacial separation (LeFort III type); complicated, multiple surgical approaches, internal fixation, with bone grafting (includes obtaining graft)	
21440	Closed treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)	
21445	Open treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)	
21450	Closed treatment of mandibular fracture; without manipulation	\$3,264.54
21451	Closed treatment of mandibular fracture; with manipulation	
21452	Percutaneous treatment of mandibular fracture, with external fixation	
21453	Closed treatment of mandibular fracture with interdental fixation	
21454	Open treatment of mandibular fracture with external fixation	
21461	Open treatment of mandibular fracture; without interdental fixation	
21462	Open treatment of mandibular fracture; with interdental fixation	
21465	Open treatment of mandibular condylar fracture	
21470	Open treatment of complicated mandibular fracture by multiple surgical approaches including internal fixation, interdental fixation, and/or wiring of dentures or splints	
21480	Closed treatment of temporomandibular dislocation; initial or subsequent	\$569.22
21485	Closed treatment of temporomandibular dislocation; complicated (eg, recurrent requiring intermaxillary fixation or splinting), initial or subsequent	
21490	Open treatment of temporomandibular dislocation	
21495	Open treatment of hyoid fracture	
21497	Interdental wiring, for condition other than fracture	
21499	Unlisted musculoskeletal procedure, head	
21501	Incision and drainage, deep abscess or hematoma, soft tissues of neck or thorax;	\$13,949.22
21502	Incision and drainage, deep abscess or hematoma, soft tissues of neck or thorax; with partial rib ostectomy	
21510	Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), thorax	
21550	Biopsy, soft tissue of neck or thorax	
21552	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; 3 cm or greater	
21554	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); 5 cm or greater	
21555	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; less than 3 cm	
21556	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); less than 5 cm	
21557	Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; less than 5 cm	
21558	Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; 5 cm or greater	
21600	Excision of rib, partial	
21610	Costotransversectomy (separate procedure)	
21615	Excision first and/or cervical rib;	
21616	Excision first and/or cervical rib; with sympathectomy	
21620	Ostectomy of sternum, partial	

21627	Sternal debridement	
21630	Radical resection of sternum;	
21632	Radical resection of sternum; with mediastinal lymphadenectomy	
21685	Hyoid myotomy and suspension	
21700	Division of scalenus anticus; without resection of cervical rib	
21705	Division of scalenus anticus; with resection of cervical rib	\$765.30
21720	Division of sternocleidomastoid for torticollis, open operation; without cast application	
21725	Division of sternocleidomastoid for torticollis, open operation; with cast application	
21740	Reconstructive repair of pectus excavatum or carinatum; open	
21742	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), without thoracoscopy	
21743	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), with thoracoscopy	
21750	Closure of median sternotomy separation with or without debridement (separate procedure)	
21800	Closed treatment of rib fracture, uncomplicated, each	
21805	Open treatment of rib fracture without fixation, each	
21810	Treatment of rib fracture requiring external fixation (flail chest)	
21811	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 1-3 ribs	
21812	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 4-6 ribs	\$8,099.64
21813	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 7 or more ribs	
21820	Closed treatment of sternum fracture	\$1,289.40
21825	Open treatment of sternum fracture with or without skeletal fixation	
21899	Unlisted procedure, neck or thorax	
21920	Biopsy, soft tissue of back or flank; superficial	
21925	Biopsy, soft tissue of back or flank; deep	
21930	Excision, tumor, soft tissue of back or flank, subcutaneous; less than 3 cm	
21931	Excision, tumor, soft tissue of back or flank, subcutaneous; 3 cm or greater	
21932	Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); less than 5 cm	
21933	Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); 5 cm or greater	
21935	Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; less than 5 cm	
21936	Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; 5 cm or greater	
22010	Incision and drainage, open, of deep abscess (subfascial), posterior spine; cervical, thoracic, or cervicothoracic	
22015	Incision and drainage, open, of deep abscess (subfascial), posterior spine; lumbar, sacral, or lumbosacral	
22100	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; cervical	
22101	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; thoracic	
22102	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; lumbar	
22103	Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; each additional segment (List separately in addition to code for primary procedure)	

- 22110 Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; cervical
- 22112 Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; thoracic
- 22114 Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; lumbar
- 22116 Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)
- 22206 Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); thoracic
- 22207 Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); lumbar
- 22208 Osteotomy of spine, posterior or posterolateral approach, 3 columns, 1 vertebral segment (eg, pedicle/vertebral body subtraction); each additional vertebral segment (List separately in addition to code for primary procedure)
- 22210 Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical
- 22212 Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; thoracic
- 22214 Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar
- 22216 Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; each additional vertebral segment (List separately in addition to primary procedure)
- 22220 Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical
- 22222 Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; thoracic
- 22224 Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar
- 22226 Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure)
- 22305 Closed treatment of vertebral process fracture(s)
- 22310 Closed treatment of vertebral body fracture(s), without manipulation, requiring and including casting or bracing
- 22315 Closed treatment of vertebral fracture(s) and/or dislocation(s) requiring casting or bracing, with and including casting and/or bracing by manipulation or traction
- 22318 Open treatment and/or reduction of odontoid fracture(s) and or dislocation(s) (including os odontoideum), anterior approach, including placement of internal fixation; without grafting
- 22319 Open treatment and/or reduction of odontoid fracture(s) and or dislocation(s) (including os odontoideum), anterior approach, including placement of internal fixation; with grafting
- 22325 Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; lumbar
- 22326 Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; cervical
- 22327 Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; thoracic

- 22328 Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; each additional fractured vertebra or dislocated segment (List separately in addition to code for primary procedure)
- 22505 Manipulation of spine requiring anesthesia, any region
- 22510 Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic
- 22511 Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral
- 22512 Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body (List separately in addition to code for primary procedure)
- 22513 Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance
- 22514 Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance
- 22515 Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance
- 22520 Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; thoracic
- 22521 Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; lumbar
- 22522 Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)
- 22523 Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); thoracic
- 22524 Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); lumbar
- 22525 Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); each additional thoracic or lumbar
- 22526 Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level
- 22527 Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; 1 or more additional levels (List separately in addition to code for primary procedure)
- 22532 Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic
- 22533 Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar

- 22534 Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic or lumbar, each additional vertebral segment (List separately in addition to code for primary procedure)
- 22548 Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-axis), with or without excision of odontoid process
- 22551 Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophylectomy and decompression of spinal cord and/or nerve roots; cervical below C2
- 22552 Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophylectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure)
- 22554 Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2
- 22556 Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic
- 22558 Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar
- 22585 Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)
- 22586 Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft when performed, L5-S1 interspace
- 22590 Arthrodesis, posterior technique, craniocervical (occiput-C2)
- 22595 Arthrodesis, posterior technique, atlas-axis (C1-C2)
- 22600 Arthrodesis, posterior or posterolateral technique, single level; cervical below C2 segment
- 22610 Arthrodesis, posterior or posterolateral technique, single level; thoracic (with lateral transverse technique, when performed)
- 22612 Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)
- 22614 Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)
- 22630 Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar
- 22632 Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; each additional interspace (List separately in addition to code for primary procedure)
- 22633 Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; lumbar
- 22634 Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; each additional interspa
- 22800 Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments
- 22802 Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments

- 22804 Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments
- 22808 Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments
- 22810 Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments
- 22812 Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments
- 22818 Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); single or 2 segments
- 22819 Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); 3 or more segments
- 22830 Exploration of spinal fusion
- 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 proced
- 22841 Internal spinal fixation by wiring of spinous processes (List separately in addition to code for primary procedure)
- 22842 Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (List separately in addition to code for primary procedure)
- 22843 Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (List separately in addition to code for primary procedure)
- 22844 Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or more vertebral segments (List separately in addition to code for primary procedure)
- 22845 Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)
- 22846 Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure)
- 22847 Anterior instrumentation; 8 or more vertebral segments (List separately in addition to code for primary procedure)
- 22848 Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum (List separately in addition to code for primary procedure)
- 22849 Reinsertion of spinal fixation device
- 22850 Removal of posterior nonsegmental instrumentation (eg, Harrington rod)
- 22851 Application of intervertebral biomechanical device(s) (eg, synthetic cage(s), methylmethacrylate) to vertebral defect or interspace (List separately in addition to code for primary procedure)
- 22852 Removal of posterior segmental instrumentation
- 22853 Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each inter
- 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)
- 22855 Removal of anterior instrumentation
- 22856 Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical

- 22857 Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), single interspace, lumbar
- 22858 Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection); second level, cervical (List separately in addition to
- 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
- 22861 Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical
- 22862 Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar
- 22864 Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical
- 22865 Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar
- 22867 Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level
- 22868 Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (List separately in addition to code for primary procedure)
- 22869 Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level
- 22870 Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level (List separately in addition to code for primary procedure)
- 22899 Unlisted procedure, spine
- 22900 Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); less than 5 cm
- 22901 Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); 5 cm or greater
- 22902 Excision, tumor, soft tissue of abdominal wall, subcutaneous; less than 3 cm
- 22903 Excision, tumor, soft tissue of abdominal wall, subcutaneous; 3 cm or greater
- 22904 Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; less than 5 cm
- 22905 Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; 5 cm or greater
- 22999 Unlisted procedure, abdomen, musculoskeletal system
- 23000 Removal of subdeltoid calcareous deposits, open
- 23020 Capsular contracture release (eg, Sever type procedure)
- 23030 Incision and drainage, shoulder area; deep abscess or hematoma
- 23031 Incision and drainage, shoulder area; infected bursa
- 23035 Incision, bone cortex (eg, osteomyelitis or bone abscess), shoulder area
- 23040 Arthrotomy, glenohumeral joint, including exploration, drainage, or removal of foreign body
- 23044 Arthrotomy, acromioclavicular, sternoclavicular joint, including exploration, drainage, or removal of foreign body
- 23065 Biopsy, soft tissue of shoulder area; superficial
- 23066 Biopsy, soft tissue of shoulder area; deep

23071 Excision, tumor, soft tissue of shoulder area, subcutaneous; 3 cm or greater

23073 Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); 5 cm or greater

23075 Excision, tumor, soft tissue of shoulder area, subcutaneous; less than 3 cm

23076 Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); less than 5 cm

23077 Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; less than 5 cm

23078 Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; 5 cm or greater

23100 Arthrotomy, glenohumeral joint, including biopsy

23101 Arthrotomy, acromioclavicular joint or sternoclavicular joint, including biopsy and/or excision of torn cartilage

23105 Arthrotomy; glenohumeral joint, with synovectomy, with or without biopsy

23106 Arthrotomy; sternoclavicular joint, with synovectomy, with or without biopsy

23107 Arthrotomy, glenohumeral joint, with joint exploration, with or without removal of loose or foreign body

23120 Claviculectomy; partial

23125 Claviculectomy; total

23130 Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release

23140 Excision or curettage of bone cyst or benign tumor of clavicle or scapula;

23145 Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with autograft (includes obtaining graft)

23146 Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with allograft

23150 Excision or curettage of bone cyst or benign tumor of proximal humerus;

23155 Excision or curettage of bone cyst or benign tumor of proximal humerus; with autograft (includes obtaining graft)

23156 Excision or curettage of bone cyst or benign tumor of proximal humerus; with allograft

23170 Sequestrectomy (eg, for osteomyelitis or bone abscess), clavicle

23172 Sequestrectomy (eg, for osteomyelitis or bone abscess), scapula

23174 Sequestrectomy (eg, for osteomyelitis or bone abscess), humeral head to surgical neck

23180 Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), clavicle

23182 Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), scapula

23184 Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), proximal humerus

23190 Ostectomy of scapula, partial (eg, superior medial angle)

23195 Resection, humeral head

23200 Radical resection of tumor; clavicle

23210 Radical resection of tumor; scapula

23220 Radical resection of tumor, proximal humerus

23330 Removal of foreign body, shoulder; subcutaneous

23333 Removal of foreign body, shoulder; deep (subfascial or intramuscular)

23334 Removal of prosthesis, includes debridement and synovectomy when performed; humeral or glenoid component

23335 Removal of prosthesis, includes debridement and synovectomy when performed; humeral and glenoid components (eg, total shoulder)

23350 Injection procedure for shoulder arthrography or enhanced CT/MRI shoulder arthrography

23395 Muscle transfer, any type, shoulder or upper arm; single

23397	Muscle transfer, any type, shoulder or upper arm; multiple	
23400	Scapulopexy (eg, Sprengels deformity or for paralysis)	
23405	Tenotomy, shoulder area; single tendon	
23406	Tenotomy, shoulder area; multiple tendons through same incision	
23410	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute	
23412	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic	
23415	Coracoacromial ligament release, with or without acromioplasty	
23420	Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	
23430	Tenodesis of long tendon of biceps	
23440	Resection or transplantation of long tendon of biceps	
23450	Capsulorrhaphy, anterior; Putti-Platt procedure or Magnuson type operation	
23455	Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure)	
23460	Capsulorrhaphy, anterior, any type; with bone block	
23462	Capsulorrhaphy, anterior, any type; with coracoid process transfer	
23465	Capsulorrhaphy, glenohumeral joint, posterior, with or without bone block	
23466	Capsulorrhaphy, glenohumeral joint, any type multi-directional instability	
23470	Arthroplasty, glenohumeral joint; hemiarthroplasty	
23472	Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))	
23473	Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component	
23474	Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component	
23480	Osteotomy, clavicle, with or without internal fixation;	
23485	Osteotomy, clavicle, with or without internal fixation; with bone graft for nonunion or malunion (includes obtaining graft and/or necessary fixation)	
23490	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; clavicle	
23491	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; proximal humerus	
23500	Closed treatment of clavicular fracture; without manipulation	\$1,289.40
23505	Closed treatment of clavicular fracture; with manipulation	\$2,053.02
23515	Open treatment of clavicular fracture, includes internal fixation, when performed	
23520	Closed treatment of sternoclavicular dislocation; without manipulation	
23525	Closed treatment of sternoclavicular dislocation; with manipulation	
23530	Open treatment of sternoclavicular dislocation, acute or chronic;	
23532	Open treatment of sternoclavicular dislocation, acute or chronic; with fascial graft (includes obtaining graft)	
23540	Closed treatment of acromioclavicular dislocation; without manipulation	\$1,289.40
23545	Closed treatment of acromioclavicular dislocation; with manipulation	
23550	Open treatment of acromioclavicular dislocation, acute or chronic;	
23552	Open treatment of acromioclavicular dislocation, acute or chronic; with fascial graft (includes obtaining graft)	
23570	Closed treatment of scapular fracture; without manipulation	\$1,354.20
23575	Closed treatment of scapular fracture; with manipulation, with or without skeletal traction (with or without shoulder joint involvement)	\$2,340.96
23585	Open treatment of scapular fracture (body, glenoid or acromion) includes internal fixation, when performed	
23600	Closed treatment of proximal humeral (surgical or anatomical neck) fracture; without manipulation	\$1,897.50
23605	Closed treatment of proximal humeral (surgical or anatomical neck) fracture; with manipulation, with or without skeletal traction	\$3,981.47

23615	Open treatment of proximal humeral (surgical or anatomical neck) fracture, includes internal fixation, when performed, includes repair of tuberosity(s), when performed;	
23616	Open treatment of proximal humeral (surgical or anatomical neck) fracture, includes internal fixation, when performed, includes repair of tuberosity(s), when performed; with proximal humeral prosthetic replacement	
23620	Closed treatment of greater humeral tuberosity fracture; without manipulation	\$1,565.76
23625	Closed treatment of greater humeral tuberosity fracture; with manipulation	
23630	Open treatment of greater humeral tuberosity fracture, includes internal fixation, when performed	
23650	Closed treatment of shoulder dislocation, with manipulation; without anesthesia	\$1,289.40
23655	Closed treatment of shoulder dislocation, with manipulation; requiring anesthesia	\$2,345.22
23660	Open treatment of acute shoulder dislocation	
23665	Closed treatment of shoulder dislocation, with fracture of greater humeral tuberosity, with manipulation	
23670	Open treatment of shoulder dislocation, with fracture of greater humeral tuberosity, includes internal fixation, when performed	
23675	Closed treatment of shoulder dislocation, with surgical or anatomical neck fracture, with manipulation	
23680	Open treatment of shoulder dislocation, with surgical or anatomical neck fracture, includes internal fixation, when performed	
23700	Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)	
23800	Arthrodesis, glenohumeral joint;	
23802	Arthrodesis, glenohumeral joint; with autogenous graft (includes obtaining graft)	
23900	Interthoracoscapular amputation (forequarter)	
23920	Disarticulation of shoulder;	
23921	Disarticulation of shoulder; secondary closure or scar revision	
23929	Unlisted procedure, shoulder	
23930	Incision and drainage, upper arm or elbow area; deep abscess or hematoma	
23931	Incision and drainage, upper arm or elbow area; bursa	\$8,088.18
23935	Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), humerus or elbow	
24000	Arthrotomy, elbow, including exploration, drainage, or removal of foreign body	
24006	Arthrotomy of the elbow, with capsular excision for capsular release (separate procedure)	
24065	Biopsy, soft tissue of upper arm or elbow area; superficial	
24066	Biopsy, soft tissue of upper arm or elbow area; deep (subfascial or intramuscular)	
24071	Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; 3 cm or greater	
24073	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); 5 cm or greater	
24075	Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; less than 3 cm	
24076	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); less than 5 cm	
24077	Radical resection of tumor (eg, sarcoma), soft tissue of upper arm or elbow area; less than 5 cm	
24079	Radical resection of tumor (eg, sarcoma), soft tissue of upper arm or elbow area; 5 cm or greater	
24100	Arthrotomy, elbow; with synovial biopsy only	
24101	Arthrotomy, elbow; with joint exploration, with or without biopsy, with or without removal of loose or foreign body	
24102	Arthrotomy, elbow; with synovectomy	

24105	Excision, olecranon bursa	
24110	Excision or curettage of bone cyst or benign tumor, humerus;	
24115	Excision or curettage of bone cyst or benign tumor, humerus; with autograft (includes obtaining graft)	
24116	Excision or curettage of bone cyst or benign tumor, humerus; with allograft	
24120	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process;	
24125	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process; with autograft (includes obtaining graft)	
24126	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process; with allograft	
24130	Excision, radial head	
24134	Sequestrectomy (eg, for osteomyelitis or bone abscess), shaft or distal humerus	
24136	Sequestrectomy (eg, for osteomyelitis or bone abscess), radial head or neck	
24138	Sequestrectomy (eg, for osteomyelitis or bone abscess), olecranon process	
24140	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), humerus	
24145	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), radial head or neck	
24147	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), olecranon process	
24149	Radical resection of capsule, soft tissue, and heterotopic bone, elbow, with contracture release (separate procedure)	
24150	Radical resection of tumor, shaft or distal humerus	
24152	Radical resection of tumor, radial head or neck	
24155	Resection of elbow joint (arthrectomy)	
24160	Removal of prosthesis, includes debridement and synovectomy when performed; humeral and ulnar components	
24164	Removal of prosthesis, includes debridement and synovectomy when performed; radial head	
24200	Removal of foreign body, upper arm or elbow area; subcutaneous	
24201	Removal of foreign body, upper arm or elbow area; deep (subfascial or intramuscular)	\$13,949.22
24220	Injection procedure for elbow arthrography	
24300	Manipulation, elbow, under anesthesia	
24301	Muscle or tendon transfer, any type, upper arm or elbow, single (excluding 24320-24331)	
24305	Tendon lengthening, upper arm or elbow, each tendon	
24310	Tenotomy, open, elbow to shoulder, each tendon	
24320	Tenoplasty, with muscle transfer, with or without free graft, elbow to shoulder, single (Seddon-Brookes type procedure)	
24330	Flexor-plasty, elbow (eg, Steindler type advancement);	
24331	Flexor-plasty, elbow (eg, Steindler type advancement); with extensor advancement	
24332	Tenolysis, triceps	
24340	Tenodesis of biceps tendon at elbow (separate procedure)	
24341	Repair, tendon or muscle, upper arm or elbow, each tendon or muscle, primary or secondary (excludes rotator cuff)	
24342	Reinsertion of ruptured biceps or triceps tendon, distal, with or without tendon graft	
24343	Repair lateral collateral ligament, elbow, with local tissue	
24344	Reconstruction lateral collateral ligament, elbow, with tendon graft (includes harvesting of graft)	
24345	Repair medial collateral ligament, elbow, with local tissue	

24346	Reconstruction medial collateral ligament, elbow, with tendon graft (includes harvesting of graft)	
24357	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); percutaneous	
24358	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); debridement, soft tissue and/or bone, open	
24359	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); debridement, soft tissue and/or bone, open with tendon repair or reattachment	
24360	Arthroplasty, elbow; with membrane (eg, fascial)	
24361	Arthroplasty, elbow; with distal humeral prosthetic replacement	
24362	Arthroplasty, elbow; with implant and fascia lata ligament reconstruction	
24363	Arthroplasty, elbow; with distal humerus and proximal ulnar prosthetic replacement (eg, total elbow)	
24365	Arthroplasty, radial head;	
24366	Arthroplasty, radial head; with implant	
24370	Revision of total elbow arthroplasty, including allograft when performed; humeral or ulnar component	
24371	Revision of total elbow arthroplasty, including allograft when performed; humeral and ulnar component	
24400	Osteotomy, humerus, with or without internal fixation	
24410	Multiple osteotomies with realignment on intramedullary rod, humeral shaft (Sofield type procedure)	
24420	Osteoplasty, humerus (eg, shortening or lengthening) (excluding 64876)	
24430	Repair of nonunion or malunion, humerus; without graft (eg, compression technique)	
24435	Repair of nonunion or malunion, humerus; with iliac or other autograft (includes obtaining graft)	
24470	Hemiepiphyseal arrest (eg, cubitus varus or valgus, distal humerus)	
24495	Decompression fasciotomy, forearm, with brachial artery exploration	
24498	Prophylactic treatment (nailing, pinning, plating or wiring), with or without methylmethacrylate, humeral shaft	
24500	Closed treatment of humeral shaft fracture; without manipulation	\$1,289.40
24505	Closed treatment of humeral shaft fracture; with manipulation, with or without skeletal traction	\$2,890.50
24515	Open treatment of humeral shaft fracture with plate/screws, with or without cerclage	
24516	Treatment of humeral shaft fracture, with insertion of intramedullary implant, with or without cerclage and/or locking screws	
24530	Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar extension; without manipulation	\$1,289.40
24535	Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar extension; with manipulation, with or without skin or skeletal traction	
24538	Percutaneous skeletal fixation of supracondylar or transcondylar humeral fracture, with or without intercondylar extension	
24545	Open treatment of humeral supracondylar or transcondylar fracture, includes internal fixation, when performed; without intercondylar extension	
24546	Open treatment of humeral supracondylar or transcondylar fracture, includes internal fixation, when performed; with intercondylar extension	
24560	Closed treatment of humeral epicondylar fracture, medial or lateral; without manipulation	\$1,868.22
24565	Closed treatment of humeral epicondylar fracture, medial or lateral; with manipulation	\$3,112.08

24566	Percutaneous skeletal fixation of humeral epicondylar fracture, medial or lateral, with manipulation	
24575	Open treatment of humeral epicondylar fracture, medial or lateral, includes internal fixation, when performed	
24576	Closed treatment of humeral condylar fracture, medial or lateral; without manipulation	\$1,978.32
24577	Closed treatment of humeral condylar fracture, medial or lateral; with manipulation	
24579	Open treatment of humeral condylar fracture, medial or lateral, includes internal fixation, when performed	
24582	Percutaneous skeletal fixation of humeral condylar fracture, medial or lateral, with manipulation	
24586	Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius);	
24587	Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius); with implant arthroplasty	
24600	Treatment of closed elbow dislocation; without anesthesia	\$1,289.40
24605	Treatment of closed elbow dislocation; requiring anesthesia	\$8,099.64
24615	Open treatment of acute or chronic elbow dislocation	
24620	Closed treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), with manipulation	\$3,229.02
24635	Open treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), includes internal fixation, when performed	
24640	Closed treatment of radial head subluxation in child, nursemaid elbow, with manipulation	\$1,289.40
24650	Closed treatment of radial head or neck fracture; without manipulation	\$1,289.40
24655	Closed treatment of radial head or neck fracture; with manipulation	
24665	Open treatment of radial head or neck fracture, includes internal fixation or radial head excision, when performed;	
24666	Open treatment of radial head or neck fracture, includes internal fixation or radial head excision, when performed; with radial head prosthetic replacement	
24670	Closed treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]); without manipulation	\$1,691.16
24675	Closed treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]); with manipulation	
24685	Open treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]), includes internal fixation, when performed	
24800	Arthrodesis, elbow joint; local	
24802	Arthrodesis, elbow joint; with autogenous graft (includes obtaining graft)	
24900	Amputation, arm through humerus; with primary closure	
24920	Amputation, arm through humerus; open, circular (guillotine)	
24925	Amputation, arm through humerus; secondary closure or scar revision	
24930	Amputation, arm through humerus; re-amputation	
24931	Amputation, arm through humerus; with implant	
24935	Stump elongation, upper extremity	
24940	Cineplasty, upper extremity, complete procedure	
24999	Unlisted procedure, humerus or elbow	
25000	Incision, extensor tendon sheath, wrist (eg, de Quervains disease)	
25001	Incision, flexor tendon sheath, wrist (eg, flexor carpi radialis)	
25020	Decompression fasciotomy, forearm and/or wrist, flexor OR extensor compartment; without debridement of nonviable muscle and/or nerve	
25023	Decompression fasciotomy, forearm and/or wrist, flexor OR extensor compartment; with debridement of nonviable muscle and/or nerve	

25024 Decompression fasciotomy, forearm and/or wrist, flexor AND extensor compartment; without debridement of nonviable muscle and/or nerve

25025 Decompression fasciotomy, forearm and/or wrist, flexor AND extensor compartment; with debridement of nonviable muscle and/or nerve

25028 Incision and drainage, forearm and/or wrist; deep abscess or hematoma

25031 Incision and drainage, forearm and/or wrist; bursa

25035 Incision, deep, bone cortex, forearm and/or wrist (eg, osteomyelitis or bone abscess)

25040 Arthrotomy, radiocarpal or midcarpal joint, with exploration, drainage, or removal of foreign body

25065 Biopsy, soft tissue of forearm and/or wrist; superficial

25066 Biopsy, soft tissue of forearm and/or wrist; deep (subfascial or intramuscular)

25071 Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; 3 cm or greater

25073 Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); 3 cm or greater

25075 Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; less than 3 cm

25076 Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); less than 3 cm

25077 Radical resection of tumor (eg, sarcoma), soft tissue of forearm and/or wrist area; less than 3 cm

25078 Radical resection of tumor (eg, sarcoma), soft tissue of forearm and/or wrist area; 3 cm or greater

25085 Capsulotomy, wrist (eg, contracture)

25100 Arthrotomy, wrist joint; with biopsy

25101 Arthrotomy, wrist joint; with joint exploration, with or without biopsy, with or without removal of loose or foreign body

25105 Arthrotomy, wrist joint; with synovectomy

25107 Arthrotomy, distal radioulnar joint including repair of triangular cartilage, complex

25109 Excision of tendon, forearm and/or wrist, flexor or extensor, each

25110 Excision, lesion of tendon sheath, forearm and/or wrist

25111 Excision of ganglion, wrist (dorsal or volar); primary

25112 Excision of ganglion, wrist (dorsal or volar); recurrent

25115 Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); flexors

25116 Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); extensors, with or without transposition of dorsal retinaculum

25118 Synovectomy, extensor tendon sheath, wrist, single compartment;

25119 Synovectomy, extensor tendon sheath, wrist, single compartment; with resection of distal ulna

25120 Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process);

25125 Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process); with autograft (includes obtaining graft)

25126 Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process); with allograft

25130 Excision or curettage of bone cyst or benign tumor of carpal bones;

25135 Excision or curettage of bone cyst or benign tumor of carpal bones; with autograft (includes obtaining graft)

25136 Excision or curettage of bone cyst or benign tumor of carpal bones; with allograft

25145 Sequestrectomy (eg, for osteomyelitis or bone abscess), forearm and/or wrist

25150 Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis); ulna

25151 Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis); radius

25170 Radical resection of tumor, radius or ulna

25210 Carpectomy; 1 bone

25215 Carpectomy; all bones of proximal row

25230 Radial styloidectomy (separate procedure)

25240 Excision distal ulna partial or complete (eg, Darrach type or matched resection)

25246 Injection procedure for wrist arthrography

25248 Exploration with removal of deep foreign body, forearm or wrist

25250 Removal of wrist prosthesis; (separate procedure)

25251 Removal of wrist prosthesis; complicated, including total wrist

25259 Manipulation, wrist, under anesthesia

25260 Repair, tendon or muscle, flexor, forearm and/or wrist; primary, single, each tendon or muscle

25263 Repair, tendon or muscle, flexor, forearm and/or wrist; secondary, single, each tendon or muscle

25265 Repair, tendon or muscle, flexor, forearm and/or wrist; secondary, with free graft (includes obtaining graft), each tendon or muscle

25270 Repair, tendon or muscle, extensor, forearm and/or wrist; primary, single, each tendon or muscle

25272 Repair, tendon or muscle, extensor, forearm and/or wrist; secondary, single, each tendon or muscle

25274 Repair, tendon or muscle, extensor, forearm and/or wrist; secondary, with free graft (includes obtaining graft), each tendon or muscle

25275 Repair, tendon sheath, extensor, forearm and/or wrist, with free graft (includes obtaining graft) (eg, for extensor carpi ulnaris subluxation)

25280 Lengthening or shortening of flexor or extensor tendon, forearm and/or wrist, single, each tendon

25290 Tenotomy, open, flexor or extensor tendon, forearm and/or wrist, single, each tendon

25295 Tenolysis, flexor or extensor tendon, forearm and/or wrist, single, each tendon

25300 Tenodesis at wrist; flexors of fingers

25301 Tenodesis at wrist; extensors of fingers

25310 Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; each tendon

25312 Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; with tendon graft(s) (includes obtaining graft), each tendon

25315 Flexor origin slide (eg, for cerebral palsy, Volkmann contracture), forearm and/or wrist;

25316 Flexor origin slide (eg, for cerebral palsy, Volkmann contracture), forearm and/or wrist; with tendon(s) transfer

25320 Capsulorrhaphy or reconstruction, wrist, open (eg, capsulodesis, ligament repair, tendon transfer or graft) (includes synovectomy, capsulotomy and open reduction) for carpal instability

25332 Arthroplasty, wrist, with or without interposition, with or without external or internal fixation

25335 Centralization of wrist on ulna (eg, radial club hand)

25337 Reconstruction for stabilization of unstable distal ulna or distal radioulnar joint, secondary by soft tissue stabilization (eg, tendon transfer, tendon graft or weave, or tenodesis) with or without open reduction of distal radioulnar joint

25350 Osteotomy, radius; distal third

25355 Osteotomy, radius; middle or proximal third

25360 Osteotomy; ulna

25365	Osteotomy; radius AND ulna	
25370	Multiple osteotomies, with realignment on intramedullary rod (Sofield type procedure); radius OR ulna	
25375	Multiple osteotomies, with realignment on intramedullary rod (Sofield type procedure); radius AND ulna	
25390	Osteoplasty, radius OR ulna; shortening	
25391	Osteoplasty, radius OR ulna; lengthening with autograft	
25392	Osteoplasty, radius AND ulna; shortening (excluding 64876)	
25393	Osteoplasty, radius AND ulna; lengthening with autograft	
25394	Osteoplasty, carpal bone, shortening	
25400	Repair of nonunion or malunion, radius OR ulna; without graft (eg, compression technique)	
25405	Repair of nonunion or malunion, radius OR ulna; with autograft (includes obtaining graft)	
25415	Repair of nonunion or malunion, radius AND ulna; without graft (eg, compression technique)	
25420	Repair of nonunion or malunion, radius AND ulna; with autograft (includes obtaining graft)	
25425	Repair of defect with autograft; radius OR ulna	
25426	Repair of defect with autograft; radius AND ulna	
25430	Insertion of vascular pedicle into carpal bone (eg, Hori procedure)	
25431	Repair of nonunion of carpal bone (excluding carpal scaphoid (navicular)) (includes obtaining graft and necessary fixation), each bone	
25440	Repair of nonunion, scaphoid carpal (navicular) bone, with or without radial styloidectomy (includes obtaining graft and necessary fixation)	
25441	Arthroplasty with prosthetic replacement; distal radius	
25442	Arthroplasty with prosthetic replacement; distal ulna	
25443	Arthroplasty with prosthetic replacement; scaphoid carpal (navicular)	
25444	Arthroplasty with prosthetic replacement; lunate	
25445	Arthroplasty with prosthetic replacement; trapezium	
25446	Arthroplasty with prosthetic replacement; distal radius and partial or entire carpus (total wrist)	
25447	Arthroplasty, interposition, intercarpal or carpometacarpal joints	
25449	Revision of arthroplasty, including removal of implant, wrist joint	
25450	Epiphyseal arrest by epiphysiodesis or stapling; distal radius OR ulna	
25455	Epiphyseal arrest by epiphysiodesis or stapling; distal radius AND ulna	
25490	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; radius	
25491	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; ulna	
25492	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; radius AND ulna	
25500	Closed treatment of radial shaft fracture; without manipulation	\$1,289.40
25505	Closed treatment of radial shaft fracture; with manipulation	\$8,099.64
25515	Open treatment of radial shaft fracture, includes internal fixation, when performed	
25520	Closed treatment of radial shaft fracture and closed treatment of dislocation of distal radioulnar joint (Galeazzi fracture/dislocation)	
25525	Open treatment of radial shaft fracture, includes internal fixation, when performed, and closed treatment of distal radioulnar joint dislocation (Galeazzi fracture/ dislocation), includes percutaneous skeletal fixation, when performed	
25526	Open treatment of radial shaft fracture, includes internal fixation, when performed, and open treatment of distal radioulnar joint dislocation (Galeazzi fracture/ dislocation), includes internal fixation, when performed, includes repair of triangular fibr	

25530	Closed treatment of ulnar shaft fracture; without manipulation	\$1,289.40
25535	Closed treatment of ulnar shaft fracture; with manipulation	\$1,289.40
25545	Open treatment of ulnar shaft fracture, includes internal fixation, when performed	
25560	Closed treatment of radial and ulnar shaft fractures; without manipulation	\$1,618.92
25565	Closed treatment of radial and ulnar shaft fractures; with manipulation	\$3,012.18
25574	Open treatment of radial AND ulnar shaft fractures, with internal fixation, when performed; of radius OR ulna	
25575	Open treatment of radial AND ulnar shaft fractures, with internal fixation, when performed; of radius AND ulna	
25600	Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, includes closed treatment of fracture of ulnar styloid, when performed; without manipulation	\$1,289.40
25605	Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, includes closed treatment of fracture of ulnar styloid, when performed; with manipulation	\$2,222.29
25606	Percutaneous skeletal fixation of distal radial fracture or epiphyseal separation	
25607	Open treatment of distal radial extra-articular fracture or epiphyseal separation, with internal fixation	
25608	Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 2 fragments	
25609	Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 3 or more fragments	
25622	Closed treatment of carpal scaphoid (navicular) fracture; without manipulation	\$1,776.30
25624	Closed treatment of carpal scaphoid (navicular) fracture; with manipulation	\$2,787.30
25628	Open treatment of carpal scaphoid (navicular) fracture, includes internal fixation, when performed	
25630	Closed treatment of carpal bone fracture (excluding carpal scaphoid [navicular]); without manipulation, each bone	\$1,780.68
25635	Closed treatment of carpal bone fracture (excluding carpal scaphoid [navicular]); with manipulation, each bone	\$8,099.64
25645	Open treatment of carpal bone fracture (other than carpal scaphoid [navicular]), each bone	
25650	Closed treatment of ulnar styloid fracture	\$1,861.02
25651	Percutaneous skeletal fixation of ulnar styloid fracture	
25652	Open treatment of ulnar styloid fracture	
25660	Closed treatment of radiocarpal or intercarpal dislocation, 1 or more bones, with manipulation	\$1,289.40
25670	Open treatment of radiocarpal or intercarpal dislocation, 1 or more bones	
25671	Percutaneous skeletal fixation of distal radioulnar dislocation	
25675	Closed treatment of distal radioulnar dislocation with manipulation	\$2,527.26
25676	Open treatment of distal radioulnar dislocation, acute or chronic	
25680	Closed treatment of trans-scaphoperilunar type of fracture dislocation, with manipulation	
25685	Open treatment of trans-scaphoperilunar type of fracture dislocation	
25690	Closed treatment of lunate dislocation, with manipulation	
25695	Open treatment of lunate dislocation	
25800	Arthrodesis, wrist; complete, without bone graft (includes radiocarpal and/or intercarpal and/or carpometacarpal joints)	
25805	Arthrodesis, wrist; with sliding graft	
25810	Arthrodesis, wrist; with iliac or other autograft (includes obtaining graft)	
25820	Arthrodesis, wrist; limited, without bone graft (eg, intercarpal or radiocarpal)	
25825	Arthrodesis, wrist; with autograft (includes obtaining graft)	
25830	Arthrodesis, distal radioulnar joint with segmental resection of ulna, with or without bone graft (eg, Sauve-Kapandji procedure)	

25900	Amputation, forearm, through radius and ulna;	
25905	Amputation, forearm, through radius and ulna; open, circular (guillotine)	
25907	Amputation, forearm, through radius and ulna; secondary closure or scar revision	
25909	Amputation, forearm, through radius and ulna; re-amputation	
25915	Krukenberg procedure	
25920	Disarticulation through wrist;	
25922	Disarticulation through wrist; secondary closure or scar revision	
25924	Disarticulation through wrist; re-amputation	
25927	Transmetacarpal amputation;	
25929	Transmetacarpal amputation; secondary closure or scar revision	
25931	Transmetacarpal amputation; re-amputation	
25999	Unlisted procedure, forearm or wrist	
26010	Drainage of finger abscess; simple	\$1,013.70
26011	Drainage of finger abscess; complicated (eg, felon)	\$2,253.84
26020	Drainage of tendon sheath, digit and/or palm, each	
26025	Drainage of palmar bursa; single, bursa	
26030	Drainage of palmar bursa; multiple bursa	
26034	Incision, bone cortex, hand or finger (eg, osteomyelitis or bone abscess)	
26035	Decompression fingers and/or hand, injection injury (eg, grease gun)	
26037	Decompressive fasciotomy, hand (excludes 26035)	
26040	Fasciotomy, palmar (eg, Dupuytren's contracture); percutaneous	
26045	Fasciotomy, palmar (eg, Dupuytren's contracture); open, partial	
26055	Tendon sheath incision (eg, for trigger finger)	
26060	Tenotomy, percutaneous, single, each digit	
26070	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; carpometacarpal joint	
26075	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; metacarpophalangeal joint, each	
26080	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; interphalangeal joint, each	
26100	Arthrotomy with biopsy; carpometacarpal joint, each	
26105	Arthrotomy with biopsy; metacarpophalangeal joint, each	
26110	Arthrotomy with biopsy; interphalangeal joint, each	
26111	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; 1.5 cm or greater	
26113	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); 1.5 cm or greater	
26115	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; less than 1.5 cm	
26116	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); less than 1.5 cm	
26117	Radical resection of tumor (eg, sarcoma), soft tissue of hand or finger; less than 3 cm	
26118	Radical resection of tumor (eg, sarcoma), soft tissue of hand or finger; 3 cm or greater	
26121	Fasciectomy, palm only, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft)	
26123	Fasciectomy, partial palmar with release of single digit including proximal interphalangeal joint, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft);	
26125	Fasciectomy, partial palmar with release of single digit including proximal interphalangeal joint, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft); each additional digit (List separately in addition	
26130	Synovectomy, carpometacarpal joint	

26135	Synovectomy, metacarpophalangeal joint including intrinsic release and extensor hood reconstruction, each digit	
26140	Synovectomy, proximal interphalangeal joint, including extensor reconstruction, each interphalangeal joint	
26145	Synovectomy, tendon sheath, radical (tenosynovectomy), flexor tendon, palm and/or finger, each tendon	
26160	Excision of lesion of tendon sheath or joint capsule (eg, cyst, mucous cyst, or ganglion), hand or finger	
26170	Excision of tendon, palm, flexor or extensor, single, each tendon	
26180	Excision of tendon, finger, flexor or extensor, each tendon	
26185	Sesamoidectomy, thumb or finger (separate procedure)	
26200	Excision or curettage of bone cyst or benign tumor of metacarpal;	
26205	Excision or curettage of bone cyst or benign tumor of metacarpal; with autograft (includes obtaining graft)	
26210	Excision or curettage of bone cyst or benign tumor of proximal, middle, or distal phalanx of finger;	
26215	Excision or curettage of bone cyst or benign tumor of proximal, middle, or distal phalanx of finger; with autograft (includes obtaining graft)	
26230	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); metacarpal	
26235	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); proximal or middle phalanx of finger	
26236	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); distal phalanx of finger	
26250	Radical resection of tumor, metacarpal	
26260	Radical resection of tumor, proximal or middle phalanx of finger	
26262	Radical resection of tumor, distal phalanx of finger	
26320	Removal of implant from finger or hand	
26340	Manipulation, finger joint, under anesthesia, each joint	
26341	Manipulation, palmar fascial cord (ie, Dupuytren's cord), post enzyme injection (eg, collagenase), single cord	
26350	Repair or advancement, flexor tendon, not in zone 2 digital flexor tendon sheath (eg, no man's land); primary or secondary without free graft, each tendon	
26352	Repair or advancement, flexor tendon, not in zone 2 digital flexor tendon sheath (eg, no man's land); secondary with free graft (includes obtaining graft), each tendon	
26356	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); primary, without free graft, each tendon	
26357	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, without free graft, each tendon	
26358	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, with free graft (includes obtaining graft), each tendon	
26370	Repair or advancement of profundus tendon, with intact superficialis tendon; primary, each tendon	
26372	Repair or advancement of profundus tendon, with intact superficialis tendon; secondary with free graft (includes obtaining graft), each tendon	
26373	Repair or advancement of profundus tendon, with intact superficialis tendon; secondary without free graft, each tendon	
26390	Excision flexor tendon, with implantation of synthetic rod for delayed tendon graft, hand or finger, each rod	
26392	Removal of synthetic rod and insertion of flexor tendon graft, hand or finger (includes obtaining graft), each rod	
26410	Repair, extensor tendon, hand, primary or secondary; without free graft, each tendon	\$3,242.16

26412 Repair, extensor tendon, hand, primary or secondary; with free graft (includes obtaining graft), each tendon

26415 Excision of extensor tendon, with implantation of synthetic rod for delayed tendon graft, hand or finger, each rod

26416 Removal of synthetic rod and insertion of extensor tendon graft (includes obtaining graft), hand or finger, each rod

26418 Repair, extensor tendon, finger, primary or secondary; without free graft, each tendon

26420 Repair, extensor tendon, finger, primary or secondary; with free graft (includes obtaining graft) each tendon

26426 Repair of extensor tendon, central slip, secondary (eg, boutonniere deformity); using local tissue(s), including lateral band(s), each finger

26428 Repair of extensor tendon, central slip, secondary (eg, boutonniere deformity); with free graft (includes obtaining graft), each finger

26432 Closed treatment of distal extensor tendon insertion, with or without percutaneous pinning (eg, mallet finger)

26433 Repair of extensor tendon, distal insertion, primary or secondary; without graft (eg, mallet finger)

26434 Repair of extensor tendon, distal insertion, primary or secondary; with free graft (includes obtaining graft)

26437 Realignment of extensor tendon, hand, each tendon

26440 Tenolysis, flexor tendon; palm OR finger, each tendon

26442 Tenolysis, flexor tendon; palm AND finger, each tendon

26445 Tenolysis, extensor tendon, hand OR finger, each tendon

26449 Tenolysis, complex, extensor tendon, finger, including forearm, each tendon

26450 Tenotomy, flexor, palm, open, each tendon

26455 Tenotomy, flexor, finger, open, each tendon

26460 Tenotomy, extensor, hand or finger, open, each tendon

26471 Tenodesis; of proximal interphalangeal joint, each joint

26474 Tenodesis; of distal joint, each joint

26476 Lengthening of tendon, extensor, hand or finger, each tendon

26477 Shortening of tendon, extensor, hand or finger, each tendon

26478 Lengthening of tendon, flexor, hand or finger, each tendon

26479 Shortening of tendon, flexor, hand or finger, each tendon

26480 Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; without free graft, each tendon

26483 Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; with free tendon graft (includes obtaining graft), each tendon

26485 Transfer or transplant of tendon, palmar; without free tendon graft, each tendon

26489 Transfer or transplant of tendon, palmar; with free tendon graft (includes obtaining graft), each tendon

26490 Opponensplasty; superficialis tendon transfer type, each tendon

26492 Opponensplasty; tendon transfer with graft (includes obtaining graft), each tendon

26494 Opponensplasty; hypothenar muscle transfer

26496 Opponensplasty; other methods

26497 Transfer of tendon to restore intrinsic function; ring and small finger

26498 Transfer of tendon to restore intrinsic function; all 4 fingers

26499 Correction claw finger, other methods

26500 Reconstruction of tendon pulley, each tendon; with local tissues (separate procedure)

26502 Reconstruction of tendon pulley, each tendon; with tendon or fascial graft (includes obtaining graft) (separate procedure)

26508 Release of thenar muscle(s) (eg, thumb contracture)

26510 Cross intrinsic transfer, each tendon

26516	Capsulodesis, metacarpophalangeal joint; single digit	
26517	Capsulodesis, metacarpophalangeal joint; 2 digits	
26518	Capsulodesis, metacarpophalangeal joint; 3 or 4 digits	
26520	Capsulectomy or capsulotomy; metacarpophalangeal joint, each joint	
26525	Capsulectomy or capsulotomy; interphalangeal joint, each joint	
26530	Arthroplasty, metacarpophalangeal joint; each joint	
26531	Arthroplasty, metacarpophalangeal joint; with prosthetic implant, each joint	
26535	Arthroplasty, interphalangeal joint; each joint	
26536	Arthroplasty, interphalangeal joint; with prosthetic implant, each joint	
26540	Repair of collateral ligament, metacarpophalangeal or interphalangeal joint	
26541	Reconstruction, collateral ligament, metacarpophalangeal joint, single; with tendon or fascial graft (includes obtaining graft)	
26542	Reconstruction, collateral ligament, metacarpophalangeal joint, single; with local tissue (eg, adductor advancement)	
26545	Reconstruction, collateral ligament, interphalangeal joint, single, including graft, each joint	
26546	Repair non-union, metacarpal or phalanx (includes obtaining bone graft with or without external or internal fixation)	
26548	Repair and reconstruction, finger, volar plate, interphalangeal joint	
26550	Pollicization of a digit	
26551	Transfer, toe-to-hand with microvascular anastomosis; great toe wrap-around with bone graft	
26553	Transfer, toe-to-hand with microvascular anastomosis; other than great toe, single	
26554	Transfer, toe-to-hand with microvascular anastomosis; other than great toe, double	
26555	Transfer, finger to another position without microvascular anastomosis	
26556	Transfer, free toe joint, with microvascular anastomosis	
26560	Repair of syndactyly (web finger) each web space; with skin flaps	
26561	Repair of syndactyly (web finger) each web space; with skin flaps and grafts	
26562	Repair of syndactyly (web finger) each web space; complex (eg, involving bone, nails)	
26565	Osteotomy; metacarpal, each	
26567	Osteotomy; phalanx of finger, each	
26568	Osteoplasty, lengthening, metacarpal or phalanx	
26580	Repair cleft hand	
26587	Reconstruction of polydactylous digit, soft tissue and bone	
26590	Repair macrodactyly, each digit	
26591	Repair, intrinsic muscles of hand, each muscle	
26593	Release, intrinsic muscles of hand, each muscle	
26596	Excision of constricting ring of finger, with multiple Z-plasties	
26600	Closed treatment of metacarpal fracture, single; without manipulation, each bone	\$1,289.40
26605	Closed treatment of metacarpal fracture, single; with manipulation, each bone	\$1,289.40
26607	Closed treatment of metacarpal fracture, with manipulation, with external fixation, each bone	\$8,099.64
26608	Percutaneous skeletal fixation of metacarpal fracture, each bone	
26615	Open treatment of metacarpal fracture, single, includes internal fixation, when performed, each bone	
26641	Closed treatment of carpometacarpal dislocation, thumb, with manipulation	
26645	Closed treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), with manipulation	
26650	Percutaneous skeletal fixation of carpometacarpal fracture dislocation, thumb (Bennett fracture), with manipulation	

26665	Open treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), includes internal fixation, when performed	
26670	Closed treatment of carpometacarpal dislocation, other than thumb, with manipulation, each joint; without anesthesia	\$943.78
26675	Closed treatment of carpometacarpal dislocation, other than thumb, with manipulation, each joint; requiring anesthesia	
26676	Percutaneous skeletal fixation of carpometacarpal dislocation, other than thumb, with manipulation, each joint	
26685	Open treatment of carpometacarpal dislocation, other than thumb; includes internal fixation, when performed, each joint	
26686	Open treatment of carpometacarpal dislocation, other than thumb; complex, multiple, or delayed reduction	
26700	Closed treatment of metacarpophalangeal dislocation, single, with manipulation; without anesthesia	\$1,888.14
26705	Closed treatment of metacarpophalangeal dislocation, single, with manipulation; requiring anesthesia	\$8,099.64
26706	Percutaneous skeletal fixation of metacarpophalangeal dislocation, single, with manipulation	
26715	Open treatment of metacarpophalangeal dislocation, single, includes internal fixation, when performed	
26720	Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; without manipulation, each	\$1,289.40
26725	Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; with manipulation, with or without skin or skeletal traction, each	\$1,289.40
26727	Percutaneous skeletal fixation of unstable phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, with manipulation, each	
26735	Open treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, includes internal fixation, when performed, each	
26740	Closed treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint; without manipulation, each	
26742	Closed treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint; with manipulation, each	\$2,155.26
26746	Open treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint, includes internal fixation, when performed, each	
26750	Closed treatment of distal phalangeal fracture, finger or thumb; without manipulation, each	\$1,072.74
26755	Closed treatment of distal phalangeal fracture, finger or thumb; with manipulation, each	\$1,829.46
26756	Percutaneous skeletal fixation of distal phalangeal fracture, finger or thumb, each	
26765	Open treatment of distal phalangeal fracture, finger or thumb, includes internal fixation, when performed, each	
26770	Closed treatment of interphalangeal joint dislocation, single, with manipulation; without anesthesia	\$1,289.40
26775	Closed treatment of interphalangeal joint dislocation, single, with manipulation; requiring anesthesia	\$2,218.68
26776	Percutaneous skeletal fixation of interphalangeal joint dislocation, single, with manipulation	
26785	Open treatment of interphalangeal joint dislocation, includes internal fixation, when performed, single	
26820	Fusion in opposition, thumb, with autogenous graft (includes obtaining graft)	
26841	Arthrodesis, carpometacarpal joint, thumb, with or without internal fixation;	
26842	Arthrodesis, carpometacarpal joint, thumb, with or without internal fixation; with autograft (includes obtaining graft)	
26843	Arthrodesis, carpometacarpal joint, digit, other than thumb, each;	

26844 Arthrodesis, carpometacarpal joint, digit, other than thumb, each; with autograft (includes obtaining graft)

26850 Arthrodesis, metacarpophalangeal joint, with or without internal fixation;

26852 Arthrodesis, metacarpophalangeal joint, with or without internal fixation; with autograft (includes obtaining graft)

26860 Arthrodesis, interphalangeal joint, with or without internal fixation;

26861 Arthrodesis, interphalangeal joint, with or without internal fixation; each additional interphalangeal joint (List separately in addition to code for primary procedure)

26862 Arthrodesis, interphalangeal joint, with or without internal fixation; with autograft (includes obtaining graft)

26863 Arthrodesis, interphalangeal joint, with or without internal fixation; with autograft (includes obtaining graft), each additional joint (List separately in addition to code for primary procedure)

26910 Amputation, metacarpal, with finger or thumb (ray amputation), single, with or without interosseous transfer

26951 Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with direct closure

26952 Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with local advancement flaps (V-Y, hood)

26989 Unlisted procedure, hands or fingers

26990 Incision and drainage, pelvis or hip joint area; deep abscess or hematoma

26991 Incision and drainage, pelvis or hip joint area; infected bursa

26992 Incision, bone cortex, pelvis and/or hip joint (eg, osteomyelitis or bone abscess)

27000 Tenotomy, adductor of hip, percutaneous (separate procedure)

27001 Tenotomy, adductor of hip, open

27003 Tenotomy, adductor, subcutaneous, open, with obturator neurectomy

27005 Tenotomy, hip flexor(s), open (separate procedure)

27006 Tenotomy, abductors and/or extensor(s) of hip, open (separate procedure)

27025 Fasciotomy, hip or thigh, any type

27027 Decompression fasciotomy(ies), pelvic (buttock) compartment(s) (eg, gluteus medius-minimus, gluteus maximus, iliopsoas, and/or tensor fascia lata muscle), unilateral

27030 Arthrotomy, hip, with drainage (eg, infection)

27033 Arthrotomy, hip, including exploration or removal of loose or foreign body

27035 Denervation, hip joint, intrapelvic or extrapelvic intra-articular branches of sciatic, femoral, or obturator nerves

27036 Capsulectomy or capsulotomy, hip, with or without excision of heterotopic bone, with release of hip flexor muscles (ie, gluteus medius, gluteus minimus, tensor fasciae latae, rectus femoris, sartorius, iliopsoas)

27040 Biopsy, soft tissue of pelvis and hip area; superficial

27041 Biopsy, soft tissue of pelvis and hip area; deep, subfascial or intramuscular

27043 Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; 3 cm or greater

27045 Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); 5 cm or greater

27047 Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; less than 3 cm

27048 Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); less than 5 cm

27049 Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; less than 5 cm

27050 Arthrotomy, with biopsy; sacroiliac joint

27052 Arthrotomy, with biopsy; hip joint

27054 Arthrotomy with synovectomy, hip joint

27057 Decompression fasciotomy(ies), pelvic (buttock) compartment(s) (eg, gluteus medius-minimus, gluteus maximus, iliopsoas, and/or tensor fascia lata muscle) with debridement of nonviable muscle, unilateral

27059 Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; 5 cm or greater

27060 Excision; ischial bursa

27062 Excision; trochanteric bursa or calcification

27065 Excision of bone cyst or benign tumor, wing of ilium, symphysis pubis, or greater trochanter of femur; superficial, includes autograft, when performed

27066 Excision of bone cyst or benign tumor, wing of ilium, symphysis pubis, or greater trochanter of femur; deep (subfascial), includes autograft, when performed

27067 Excision of bone cyst or benign tumor, wing of ilium, symphysis pubis, or greater trochanter of femur; with autograft requiring separate incision

27070 Partial excision, wing of ilium, symphysis pubis, or greater trochanter of femur, (craterization, saucerization) (eg, osteomyelitis or bone abscess); superficial

27071 Partial excision, wing of ilium, symphysis pubis, or greater trochanter of femur, (craterization, saucerization) (eg, osteomyelitis or bone abscess); deep (subfascial or intramuscular)

27075 Radical resection of tumor; wing of ilium, 1 pubic or ischial ramus or symphysis pubis

27076 Radical resection of tumor; ilium, including acetabulum, both pubic rami, or ischium and acetabulum

27077 Radical resection of tumor; innominate bone, total

27078 Radical resection of tumor; ischial tuberosity and greater trochanter of femur

27080 Coccygectomy, primary

27086 Removal of foreign body, pelvis or hip; subcutaneous tissue

27087 Removal of foreign body, pelvis or hip; deep (subfascial or intramuscular)

27090 Removal of hip prosthesis; (separate procedure)

27091 Removal of hip prosthesis; complicated, including total hip prosthesis, methylmethacrylate with or without insertion of spacer

27093 Injection procedure for hip arthrography; without anesthesia

27095 Injection procedure for hip arthrography; with anesthesia

27096 Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed

27097 Release or recession, hamstring, proximal

27098 Transfer, adductor to ischium

27100 Transfer external oblique muscle to greater trochanter including fascial or tendon extension (graft)

27105 Transfer paraspinal muscle to hip (includes fascial or tendon extension graft)

27110 Transfer iliopsoas; to greater trochanter of femur

27111 Transfer iliopsoas; to femoral neck

27120 Acetabuloplasty; (eg, Whitman, Colonna, Haygroves, or cup type)

27122 Acetabuloplasty; resection, femoral head (eg, Girdlestone procedure)

27125 Hemiarthroplasty, hip, partial (eg, femoral stem prosthesis, bipolar arthroplasty)

27130 Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft

27132 Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft

27134 Revision of total hip arthroplasty; both components, with or without autograft or allograft

27137 Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft

27138 Revision of total hip arthroplasty; femoral component only, with or without allograft

27140 Osteotomy and transfer of greater trochanter of femur (separate procedure)

- 27146 Osteotomy, iliac, acetabular or innominate bone;
- 27147 Osteotomy, iliac, acetabular or innominate bone; with open reduction of hip
- 27151 Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy
- 27156 Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy and with open reduction of hip
- 27158 Osteotomy, pelvis, bilateral (eg, congenital malformation)
- 27161 Osteotomy, femoral neck (separate procedure)
- 27165 Osteotomy, intertrochanteric or subtrochanteric including internal or external fixation and/or cast
- 27170 Bone graft, femoral head, neck, intertrochanteric or subtrochanteric area (includes obtaining bone graft)
- 27175 Treatment of slipped femoral epiphysis; by traction, without reduction
- 27176 Treatment of slipped femoral epiphysis; by single or multiple pinning, in situ
- 27177 Open treatment of slipped femoral epiphysis; single or multiple pinning or bone graft (includes obtaining graft)
- 27178 Open treatment of slipped femoral epiphysis; closed manipulation with single or multiple pinning
- 27179 Open treatment of slipped femoral epiphysis; osteoplasty of femoral neck (Heyman type procedure)
- 27181 Open treatment of slipped femoral epiphysis; osteotomy and internal fixation
- 27185 Epiphyseal arrest by epiphysiodesis or stapling, greater trochanter of femur
- 27187 Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, femoral neck and proximal femur
- 27193 Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; without manipulation
- 27194 Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; with manipulation, requiring more than local anesthesia
- 27197 Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/in
- 27198 Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/in
- 27200 Closed treatment of coccygeal fracture
- 27202 Open treatment of coccygeal fracture
- 27215 Open treatment of iliac spine(s), tuberosity avulsion, or iliac wing fracture(s), unilateral, for pelvic bone fracture patterns that do not disrupt the pelvic ring, includes internal fixation, when performed
- 27216 Percutaneous skeletal fixation of posterior pelvic bone fracture and/or dislocation, for fracture patterns that disrupt the pelvic ring, unilateral (includes ipsilateral ilium, sacroiliac joint and/or sacrum)
- 27217 Open treatment of anterior pelvic bone fracture and/or dislocation for fracture patterns that disrupt the pelvic ring, unilateral, includes internal fixation, when performed (includes pubic symphysis and/or ipsilateral superior/inferior rami)
- 27218 Open treatment of posterior pelvic bone fracture and/or dislocation, for fracture patterns that disrupt the pelvic ring, unilateral, includes internal fixation, when performed (includes ipsilateral ilium, sacroiliac joint and/or sacrum)
- 27220 Closed treatment of acetabulum (hip socket) fracture(s); without manipulation
- 27222 Closed treatment of acetabulum (hip socket) fracture(s); with manipulation, with or without skeletal traction
- 27226 Open treatment of posterior or anterior acetabular wall fracture, with internal fixation

27227	Open treatment of acetabular fracture(s) involving anterior or posterior (one) column, or a fracture running transversely across the acetabulum, with internal fixation	
27228	Open treatment of acetabular fracture(s) involving anterior and posterior (two) columns, includes T-fracture and both column fracture with complete articular detachment, or single column or transverse fracture with associated acetabular wall fracture, wit	
27230	Closed treatment of femoral fracture, proximal end, neck; without manipulation	\$2,784.30
27232	Closed treatment of femoral fracture, proximal end, neck; with manipulation, with or without skeletal traction	
27235	Percutaneous skeletal fixation of femoral fracture, proximal end, neck	
27236	Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement	
27238	Closed treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; without manipulation	
27240	Closed treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with manipulation, with or without skin or skeletal traction	
27244	Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with plate/screw type implant, with or without cerclage	
27245	Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with intramedullary implant, with or without interlocking screws and/or cerclage	
27246	Closed treatment of greater trochanteric fracture, without manipulation	
27248	Open treatment of greater trochanteric fracture, includes internal fixation, when performed	
27250	Closed treatment of hip dislocation, traumatic; without anesthesia	
27252	Closed treatment of hip dislocation, traumatic; requiring anesthesia	\$4,454.94
27253	Open treatment of hip dislocation, traumatic, without internal fixation	
27254	Open treatment of hip dislocation, traumatic, with acetabular wall and femoral head fracture, with or without internal or external fixation	
27256	Treatment of spontaneous hip dislocation (developmental, including congenital or pathological), by abduction, splint or traction; without anesthesia, without manipulation	
27257	Treatment of spontaneous hip dislocation (developmental, including congenital or pathological), by abduction, splint or traction; with manipulation, requiring anesthesia	
27258	Open treatment of spontaneous hip dislocation (developmental, including congenital or pathological), replacement of femoral head in acetabulum (including tenotomy, etc);	
27259	Open treatment of spontaneous hip dislocation (developmental, including congenital or pathological), replacement of femoral head in acetabulum (including tenotomy, etc); with femoral shaft shortening	
27265	Closed treatment of post hip arthroplasty dislocation; without anesthesia	
27266	Closed treatment of post hip arthroplasty dislocation; requiring regional or general anesthesia	
27267	Closed treatment of femoral fracture, proximal end, head; without manipulation	
27268	Closed treatment of femoral fracture, proximal end, head; with manipulation	
27269	Open treatment of femoral fracture, proximal end, head, includes internal fixation, when performed	
27275	Manipulation, hip joint, requiring general anesthesia	
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device	
27280	Arthrodesis, open, sacroiliac joint, including obtaining bone graft, including instrumentation, when performed	

27282	Arthrodesis, symphysis pubis (including obtaining graft)	
27284	Arthrodesis, hip joint (including obtaining graft);	
27286	Arthrodesis, hip joint (including obtaining graft); with subtrochanteric osteotomy	
27290	Interpelviabdominal amputation (hindquarter amputation)	
27295	Disarticulation of hip	
27299	Unlisted procedure, pelvis or hip joint	
27301	Incision and drainage, deep abscess, bursa, or hematoma, thigh or knee region	
27303	Incision, deep, with opening of bone cortex, femur or knee (eg, osteomyelitis or bone abscess)	
27305	Fasciotomy, iliotibial (tenotomy), open	
27306	Tenotomy, percutaneous, adductor or hamstring; single tendon (separate procedure)	
27307	Tenotomy, percutaneous, adductor or hamstring; multiple tendons	
27310	Arthrotomy, knee, with exploration, drainage, or removal of foreign body (eg, infection)	
27323	Biopsy, soft tissue of thigh or knee area; superficial	
27324	Biopsy, soft tissue of thigh or knee area; deep (subfascial or intramuscular)	
27325	Neurectomy, hamstring muscle	
27326	Neurectomy, popliteal (gastrocnemius)	
27327	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; less than 3 cm	
27328	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); less than 5 cm	
27329	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; less than 5 cm	
27330	Arthrotomy, knee; with synovial biopsy only	
27331	Arthrotomy, knee; including joint exploration, biopsy, or removal of loose or foreign bodies	
27332	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial OR lateral	
27333	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial AND lateral	
27334	Arthrotomy, with synovectomy, knee; anterior OR posterior	
27335	Arthrotomy, with synovectomy, knee; anterior AND posterior including popliteal area	
27337	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; 3 cm or greater	
27339	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); 5 cm or greater	
27340	Excision, prepatellar bursa	
27345	Excision of synovial cyst of popliteal space (eg, Baker's cyst)	
27347	Excision of lesion of meniscus or capsule (eg, cyst, ganglion), knee	
27350	Patellectomy or hemipatellectomy	
27355	Excision or curettage of bone cyst or benign tumor of femur;	
27356	Excision or curettage of bone cyst or benign tumor of femur; with allograft	
27357	Excision or curettage of bone cyst or benign tumor of femur; with autograft (includes obtaining graft)	
27358	Excision or curettage of bone cyst or benign tumor of femur; with internal fixation (List in addition to code for primary procedure)	
27360	Partial excision (craterization, saucerization, or diaphysectomy) bone, femur, proximal tibia and/or fibula (eg, osteomyelitis or bone abscess)	
27364	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; 5 cm or greater	
27365	Radical resection of tumor, femur or knee	
27370	Injection of contrast for knee arthrography	
27372	Removal of foreign body, deep, thigh region or knee area	\$13,949.22
27380	Suture of infrapatellar tendon; primary	

27381 Suture of infrapatellar tendon; secondary reconstruction, including fascial or tendon graft

27385 Suture of quadriceps or hamstring muscle rupture; primary

27386 Suture of quadriceps or hamstring muscle rupture; secondary reconstruction, including fascial or tendon graft

27390 Tenotomy, open, hamstring, knee to hip; single tendon

27391 Tenotomy, open, hamstring, knee to hip; multiple tendons, 1 leg

27392 Tenotomy, open, hamstring, knee to hip; multiple tendons, bilateral

27393 Lengthening of hamstring tendon; single tendon

27394 Lengthening of hamstring tendon; multiple tendons, 1 leg

27395 Lengthening of hamstring tendon; multiple tendons, bilateral

27396 Transplant or transfer (with muscle redirection or rerouting), thigh (eg, extensor to flexor); single tendon

27397 Transplant or transfer (with muscle redirection or rerouting), thigh (eg, extensor to flexor); multiple tendons

27400 Transfer, tendon or muscle, hamstrings to femur (eg, Egger's type procedure)

27403 Arthrotomy with meniscus repair, knee

27405 Repair, primary, torn ligament and/or capsule, knee; collateral

27407 Repair, primary, torn ligament and/or capsule, knee; cruciate

27409 Repair, primary, torn ligament and/or capsule, knee; collateral and cruciate ligaments

27412 Autologous chondrocyte implantation, knee

27415 Osteochondral allograft, knee, open

27416 Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft[s])

27418 Anterior tibial tubercleplasty (eg, Maquet type procedure)

27420 Reconstruction of dislocating patella; (eg, Hauser type procedure)

27422 Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure)

27424 Reconstruction of dislocating patella; with patellectomy

27425 Lateral retinacular release, open

27427 Ligamentous reconstruction (augmentation), knee; extra-articular

27428 Ligamentous reconstruction (augmentation), knee; intra-articular (open)

27429 Ligamentous reconstruction (augmentation), knee; intra-articular (open) and extra-articular

27430 Quadricepsplasty (eg, Bennett or Thompson type)

27435 Capsulotomy, posterior capsular release, knee

27437 Arthroplasty, patella; without prosthesis

27438 Arthroplasty, patella; with prosthesis

27440 Arthroplasty, knee, tibial plateau;

27441 Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy

27442 Arthroplasty, femoral condyles or tibial plateau(s), knee;

27443 Arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement and partial synovectomy

27445 Arthroplasty, knee, hinge prosthesis (eg, Walldius type)

27446 Arthroplasty, knee, condyle and plateau; medial OR lateral compartment

27447 Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)

27448 Osteotomy, femur, shaft or supracondylar; without fixation

27450 Osteotomy, femur, shaft or supracondylar; with fixation

27454 Osteotomy, multiple, with realignment on intramedullary rod, femoral shaft (eg, Sofield type procedure)

27455 Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus [bowleg] or genu valgus [knock-knee]); before epiphyseal closure

27457	Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus [bowleg] or genu valgus [knock-knee]); after epiphyseal closure	
27465	Osteoplasty, femur; shortening (excluding 64876)	
27466	Osteoplasty, femur; lengthening	
27468	Osteoplasty, femur; combined, lengthening and shortening with femoral segment transfer	
27470	Repair, nonunion or malunion, femur, distal to head and neck; without graft (eg, compression technique)	
27472	Repair, nonunion or malunion, femur, distal to head and neck; with iliac or other autogenous bone graft (includes obtaining graft)	
27475	Arrest, epiphyseal, any method (eg, epiphysiodesis); distal femur	
27477	Arrest, epiphyseal, any method (eg, epiphysiodesis); tibia and fibula, proximal	
27479	Arrest, epiphyseal, any method (eg, epiphysiodesis); combined distal femur, proximal tibia and fibula	
27485	Arrest, hemiepiphyseal, distal femur or proximal tibia or fibula (eg, genu varus or valgus)	
27486	Revision of total knee arthroplasty, with or without allograft; 1 component	
27487	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	
27488	Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee	
27495	Prophylactic treatment (nailing, pinning, plating, or wiring) with or without methylmethacrylate, femur	
27496	Decompression fasciotomy, thigh and/or knee, 1 compartment (flexor or extensor or adductor);	
27497	Decompression fasciotomy, thigh and/or knee, 1 compartment (flexor or extensor or adductor); with debridement of nonviable muscle and/or nerve	
27498	Decompression fasciotomy, thigh and/or knee, multiple compartments;	
27499	Decompression fasciotomy, thigh and/or knee, multiple compartments; with debridement of nonviable muscle and/or nerve	
27500	Closed treatment of femoral shaft fracture, without manipulation	\$3,036.90
27501	Closed treatment of supracondylar or transcondylar femoral fracture with or without intercondylar extension, without manipulation	
27502	Closed treatment of femoral shaft fracture, with manipulation, with or without skin or skeletal traction	
27503	Closed treatment of supracondylar or transcondylar femoral fracture with or without intercondylar extension, with manipulation, with or without skin or skeletal traction	
27506	Open treatment of femoral shaft fracture, with or without external fixation, with insertion of intramedullary implant, with or without cerclage and/or locking screws	
27507	Open treatment of femoral shaft fracture with plate/screws, with or without cerclage	
27508	Closed treatment of femoral fracture, distal end, medial or lateral condyle, without manipulation	\$3,068.28
27509	Percutaneous skeletal fixation of femoral fracture, distal end, medial or lateral condyle, or supracondylar or transcondylar, with or without intercondylar extension, or distal femoral epiphyseal separation	
27510	Closed treatment of femoral fracture, distal end, medial or lateral condyle, with manipulation	
27511	Open treatment of femoral supracondylar or transcondylar fracture without intercondylar extension, includes internal fixation, when performed	
27513	Open treatment of femoral supracondylar or transcondylar fracture with intercondylar extension, includes internal fixation, when performed	

27514	Open treatment of femoral fracture, distal end, medial or lateral condyle, includes internal fixation, when performed	
27516	Closed treatment of distal femoral epiphyseal separation; without manipulation	
27517	Closed treatment of distal femoral epiphyseal separation; with manipulation, with or without skin or skeletal traction	
27519	Open treatment of distal femoral epiphyseal separation, includes internal fixation, when performed	
27520	Closed treatment of patellar fracture, without manipulation	\$1,289.40
27524	Open treatment of patellar fracture, with internal fixation and/or partial or complete patellectomy and soft tissue repair	
27530	Closed treatment of tibial fracture, proximal (plateau); without manipulation	\$1,758.12
27532	Closed treatment of tibial fracture, proximal (plateau); with or without manipulation, with skeletal traction	\$3,600.72
27535	Open treatment of tibial fracture, proximal (plateau); unicondylar, includes internal fixation, when performed	
27536	Open treatment of tibial fracture, proximal (plateau); bicondylar, with or without internal fixation	
27538	Closed treatment of intercondylar spine(s) and/or tuberosity fracture(s) of knee, with or without manipulation	
27540	Open treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, includes internal fixation, when performed	
27550	Closed treatment of knee dislocation; without anesthesia	\$1,289.40
27552	Closed treatment of knee dislocation; requiring anesthesia	
27556	Open treatment of knee dislocation, includes internal fixation, when performed; without primary ligamentous repair or augmentation/reconstruction	
27557	Open treatment of knee dislocation, includes internal fixation, when performed; with primary ligamentous repair	
27558	Open treatment of knee dislocation, includes internal fixation, when performed; with primary ligamentous repair, with augmentation/reconstruction	
27560	Closed treatment of patellar dislocation; without anesthesia	\$2,121.90
27562	Closed treatment of patellar dislocation; requiring anesthesia	
27566	Open treatment of patellar dislocation, with or without partial or total patellectomy	
27570	Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)	
27580	Arthrodesis, knee, any technique	
27590	Amputation, thigh, through femur, any level;	
27591	Amputation, thigh, through femur, any level; immediate fitting technique including first cast	
27592	Amputation, thigh, through femur, any level; open, circular (guillotine)	
27594	Amputation, thigh, through femur, any level; secondary closure or scar revision	
27596	Amputation, thigh, through femur, any level; re-amputation	
27598	Disarticulation at knee	
27599	Unlisted procedure, femur or knee	
27600	Decompression fasciotomy, leg; anterior and/or lateral compartments only	
27601	Decompression fasciotomy, leg; posterior compartment(s) only	
27602	Decompression fasciotomy, leg; anterior and/or lateral, and posterior compartment(s)	
27603	Incision and drainage, leg or ankle; deep abscess or hematoma	
27604	Incision and drainage, leg or ankle; infected bursa	
27605	Tenotomy, percutaneous, Achilles tendon (separate procedure); local anesthesia	
27606	Tenotomy, percutaneous, Achilles tendon (separate procedure); general anesthesia	
27607	Incision (eg, osteomyelitis or bone abscess), leg or ankle	
27610	Arthrotomy, ankle, including exploration, drainage, or removal of foreign body	

27612 Arthrotomy, posterior capsular release, ankle, with or without Achilles tendon lengthening

27613 Biopsy, soft tissue of leg or ankle area; superficial

27614 Biopsy, soft tissue of leg or ankle area; deep (subfascial or intramuscular)

27615 Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; less than 5 cm

27616 Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; 5 cm or greater

27618 Excision, tumor, soft tissue of leg or ankle area, subcutaneous; less than 3 cm

27619 Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); less than 5 cm

27620 Arthrotomy, ankle, with joint exploration, with or without biopsy, with or without removal of loose or foreign body

27625 Arthrotomy, with synovectomy, ankle;

27626 Arthrotomy, with synovectomy, ankle; including tenosynovectomy

27630 Excision of lesion of tendon sheath or capsule (eg, cyst or ganglion), leg and/or ankle

27632 Excision, tumor, soft tissue of leg or ankle area, subcutaneous; 3 cm or greater

27634 Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); 5 cm or greater

27635 Excision or curettage of bone cyst or benign tumor, tibia or fibula;

27637 Excision or curettage of bone cyst or benign tumor, tibia or fibula; with autograft (includes obtaining graft)

27638 Excision or curettage of bone cyst or benign tumor, tibia or fibula; with allograft

27640 Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); tibia

27641 Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); fibula

27645 Radical resection of tumor; tibia

27646 Radical resection of tumor; fibula

27647 Radical resection of tumor; talus or calcaneus

27648 Injection procedure for ankle arthrography

27650 Repair, primary, open or percutaneous, ruptured Achilles tendon;

27652 Repair, primary, open or percutaneous, ruptured Achilles tendon; with graft (includes obtaining graft)

27654 Repair, secondary, Achilles tendon, with or without graft

27656 Repair, fascial defect of leg

27658 Repair, flexor tendon, leg; primary, without graft, each tendon

27659 Repair, flexor tendon, leg; secondary, with or without graft, each tendon

27664 Repair, extensor tendon, leg; primary, without graft, each tendon

27665 Repair, extensor tendon, leg; secondary, with or without graft, each tendon

27675 Repair, dislocating peroneal tendons; without fibular osteotomy

27676 Repair, dislocating peroneal tendons; with fibular osteotomy

27680 Tenolysis, flexor or extensor tendon, leg and/or ankle; single, each tendon

27681 Tenolysis, flexor or extensor tendon, leg and/or ankle; multiple tendons (through separate incision[s])

27685 Lengthening or shortening of tendon, leg or ankle; single tendon (separate procedure)

27686 Lengthening or shortening of tendon, leg or ankle; multiple tendons (through same incision), each

27687 Gastrocnemius recession (eg, Strayer procedure)

27690 Transfer or transplant of single tendon (with muscle redirection or rerouting); superficial (eg, anterior tibial extensors into midfoot)

27691	Transfer or transplant of single tendon (with muscle redirection or rerouting); deep (eg, anterior tibial or posterior tibial through interosseous space, flexor digitorum longus, flexor hallucis longus, or peroneal tendon to midfoot or hindfoot)	
27692	Transfer or transplant of single tendon (with muscle redirection or rerouting); each additional tendon (List separately in addition to code for primary procedure)	
27695	Repair, primary, disrupted ligament, ankle; collateral	
27696	Repair, primary, disrupted ligament, ankle; both collateral ligaments	
27698	Repair, secondary, disrupted ligament, ankle, collateral (eg, Watson-Jones procedure)	
27700	Arthroplasty, ankle;	
27702	Arthroplasty, ankle; with implant (total ankle)	
27703	Arthroplasty, ankle; revision, total ankle	
27704	Removal of ankle implant	
27705	Osteotomy; tibia	
27707	Osteotomy; fibula	
27709	Osteotomy; tibia and fibula	
27712	Osteotomy; multiple, with realignment on intramedullary rod (eg, Sofield type procedure)	
27715	Osteoplasty, tibia and fibula, lengthening or shortening	
27720	Repair of nonunion or malunion, tibia; without graft, (eg, compression technique)	
27722	Repair of nonunion or malunion, tibia; with sliding graft	
27724	Repair of nonunion or malunion, tibia; with iliac or other autograft (includes obtaining graft)	
27760	Closed treatment of medial malleolus fracture; without manipulation	\$1,100.77
27808	Closed treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli); without manipulation	\$1,895.36
27818	Closed treatment of trimalleolar ankle fracture; with manipulation	
29105	Application of long arm splint (shoulder to hand)	\$129.94
29125	Application of short arm splint (forearm to hand); static	\$129.94
29130	Application of finger splint; static (foam)	\$129.94
29505	Application of long leg splint (thigh to ankle or toes)	\$129.94
29515	Application of short leg splint (calf to foot)	\$129.94
30000	Drainage abscess or hematoma, nasal, internal approach	
30020	Drainage abscess or hematoma, nasal septum	\$1,314.90
3006F	Chest X-ray results documented and reviewed (CAP)	
3008F	Body Mass Index (BMI), documented (PV)	
30100	Biopsy, intranasal	
30110	Excision, nasal polyp(s), simple	
30115	Excision, nasal polyp(s), extensive	
30117	Excision or destruction (eg, laser), intranasal lesion; internal approach	
30118	Excision or destruction (eg, laser), intranasal lesion; external approach (lateral rhinotomy)	
3011F	Lipid panel results documented and reviewed (must include total cholesterol, HDL-C, triglycerides and calculated LDL-C) (CAD)	
30120	Excision or surgical planing of skin of nose for rhinophyma	
30124	Excision dermoid cyst, nose; simple, skin, subcutaneous	
30125	Excision dermoid cyst, nose; complex, under bone or cartilage	
30130	Excision inferior turbinate, partial or complete, any method	
30140	Submucous resection inferior turbinate, partial or complete, any method	
3014F	Screening mammography results documented and reviewed (PV)	
30150	Rhinectomy; partial	

3015F	Cervical cancer screening results documented and reviewed (PV)	
30160	Rhinectomy; total	
3016F	Patient screened for unhealthy alcohol use using a systematic screening method (PV) (DSP)	
3017F	Colorectal cancer screening results documented and reviewed (PV)	
3018F	Pre-procedure risk assessment and depth of insertion and quality of the bowel prep and complete description of polyp(s) found, including location of each polyp, size, number and gross morphology and recommendations for follow-up in final colonoscopy report	
3019F	Left ventricular ejection fraction (LVEF) assessment planned post discharge (HF)	
30200	Injection into turbinate(s), therapeutic	
3020F	Left ventricular function (LVF) assessment (eg, echocardiography, nuclear test, or ventriculography) documented in the medical record (Includes quantitative or qualitative assessment results) (NMA-No Measure Associated)	
30210	Displacement therapy (Proetz type)	
3021F	Left ventricular ejection fraction (LVEF) less than 40% or documentation of moderately or severely depressed left ventricular systolic function (CAD, HF)	
30220	Insertion, nasal septal prosthesis (button)	
3022F	Left ventricular ejection fraction (LVEF) greater than or equal to 40% or documentation as normal or mildly depressed left ventricular systolic function (CAD, HF)	
3023F	Spirometry results documented and reviewed (COPD)	
3025F	Spirometry test results demonstrate FEV1/FVC less than 70% with COPD symptoms (eg, dyspnea, cough/sputum, wheezing) (CAP, COPD)	
3027F	Spirometry test results demonstrate FEV1/FVC greater than or equal to 70% or patient does not have COPD symptoms (COPD)	
3028F	Oxygen saturation results documented and reviewed (includes assessment through pulse oximetry or arterial blood gas measurement) (CAP, COPD) (EM)	
30300	Removal foreign body, intranasal; office type procedure	\$630.24
30310	Removal foreign body, intranasal; requiring general anesthesia	
30320	Removal foreign body, intranasal; by lateral rhinotomy	
3035F	Oxygen saturation less than or equal to 88% or a PaO2 less than or equal to 55 mm Hg (COPD)	
3037F	Oxygen saturation greater than 88% or PaO2 greater than 55 mm Hg (COPD)	
3038F	Pulmonary function test performed within 12 months prior to surgery (Lung/Esop Cx)	
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip	
3040F	Functional expiratory volume (FEV1) less than 40% of predicted value (COPD)	
30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip	
30420	Rhinoplasty, primary; including major septal repair	
3042F	Functional expiratory volume (FEV1) greater than or equal to 40% of predicted value (COPD)	
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)	
30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)	
3044F	Most recent hemoglobin A1c (HbA1c) level less than 7.0% (DM)	
30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)	
3045F	Most recent hemoglobin A1c (HbA1c) level 7.0-9.0% (DM)	
30460	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only	
30462	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies	
30465	Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)	
3046F	Most recent hemoglobin A1c level greater than 9.0% (DM)	

3048F	Most recent LDL-C less than 100 mg/dL (CAD) (DM)	
3049F	Most recent LDL-C 100-129 mg/dL (CAD) (DM)	
3050F	Most recent LDL-C greater than or equal to 130 mg/dL (CAD) (DM)	
30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft	
30540	Repair choanal atresia; intranasal	
30545	Repair choanal atresia; transpalatine	
3055F	Left ventricular ejection fraction (LVEF) less than or equal to 35% (HF)	
30560	Lysis intranasal synechia	
3056F	Left ventricular ejection fraction (LVEF) greater than 35% or no LVEF result available (HF)	
30580	Repair fistula; oromaxillary (combine with 31030 if antrotomy is included)	
30600	Repair fistula; oronasal	
3060F	Positive microalbuminuria test result documented and reviewed (DM)	
3061F	Negative microalbuminuria test result documented and reviewed (DM)	
30620	Septal or other intranasal dermatoplasty (does not include obtaining graft)	
3062F	Positive macroalbuminuria test result documented and reviewed (DM)	
30630	Repair nasal septal perforations	
3066F	Documentation of treatment for nephropathy (eg, patient receiving dialysis, patient being treated for ESRD, CRF, ARF, or renal insufficiency, any visit to a nephrologist) (DM)	
3072F	Low risk for retinopathy (no evidence of retinopathy in the prior year) (DM)	
3073F	Pre-surgical (cataract) axial length, corneal power measurement and method of intraocular lens power calculation documented within 12 months prior to surgery (EC)	
3074F	Most recent systolic blood pressure less than 130 mm Hg (DM), (HTN, CKD, CAD)	
3075F	Most recent systolic blood pressure 130-139 mm Hg (DM),(HTN, CKD, CAD)	
3077F	Most recent systolic blood pressure greater than or equal to 140 mm Hg (HTN, CKD, CAD) (DM)	
3078F	Most recent diastolic blood pressure less than 80 mm Hg (HTN, CKD, CAD) (DM)	
3079F	Most recent diastolic blood pressure 80-89 mm Hg (HTN, CKD, CAD) (DM)	
30801	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); superficial	
30802	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); intramural (ie, submucosal)	
3080F	Most recent diastolic blood pressure greater than or equal to 90 mm Hg (HTN, CKD, CAD) (DM)	
3082F	Kt/V less than 1.2 (Clearance of urea [Kt]/volume [V]) (ESRD, P-ESRD)	
3083F	Kt/V equal to or greater than 1.2 and less than 1.7 (Clearance of urea [Kt]/volume [V]) (ESRD, P-ESRD)	
3084F	Kt/V greater than or equal to 1.7 (Clearance of urea [Kt]/volume [V]) (ESRD, P-ESRD)	
3085F	Suicide risk assessed (MDD, MDD ADOL)	
3088F	Major depressive disorder, mild (MDD)	
3089F	Major depressive disorder, moderate (MDD)	
30901	Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method	\$783.96
30903	Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method	\$630.24
30905	Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; initial	\$1,857.18
30906	Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; subsequent	\$1,932.06

3090F Major depressive disorder, severe without psychotic features (MDD)

30915 Ligation arteries; ethmoidal

3091F Major depressive disorder, severe with psychotic features (MDD)

30920 Ligation arteries; internal maxillary artery, transantral

3092F Major depressive disorder, in remission (MDD)

30930 Fracture nasal inferior turbinate(s), therapeutic

3093F Documentation of new diagnosis of initial or recurrent episode of major depressive disorder (MDD)

3095F Central dual-energy X-ray absorptiometry (DXA) results documented (OP)(IBD)

3096F Central dual-energy X-ray absorptiometry (DXA) ordered (OP)(IBD)

30999 Unlisted procedure, nose

31000 Lavage by cannulation; maxillary sinus (antrum puncture or natural ostium)

31002 Lavage by cannulation; sphenoid sinus

3100F Carotid imaging study report (includes direct or indirect reference to measurements of distal internal carotid diameter as the denominator for stenosis measurement) (STR, RAD)

31020 Sinusotomy, maxillary (antrotomy); intranasal

31030 Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) without removal of antrochoanal polyps

31032 Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) with removal of antrochoanal polyps

31040 Pterygomaxillary fossa surgery, any approach

31050 Sinusotomy, sphenoid, with or without biopsy;

31051 Sinusotomy, sphenoid, with or without biopsy; with mucosal stripping or removal of polyp(s)

31070 Sinusotomy frontal; external, simple (trephine operation)

31075 Sinusotomy frontal; transorbital, unilateral (for mucocele or osteoma, Lynch type)

31080 Sinusotomy frontal; obliterative without osteoplastic flap, brow incision (includes ablation)

31081 Sinusotomy frontal; obliterative, without osteoplastic flap, coronal incision (includes ablation)

31084 Sinusotomy frontal; obliterative, with osteoplastic flap, brow incision

31085 Sinusotomy frontal; obliterative, with osteoplastic flap, coronal incision

31086 Sinusotomy frontal; nonobliterative, with osteoplastic flap, brow incision

31087 Sinusotomy frontal; nonobliterative, with osteoplastic flap, coronal incision

31090 Sinusotomy, unilateral, 3 or more paranasal sinuses (frontal, maxillary, ethmoid, sphenoid)

3110F Documentation in final CT or MRI report of presence or absence of hemorrhage and mass lesion and acute infarction (STR)

3111F CT or MRI of the brain performed in the hospital within 24 hours of arrival or performed in an outpatient imaging center, to confirm initial diagnosis of stroke, TIA or intracranial hemorrhage (STR)

3112F CT or MRI of the brain performed greater than 24 hours after arrival to the hospital or performed in an outpatient imaging center for purpose other than confirmation of initial diagnosis of stroke, TIA, or intracranial hemorrhage (STR)

3115F Quantitative results of an evaluation of current level of activity and clinical symptoms (HF)

3117F Heart failure disease specific structured assessment tool completed (HF)

3118F New York Heart Association (NYHA) Class documented (HF)

3119F No evaluation of level of activity or clinical symptoms (HF)

31200 Ethmoidectomy; intranasal, anterior

31201 Ethmoidectomy; intranasal, total

31205 Ethmoidectomy; extranasal, total

3120F 12-Lead ECG Performed (EM)

- 31225 Maxillectomy; without orbital exenteration
- 31230 Maxillectomy; with orbital exenteration (en bloc)
- 31231 Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)
- 31233 Nasal/sinus endoscopy, diagnostic with maxillary sinusoscopy (via inferior meatus or canine fossa puncture)
- 31235 Nasal/sinus endoscopy, diagnostic with sphenoid sinusoscopy (via puncture of sphenoidal face or cannulation of ostium)
- 31237 Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)
- 31238 Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage
- 31239 Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy
- 31240 Nasal/sinus endoscopy, surgical; with concha bullosa resection
- 31241 Nasal/sinus endoscopy, surgical; with ligation of sphenopalatine artery
- 31253 Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal sinus, when performed
- 31254 Nasal/sinus endoscopy, surgical with ethmoidectomy; partial (anterior)
- 31255 Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior)

- 31256 Nasal/sinus endoscopy, surgical, with maxillary antrostomy;
- 31257 Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy
- 31259 Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy, with removal of tissue from the sphenoid sinus

- 3125F Esophageal biopsy report with a statement about dysplasia (present, absent, or indefinite) (PATH)
- 31267 Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus
- 3126F Esophageal biopsy report with a statement about dysplasia (present, absent, or indefinite, and if present, contains appropriate grading) (PATH)
- 31276 Nasal/sinus endoscopy, surgical, with frontal sinus exploration, including removal of tissue from frontal sinus, when performed
- 31287 Nasal/sinus endoscopy, surgical, with sphenoidotomy;
- 31288 Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus
- 31290 Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; ethmoid region

- 31291 Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; sphenoid region

- 31292 Nasal/sinus endoscopy, surgical; with medial or inferior orbital wall decompression

- 31293 Nasal/sinus endoscopy, surgical; with medial orbital wall and inferior orbital wall decompression
- 31294 Nasal/sinus endoscopy, surgical; with optic nerve decompression
- 31295 Nasal/sinus endoscopy, surgical; with dilation of maxillary sinus ostium (eg, balloon dilation), transnasal or via canine fossa
- 31296 Nasal/sinus endoscopy, surgical; with dilation of frontal sinus ostium (eg, balloon dilation)

- 31297 Nasal/sinus endoscopy, surgical; with dilation of sphenoid sinus ostium (eg, balloon dilation)

- 31298 Nasal/sinus endoscopy, surgical; with dilation of frontal and sphenoid sinus ostia (eg, balloon dilation)
- 31299 Unlisted procedure, accessory sinuses

31300	Laryngotomy (thyrotomy, laryngofissure), with removal of tumor or laryngocele, cordectomy	
3130F	Upper gastrointestinal endoscopy performed (GERD)	
31320	Laryngotomy (thyrotomy, laryngofissure); diagnostic	
3132F	Documentation of referral for upper gastrointestinal endoscopy (GERD)	
31360	Laryngectomy; total, without radical neck dissection	
31365	Laryngectomy; total, with radical neck dissection	
31367	Laryngectomy; subtotal supraglottic, without radical neck dissection	
31368	Laryngectomy; subtotal supraglottic, with radical neck dissection	
31370	Partial laryngectomy (hemilaryngectomy); horizontal	
31375	Partial laryngectomy (hemilaryngectomy); laterovertical	
31380	Partial laryngectomy (hemilaryngectomy); anterovertical	
31382	Partial laryngectomy (hemilaryngectomy); antero-latero-vertical	
31390	Pharyngolaryngectomy, with radical neck dissection; without reconstruction	
31395	Pharyngolaryngectomy, with radical neck dissection; with reconstruction	
31400	Arytenoidectomy or arytenoidopexy, external approach	
3140F	Upper gastrointestinal endoscopy report indicates suspicion of Barrett's esophagus (GERD)	
3141F	Upper gastrointestinal endoscopy report indicates no suspicion of Barrett's esophagus (GERD)	
31420	Epiglottidectomy	
3142F	Barium swallow test ordered (GERD)	
31500	Intubation, endotracheal, emergency procedure	\$843.42
31502	Tracheotomy tube change prior to establishment of fistula tract	\$1,071.00
31505	Laryngoscopy, indirect; diagnostic (separate procedure)	\$942.48
3150F	Forceps esophageal biopsy performed (GERD)	
31510	Laryngoscopy, indirect; with biopsy	
31511	Laryngoscopy, indirect; with removal of foreign body	\$1,212.48
31512	Laryngoscopy, indirect; with removal of lesion	
31513	Laryngoscopy, indirect; with vocal cord injection	
31515	Laryngoscopy direct, with or without tracheoscopy; for aspiration	\$2,252.82
31520	Laryngoscopy direct, with or without tracheoscopy; diagnostic, newborn	
31525	Laryngoscopy direct, with or without tracheoscopy; diagnostic, except newborn	\$7,942.20
31526	Laryngoscopy direct, with or without tracheoscopy; diagnostic, with operating microscope or telescope	
31527	Laryngoscopy direct, with or without tracheoscopy; with insertion of obturator	
31528	Laryngoscopy direct, with or without tracheoscopy; with dilation, initial	
31529	Laryngoscopy direct, with or without tracheoscopy; with dilation, subsequent	
31530	Laryngoscopy, direct, operative, with foreign body removal;	\$7,942.20
31531	Laryngoscopy, direct, operative, with foreign body removal; with operating microscope or telescope	
31535	Laryngoscopy, direct, operative, with biopsy;	
31536	Laryngoscopy, direct, operative, with biopsy; with operating microscope or telescope	
31540	Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis;	
31541	Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis; with operating microscope or telescope	
31545	Laryngoscopy, direct, operative, with operating microscope or telescope, with submucosal removal of non-neoplastic lesion(s) of vocal cord; reconstruction with local tissue flap(s)	
31546	Laryngoscopy, direct, operative, with operating microscope or telescope, with submucosal removal of non-neoplastic lesion(s) of vocal cord; reconstruction with graft(s) (includes obtaining autograft)	

31551 Laryngoplasty; for laryngeal stenosis, with graft, without indwelling stent placement, younger than 12 years of age

31552 Laryngoplasty; for laryngeal stenosis, with graft, without indwelling stent placement, age 12 years or older

31553 Laryngoplasty; for laryngeal stenosis, with graft, with indwelling stent placement, younger than 12 years of age

31554 Laryngoplasty; for laryngeal stenosis, with graft, with indwelling stent placement, age 12 years or older

3155F Cytogenetic testing performed on bone marrow at time of diagnosis or prior to initiating treatment (HEM)

31560 Laryngoscopy, direct, operative, with arytenoidectomy;

31561 Laryngoscopy, direct, operative, with arytenoidectomy; with operating microscope or telescope

31570 Laryngoscopy, direct, with injection into vocal cord(s), therapeutic;

31571 Laryngoscopy, direct, with injection into vocal cord(s), therapeutic; with operating microscope or telescope

31572 Laryngoscopy, flexible; with ablation or destruction of lesion(s) with laser, unilateral

31573 Laryngoscopy, flexible; with therapeutic injection(s) (eg, chemodenevation agent or corticosteroid, injected percutaneous, transoral, or via endoscope channel), unilateral

31574 Laryngoscopy, flexible; with injection(s) for augmentation (eg, percutaneous, transoral), unilateral

31575 Laryngoscopy, flexible; diagnostic

31576 Laryngoscopy, flexible; with biopsy(ies)

31577 Laryngoscopy, flexible; with removal of foreign body(s)

31578 Laryngoscopy, flexible; with removal of lesion(s), non-laser

31579 Laryngoscopy, flexible or rigid telescopic, with stroboscopy

31580 Laryngoplasty; for laryngeal web, with indwelling keel or stent insertion

31582 Laryngoplasty; for laryngeal stenosis, with graft or core mold, including tracheotomy

31584 Laryngoplasty; with open reduction and fixation of (eg, plating) fracture, includes tracheostomy, if performed

31587 Laryngoplasty, cricoid split, without graft placement

31588 Laryngoplasty, not otherwise specified (eg, for burns, reconstruction after partial laryngectomy)

31590 Laryngeal reinnervation by neuromuscular pedicle

31591 Laryngoplasty, medialization, unilateral

31592 Cricotracheal resection

31595 Section recurrent laryngeal nerve, therapeutic (separate procedure), unilateral

31599 Unlisted procedure, larynx

31600 Tracheostomy, planned (separate procedure);

31601 Tracheostomy, planned (separate procedure); younger than 2 years

31603 Tracheostomy, emergency procedure; transtracheal

31605 Tracheostomy, emergency procedure; cricothyroid membrane

3160F Documentation of iron stores prior to initiating erythropoietin therapy (HEM)

31610 Tracheostomy, fenestration procedure with skin flaps

31611 Construction of tracheoesophageal fistula and subsequent insertion of an alaryngeal speech prosthesis (eg, voice button, Blom-Singer prosthesis)

31612 Tracheal puncture, percutaneous with transtracheal aspiration and/or injection

31613 Tracheostoma revision; simple, without flap rotation

31614 Tracheostoma revision; complex, with flap rotation

31615 Tracheobronchoscopy through established tracheostomy incision

31620 Endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) (List separately in addition to code for primary procedure[s])

- 31622 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)
- 31623 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings
- 31624 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial alveolar lavage
- 31625 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites
- 31626 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple
- 31627 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with computer-assisted, image-guided navigation (List separately in addition to code for primary procedure[s])
- 31628 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe
- 31629 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)
- 31630 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with tracheal/bronchial dilation or closed reduction of fracture
- 31631 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required)
- 31632 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), each additional lobe (List separately in addition to code for primary procedure)
- 31633 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), each additional lobe (List separately in addition to code for primary procedure)
- 31634 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, with assessment of air leak, with administration of occlusive substance (eg, fibrin glue), if performed
- 31635 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of foreign body
- 31636 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of bronchial stent(s) (includes tracheal/bronchial dilation as required), initial bronchus
- 31637 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; each additional major bronchus stented (List separately in addition to code for primary procedure)
- 31638 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with revision of tracheal or bronchial stent inserted at previous session (includes tracheal/bronchial dilation as required)
- 31640 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with excision of tumor
- 31641 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with destruction of tumor or relief of stenosis by any method other than excision (eg, laser therapy, cryotherapy)
- 31643 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of catheter(s) for intracavitary radioelement application
- 31645 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, initial

31646	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, subsequent, same hospital stay	
31647	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), initial lobe	
31648	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), initial lobe	
31649	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure)	
31651	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), each additional lobe (List separately in addition to code	
31652	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), one or two mediastinal and/or hilar lymph node stat	
31653	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), 3 or more mediastinal and/or hilar lymph node stati	
31654	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transendoscopic endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s) (List separately in addition to	
31660	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 1 lobe	
31661	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 2 or more lobes	
3170F	Flow cytometry studies performed at time of diagnosis or prior to initiating treatment (HEM)	
31717	Catheterization with bronchial brush biopsy	
31720	Catheter aspiration (separate procedure); nasotracheal	
31725	Catheter aspiration (separate procedure); tracheobronchial with fiberscope, bedside	\$474.48
31730	Transtracheal (percutaneous) introduction of needle wire dilator/stent or indwelling tube for oxygen therapy	
31750	Tracheoplasty; cervical	
31755	Tracheoplasty; tracheopharyngeal fistulization, each stage	
31760	Tracheoplasty; intrathoracic	
31766	Carinal reconstruction	
31770	Bronchoplasty; graft repair	
31775	Bronchoplasty; excision stenosis and anastomosis	
31780	Excision tracheal stenosis and anastomosis; cervical	
31781	Excision tracheal stenosis and anastomosis; cervicothoracic	
31785	Excision of tracheal tumor or carcinoma; cervical	
31786	Excision of tracheal tumor or carcinoma; thoracic	
31800	Suture of tracheal wound or injury; cervical	
31805	Suture of tracheal wound or injury; intrathoracic	
31820	Surgical closure tracheostomy or fistula; without plastic repair	
31825	Surgical closure tracheostomy or fistula; with plastic repair	
31830	Revision of tracheostomy scar	
31899	Unlisted procedure, trachea, bronchi	

3200F Barium swallow test not ordered (GERD)

32035 Thoracostomy; with rib resection for empyema

32036 Thoracostomy; with open flap drainage for empyema

32096 Thoracotomy, with diagnostic biopsy(ies) of lung infiltrate(s) (eg, wedge, incisional), unilateral

32097 Thoracotomy, with diagnostic biopsy(ies) of lung nodule(s) or mass(es) (eg, wedge, incisional), unilateral

32098 Thoracotomy, with biopsy(ies) of pleura

32100 Thoracotomy; with exploration

3210F Group A Strep Test Performed (PHAR)

32110 Thoracotomy; with control of traumatic hemorrhage and/or repair of lung tear

32120 Thoracotomy; for postoperative complications

32124 Thoracotomy; with open intrapleural pneumonolysis

32140 Thoracotomy; with cyst(s) removal, includes pleural procedure when performed

32141 Thoracotomy; with resection-plication of bullae, includes any pleural procedure when performed

32150 Thoracotomy; with removal of intrapleural foreign body or fibrin deposit

32151 Thoracotomy; with removal of intrapulmonary foreign body

3215F Patient has documented immunity to Hepatitis A (HEP-C)

32160 Thoracotomy; with cardiac massage

3216F Patient has documented immunity to Hepatitis B (HEP-C)(IBD)

3218F RNA testing for Hepatitis C documented as performed within 6 months prior to initiation of antiviral treatment for Hepatitis C (HEP-C)

32200 Pneumonostomy, with open drainage of abscess or cyst

3220F Hepatitis C quantitative RNA testing documented as performed at 12 weeks from initiation of antiviral treatment (HEP-C)

32215 Pleural scarification for repeat pneumothorax

32220 Decortication, pulmonary (separate procedure); total

32225 Decortication, pulmonary (separate procedure); partial

3230F Documentation that hearing test was performed within 6 months prior to tympanostomy tube insertion (OME)

32310 Pleurectomy, parietal (separate procedure)

32320 Decortication and parietal pleurectomy

32400 Biopsy, pleura, percutaneous needle

32405 Biopsy, lung or mediastinum, percutaneous needle

32440 Removal of lung, pneumonectomy;

32442 Removal of lung, pneumonectomy; with resection of segment of trachea followed by broncho-tracheal anastomosis (sleeve pneumonectomy)

32445 Removal of lung, pneumonectomy; extrapleural

32480 Removal of lung, other than pneumonectomy; single lobe (lobectomy)

32482 Removal of lung, other than pneumonectomy; 2 lobes (bilobectomy)

32484 Removal of lung, other than pneumonectomy; single segment (segmentectomy)

32486 Removal of lung, other than pneumonectomy; with circumferential resection of segment of bronchus followed by broncho-bronchial anastomosis (sleeve lobectomy)

32488 Removal of lung, other than pneumonectomy; with all remaining lung following previous removal of a portion of lung (completion pneumonectomy)

32491 Removal of lung, other than pneumonectomy; with resection-plication of emphysematous lung(s) (bullous or non-bullous) for lung volume reduction, sternal split or transthoracic approach, includes any pleural procedure, when performed

32501 Resection and repair of portion of bronchus (bronchoplasty) when performed at time of lobectomy or segmentectomy (List separately in addition to code for primary procedure)

32503	Resection of apical lung tumor (eg, Pancoast tumor), including chest wall resection, rib(s) resection(s), neurovascular dissection, when performed; without chest wall reconstruction(s)	
32504	Resection of apical lung tumor (eg, Pancoast tumor), including chest wall resection, rib(s) resection(s), neurovascular dissection, when performed; with chest wall reconstruction	
32505	Thoracotomy; with therapeutic wedge resection (eg, mass, nodule), initial	
32506	Thoracotomy; with therapeutic wedge resection (eg, mass or nodule), each additional resection, ipsilateral (List separately in addition to code for primary procedure)	
32507	Thoracotomy; with diagnostic wedge resection followed by anatomic lung resection (List separately in addition to code for primary procedure)	
3250F	Specimen site other than anatomic location of primary tumor (PATH)	
32540	Extrapleural enucleation of empyema (empyemectomy)	
32550	Insertion of indwelling tunneled pleural catheter with cuff	
32551	Tube thoracostomy, includes connection to drainage system (eg, water seal), when performed, open (separate procedure)	\$936.96
32552	Removal of indwelling tunneled pleural catheter with cuff	
32553	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple	
32554	Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance	\$3,675.42
32555	Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance	
32556	Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance	\$2,775.86
32557	Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance	
32560	Instillation, via chest tube/catheter, agent for pleurodesis (eg, talc for recurrent or persistent pneumothorax)	
32561	Instillation(s), via chest tube/catheter, agent for fibrinolysis (eg, fibrinolytic agent for break up of multiloculated effusion); initial day	
32562	Instillation(s), via chest tube/catheter, agent for fibrinolysis (eg, fibrinolytic agent for break up of multiloculated effusion); subsequent day	
32601	Thoracoscopy, diagnostic (separate procedure); lungs, pericardial sac, mediastinal or pleural space, without biopsy	
32604	Thoracoscopy, diagnostic (separate procedure); pericardial sac, with biopsy	
32606	Thoracoscopy, diagnostic (separate procedure); mediastinal space, with biopsy	
32607	Thoracoscopy; with diagnostic biopsy(ies) of lung infiltrate(s) (eg, wedge, incisional), unilateral	
32608	Thoracoscopy; with diagnostic biopsy(ies) of lung nodule(s) or mass(es) (eg, wedge, incisional), unilateral	
32609	Thoracoscopy; with biopsy(ies) of pleura	
3260F	pT category (primary tumor), pN category (regional lymph nodes), and histologic grade documented in pathology report (PATH)	
32650	Thoracoscopy, surgical; with pleurodesis (eg, mechanical or chemical)	
32651	Thoracoscopy, surgical; with partial pulmonary decortication	
32652	Thoracoscopy, surgical; with total pulmonary decortication, including intrapleural pneumonolysis	
32653	Thoracoscopy, surgical; with removal of intrapleural foreign body or fibrin deposit	
32654	Thoracoscopy, surgical; with control of traumatic hemorrhage	
32655	Thoracoscopy, surgical; with resection-plication of bullae, includes any pleural procedure when performed	
32656	Thoracoscopy, surgical; with parietal pleurectomy	

32658 Thoracoscopy, surgical; with removal of clot or foreign body from pericardial sac

32659 Thoracoscopy, surgical; with creation of pericardial window or partial resection of pericardial sac for drainage

3265F Ribonucleic acid (RNA) testing for Hepatitis C viremia ordered or results documented (HEP C)

32661 Thoracoscopy, surgical; with excision of pericardial cyst, tumor, or mass

32662 Thoracoscopy, surgical; with excision of mediastinal cyst, tumor, or mass

32663 Thoracoscopy, surgical; with lobectomy (single lobe)

32664 Thoracoscopy, surgical; with thoracic sympathectomy

32665 Thoracoscopy, surgical; with esophagomyotomy (Heller type)

32666 Thoracoscopy, surgical; with therapeutic wedge resection (eg, mass, nodule), initial unilateral

32667 Thoracoscopy, surgical; with therapeutic wedge resection (eg, mass or nodule), each additional resection, ipsilateral (List separately in addition to code for primary procedure)

32668 Thoracoscopy, surgical; with diagnostic wedge resection followed by anatomic lung resection (List separately in addition to code for primary procedure)

32669 Thoracoscopy, surgical; with removal of a single lung segment (segmentectomy)

3266F Hepatitis C genotype testing documented as performed prior to initiation of antiviral treatment for Hepatitis C (HEP C)

32670 Thoracoscopy, surgical; with removal of two lobes (bilobectomy)

32671 Thoracoscopy, surgical; with removal of lung (pneumonectomy)

32672 Thoracoscopy, surgical; with resection-plication for emphysematous lung (bullous or non-bullous) for lung volume reduction (LVRS), unilateral includes any pleural procedure, when performed

32673 Thoracoscopy, surgical; with resection of thymus, unilateral or bilateral

32674 Thoracoscopy, surgical; with mediastinal and regional lymphadenectomy (List separately in addition to code for primary procedure)

3267F Pathology report includes pT category, pN category, Gleason score, and statement about margin status (PATH)

3268F Prostate-specific antigen (PSA), and primary tumor (T) stage, and Gleason score documented prior to initiation of treatment (PRCA)

3269F Bone scan performed prior to initiation of treatment or at any time since diagnosis of prostate cancer (PRCA)

32701 Thoracic target(s) delineation for stereotactic body radiation therapy (SRS/SBRT), (photon or particle beam), entire course of treatment

3270F Bone scan not performed prior to initiation of treatment nor at any time since diagnosis of prostate cancer (PRCA)

3271F Low risk of recurrence, prostate cancer (PRCA)

3272F Intermediate risk of recurrence, prostate cancer (PRCA)

3273F High risk of recurrence, prostate cancer (PRCA)

3274F Prostate cancer risk of recurrence not determined or neither low, intermediate nor high (PRCA)

3278F Serum levels of calcium, phosphorus, intact Parathyroid Hormone (PTH) and lipid profile ordered (CKD)

3279F Hemoglobin level greater than or equal to 13 g/dL (CKD, ESRD)

32800 Repair lung hernia through chest wall

3280F Hemoglobin level 11 g/dL to 12.9 g/dL (CKD, ESRD)

32810 Closure of chest wall following open flap drainage for empyema (Clagett type procedure)

32815 Open closure of major bronchial fistula

3281F Hemoglobin level less than 11 g/dL (CKD, ESRD)

32820 Major reconstruction, chest wall (posttraumatic)

3284F Intraocular pressure (IOP) reduced by a value of greater than or equal to 15% from the pre-intervention level (EC)

32850 Donor pneumonectomy(s) (including cold preservation), from cadaver donor

32851 Lung transplant, single; without cardiopulmonary bypass

32852 Lung transplant, single; with cardiopulmonary bypass

32853 Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass

32854 Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass

32855 Backbench standard preparation of cadaver donor lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare pulmonary venous/atrial cuff, pulmonary artery, and bronchus; unilateral

32856 Backbench standard preparation of cadaver donor lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare pulmonary venous/atrial cuff, pulmonary artery, and bronchus; bilateral

3285F Intraocular pressure (IOP) reduced by a value less than 15% from the pre-intervention level (EC)

3288F Falls risk assessment documented (GER)

32900 Resection of ribs, extrapleural, all stages

32905 Thoracoplasty, Schede type or extrapleural (all stages);

32906 Thoracoplasty, Schede type or extrapleural (all stages); with closure of bronchopleural fistula

3290F Patient is D (Rh) negative and unsensitized (Pre-Cr)

3291F Patient is D (Rh) positive or sensitized (Pre-Cr)

3292F HIV testing ordered or documented and reviewed during the first or second prenatal visit (Pre-Cr)

3293F ABO and Rh blood typing documented as performed (Pre-Cr)

32940 Pneumonolysis, extraperiosteal, including filling or packing procedures

3294F Group B Streptococcus (GBS) screening documented as performed during week 35-37 gestation (Pre-Cr)

32960 Pneumothorax, therapeutic, intrapleural injection of air

32994 Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; cryoablation

32997 Total lung lavage (unilateral)

32998 Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; radiofrequency

32999 Unlisted procedure, lungs and pleura

3300F American Joint Committee on Cancer (AJCC) stage documented and reviewed (ONC)

33010 Pericardiocentesis; initial

33011 Pericardiocentesis; subsequent

33015 Tube pericardiostomy

3301F Cancer stage documented in medical record as metastatic and reviewed (ONC)

33020 Pericardiotomy for removal of clot or foreign body (primary procedure)

33025 Creation of pericardial window or partial resection for drainage

33030 Pericardiectomy, subtotal or complete; without cardiopulmonary bypass

33031 Pericardiectomy, subtotal or complete; with cardiopulmonary bypass

33050 Resection of pericardial cyst or tumor

33120 Excision of intracardiac tumor, resection with cardiopulmonary bypass

33130 Resection of external cardiac tumor

33140 Transmyocardial laser revascularization, by thoracotomy; (separate procedure)

33141 Transmyocardial laser revascularization, by thoracotomy; performed at the time of other open cardiac procedure(s) (List separately in addition to code for primary procedure)

- 3315F Estrogen receptor (ER) or progesterone receptor (PR) positive breast cancer (ONC)
- 3316F Estrogen receptor (ER) and progesterone receptor (PR) negative breast cancer (ONC)
- 3317F Pathology report confirming malignancy documented in the medical record and reviewed prior to the initiation of chemotherapy (ONC)
- 3318F Pathology report confirming malignancy documented in the medical record and reviewed prior to the initiation of radiation therapy (ONC)
- 3319F 1 of the following diagnostic imaging studies ordered: chest x-ray, CT, Ultrasound, MRI, PET, or nuclear medicine scans (ML)
- 33202 Insertion of epicardial electrode(s); open incision (eg, thoracotomy, median sternotomy, subxiphoid approach)
- 33203 Insertion of epicardial electrode(s); endoscopic approach (eg, thoracoscopy, pericardioscopy)
- 33206 Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial
- 33207 Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular
- 33208 Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular
- 3320F None of the following diagnostic imaging studies ordered: chest X-ray, CT, Ultrasound, MRI, PET, or nuclear medicine scans (ML)
- 33210 Insertion or replacement of temporary transvenous single chamber cardiac electrode or pacemaker catheter (separate procedure)
- 33211 Insertion or replacement of temporary transvenous dual chamber pacing electrodes (separate procedure)
- 33212 Insertion of pacemaker pulse generator only; with existing single lead
- 33213 Insertion of pacemaker pulse generator only; with existing dual leads
- 33214 Upgrade of implanted pacemaker system, conversion of single chamber system to dual chamber system (includes removal of previously placed pulse generator, testing of existing lead, insertion of new lead, insertion of new pulse generator)
- 33215 Repositioning of previously implanted transvenous pacemaker or implantable defibrillator (right atrial or right ventricular) electrode
- 33216 Insertion of a single transvenous electrode, permanent pacemaker or implantable defibrillator
- 33217 Insertion of 2 transvenous electrodes, permanent pacemaker or implantable defibrillator
- 33218 Repair of single transvenous electrode, permanent pacemaker or implantable defibrillator
- 3321F AJCC Cancer Stage 0 or IA Melanoma, documented (ML)
- 33220 Repair of 2 transvenous electrodes for permanent pacemaker or implantable defibrillator
- 33221 Insertion of pacemaker pulse generator only; with existing multiple leads
- 33222 Relocation of skin pocket for pacemaker
- 33223 Relocation of skin pocket for implantable defibrillator
- 33224 Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or implantable defibrillator pulse generator (including revision of pocket, removal, insertion, and/or replacement of existin
- 33225 Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (eg, for upgrade to dual chamber system) (List separately in addition to code for primary pro

- 33226 Repositioning of previously implanted cardiac venous system (left ventricular) electrode (including removal, insertion and/or replacement of existing generator)
- 33227 Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system
- 33228 Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system
- 33229 Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system
- 3322F Melanoma greater than AJCC Stage 0 or IA (ML)
- 33230 Insertion of implantable defibrillator pulse generator only; with existing dual leads
- 33231 Insertion of implantable defibrillator pulse generator only; with existing multiple leads
- 33233 Removal of permanent pacemaker pulse generator only
- 33234 Removal of transvenous pacemaker electrode(s); single lead system, atrial or ventricular
- 33235 Removal of transvenous pacemaker electrode(s); dual lead system
- 33236 Removal of permanent epicardial pacemaker and electrodes by thoracotomy; single lead system, atrial or ventricular
- 33237 Removal of permanent epicardial pacemaker and electrodes by thoracotomy; dual lead system
- 33238 Removal of permanent transvenous electrode(s) by thoracotomy
- 3323F Clinical tumor, node and metastases (TNM) staging documented and reviewed prior to surgery (Lung/Esop Cx)
- 33240 Insertion of implantable defibrillator pulse generator only; with existing single lead
- 33241 Removal of implantable defibrillator pulse generator only
- 33243 Removal of single or dual chamber implantable defibrillator electrode(s); by thoracotomy
- 33244 Removal of single or dual chamber implantable defibrillator electrode(s); by transvenous extraction
- 33249 Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber
- 3324F MRI or CT scan ordered, reviewed or requested (EPI)
- 33250 Operative ablation of supraventricular arrhythmogenic focus or pathway (eg, Wolff-Parkinson-White, atrioventricular node re-entry), tract(s) and/or focus (foci); without cardiopulmonary bypass
- 33251 Operative ablation of supraventricular arrhythmogenic focus or pathway (eg, Wolff-Parkinson-White, atrioventricular node re-entry), tract(s) and/or focus (foci); with cardiopulmonary bypass
- 33254 Operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure)
- 33255 Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); without cardiopulmonary bypass
- 33256 Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); with cardiopulmonary bypass
- 33257 Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), limited (eg, modified maze procedure) (List separately in addition to code for primary procedure)
- 33258 Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), without cardiopulmonary bypass (List separately in addition to code for primary procedure)

- 33259 Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), with cardiopulmonary bypass (List separately in addition to code for primary procedure)
- 3325F Preoperative assessment of functional or medical indication(s) for surgery prior to the cataract surgery with intraocular lens placement (must be performed within 12 months prior to cataract surgery) (EC)
- 33261 Operative ablation of ventricular arrhythmogenic focus with cardiopulmonary bypass
- 33262 Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system
- 33263 Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system
- 33264 Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; multiple lead system
- 33265 Endoscopy, surgical; operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure), without cardiopulmonary bypass
- 33266 Endoscopy, surgical; operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure), without cardiopulmonary bypass
- 33270 Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or
- 33271 Insertion of subcutaneous implantable defibrillator electrode
- 33272 Removal of subcutaneous implantable defibrillator electrode
- 33273 Repositioning of previously implanted subcutaneous implantable defibrillator electrode
- 33282 Implantation of patient-activated cardiac event recorder
- 33284 Removal of an implantable, patient-activated cardiac event recorder
- 3328F Performance status documented and reviewed within 2 weeks prior to surgery (Lung/Esop Cx)
- 33300 Repair of cardiac wound; without bypass
- 33305 Repair of cardiac wound; with cardiopulmonary bypass
- 3330F Imaging study ordered (BkP)
- 33310 Cardiotomy, exploratory (includes removal of foreign body, atrial or ventricular thrombus); without bypass
- 33315 Cardiotomy, exploratory (includes removal of foreign body, atrial or ventricular thrombus); with cardiopulmonary bypass
- 3331F Imaging study not ordered (BkP)
- 33320 Suture repair of aorta or great vessels; without shunt or cardiopulmonary bypass
- 33321 Suture repair of aorta or great vessels; with shunt bypass
- 33322 Suture repair of aorta or great vessels; with cardiopulmonary bypass
- 33330 Insertion of graft, aorta or great vessels; without shunt, or cardiopulmonary bypass
- 33332 Insertion of graft, aorta or great vessels; with shunt bypass
- 33335 Insertion of graft, aorta or great vessels; with cardiopulmonary bypass
- 33340 Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transeptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supe
- 33361 Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach
- 33362 Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach

33363	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach	
33364	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach	
33365	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (eg, median sternotomy, mediastinotomy)	
33366	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transapical exposure (eg, left thoracotomy)	
33367	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with percutaneous peripheral arterial and venous cannulation (eg, femoral vessels) (List separately in addition to code for primary procedure)	
33368	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with open peripheral arterial and venous cannulation (eg, femoral, iliac, axillary vessels) (List separately in addition to code for primary procedure)	
33369	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with central arterial and venous cannulation (eg, aorta, right atrium, pulmonary artery) (List separately in addition to code for primary procedure)	
33390	Valvuloplasty, aortic valve, open, with cardiopulmonary bypass; simple (ie, valvotomy, debridement, debulking, and/or simple commissural resuspension)	
33391	Valvuloplasty, aortic valve, open, with cardiopulmonary bypass; complex (eg, leaflet extension, leaflet resection, leaflet reconstruction, or annuloplasty)	
33400	Valvuloplasty, aortic valve; open, with cardiopulmonary bypass	
33401	Valvuloplasty, aortic valve; open, with inflow occlusion	
33403	Valvuloplasty, aortic valve; using transventricular dilation, with cardiopulmonary bypass	
33404	Construction of apical-aortic conduit	
33405	Replacement, aortic valve, open, with cardiopulmonary bypass; with prosthetic valve other than homograft or stentless valve	
33406	Replacement, aortic valve, open, with cardiopulmonary bypass; with allograft valve (freehand)	
3340F	Mammogram assessment category of "incomplete: need additional imaging evaluation" documented (RAD)	
33410	Replacement, aortic valve, open, with cardiopulmonary bypass; with stentless tissue valve	
33411	Replacement, aortic valve; with aortic annulus enlargement, noncoronary sinus	
33412	Replacement, aortic valve; with transventricular aortic annulus enlargement (Konno procedure)	
33413	Replacement, aortic valve; by translocation of autologous pulmonary valve with allograft replacement of pulmonary valve (Ross procedure)	
33414	Repair of left ventricular outflow tract obstruction by patch enlargement of the outflow tract	
33415	Resection or incision of subvalvular tissue for discrete subvalvular aortic stenosis	\$1,285.74
33416	Ventriculomyotomy (-myectomy) for idiopathic hypertrophic subaortic stenosis (eg, asymmetric septal hypertrophy)	
33417	Aortoplasty (gusset) for supra-aortic stenosis	
33418	Transcatheter mitral valve repair, percutaneous approach, including transeptal puncture when performed; initial prosthesis	
33419	Transcatheter mitral valve repair, percutaneous approach, including transeptal puncture when performed; additional prosthesis(es) during same session (List separately in addition to code for primary procedure)	
3341F	Mammogram assessment category of "negative," documented (RAD)	
33420	Valvotomy, mitral valve; closed heart	

33422 Valvotomy, mitral valve; open heart, with cardiopulmonary bypass

33425 Valvuloplasty, mitral valve, with cardiopulmonary bypass;

33426 Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring

33427 Valvuloplasty, mitral valve, with cardiopulmonary bypass; radical reconstruction, with or without ring

3342F Mammogram assessment category of "benign," documented (RAD)

33430 Replacement, mitral valve, with cardiopulmonary bypass

3343F Mammogram assessment category of "probably benign," documented (RAD)

3344F Mammogram assessment category of "suspicious," documented (RAD)

3345F Mammogram assessment category of "highly suggestive of malignancy," documented (RAD)

33460 Valvectomy, tricuspid valve, with cardiopulmonary bypass

33463 Valvuloplasty, tricuspid valve; without ring insertion

33464 Valvuloplasty, tricuspid valve; with ring insertion

33465 Replacement, tricuspid valve, with cardiopulmonary bypass

33468 Tricuspid valve repositioning and plication for Ebstein anomaly

33470 Valvotomy, pulmonary valve, closed heart; transventricular

33471 Valvotomy, pulmonary valve, closed heart; via pulmonary artery

33472 Valvotomy, pulmonary valve, open heart; with inflow occlusion

33474 Valvotomy, pulmonary valve, open heart, with cardiopulmonary bypass

33475 Replacement, pulmonary valve

33476 Right ventricular resection for infundibular stenosis, with or without commissurotomy

33477 Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed

33478 Outflow tract augmentation (gusset), with or without commissurotomy or infundibular resection

33496 Repair of non-structural prosthetic valve dysfunction with cardiopulmonary bypass (separate procedure)

33500 Repair of coronary arteriovenous or arteriocardiac chamber fistula; with cardiopulmonary bypass

33501 Repair of coronary arteriovenous or arteriocardiac chamber fistula; without cardiopulmonary bypass

33502 Repair of anomalous coronary artery from pulmonary artery origin; by ligation

33503 Repair of anomalous coronary artery from pulmonary artery origin; by graft, without cardiopulmonary bypass

33504 Repair of anomalous coronary artery from pulmonary artery origin; by graft, with cardiopulmonary bypass

33505 Repair of anomalous coronary artery from pulmonary artery origin; with construction of intrapulmonary artery tunnel (Takeuchi procedure)

33506 Repair of anomalous coronary artery from pulmonary artery origin; by translocation from pulmonary artery to aorta

33507 Repair of anomalous (eg, intramural) aortic origin of coronary artery by unroofing or translocation

33508 Endoscopy, surgical, including video-assisted harvest of vein(s) for coronary artery bypass procedure (List separately in addition to code for primary procedure)

3350F Mammogram assessment category of "known biopsy proven malignancy," documented (RAD)

33510 Coronary artery bypass, vein only; single coronary venous graft

33511 Coronary artery bypass, vein only; 2 coronary venous grafts

33512 Coronary artery bypass, vein only; 3 coronary venous grafts

33513 Coronary artery bypass, vein only; 4 coronary venous grafts

33514 Coronary artery bypass, vein only; 5 coronary venous grafts

33516 Coronary artery bypass, vein only; 6 or more coronary venous grafts

- 33517 Coronary artery bypass, using venous graft(s) and arterial graft(s); single vein graft (List separately in addition to code for primary procedure)
- 33518 Coronary artery bypass, using venous graft(s) and arterial graft(s); 2 venous grafts (List separately in addition to code for primary procedure)
- 33519 Coronary artery bypass, using venous graft(s) and arterial graft(s); 3 venous grafts (List separately in addition to code for primary procedure)
- 3351F Negative screen for depressive symptoms as categorized by using a standardized depression screening/assessment tool (MDD)
- 33521 Coronary artery bypass, using venous graft(s) and arterial graft(s); 4 venous grafts (List separately in addition to code for primary procedure)
- 33522 Coronary artery bypass, using venous graft(s) and arterial graft(s); 5 venous grafts (List separately in addition to code for primary procedure)
- 33523 Coronary artery bypass, using venous graft(s) and arterial graft(s); 6 or more venous grafts (List separately in addition to code for primary procedure)
- 3352F No significant depressive symptoms as categorized by using a standardized depression assessment tool (MDD)
- 33530 Reoperation, coronary artery bypass procedure or valve procedure, more than 1 month after original operation (List separately in addition to code for primary procedure)

- 33533 Coronary artery bypass, using arterial graft(s); single arterial graft
- 33534 Coronary artery bypass, using arterial graft(s); 2 coronary arterial grafts
- 33535 Coronary artery bypass, using arterial graft(s); 3 coronary arterial grafts
- 33536 Coronary artery bypass, using arterial graft(s); 4 or more coronary arterial grafts
- 3353F Mild to moderate depressive symptoms as categorized by using a standardized depression screening/assessment tool (MDD)
- 33542 Myocardial resection (eg, ventricular aneurysmectomy)
- 33545 Repair of postinfarction ventricular septal defect, with or without myocardial resection

- 33548 Surgical ventricular restoration procedure, includes prosthetic patch, when performed (eg, ventricular remodeling, SVR, SAVER, Dor procedures)
- 3354F Clinically significant depressive symptoms as categorized by using a standardized depression screening/assessment tool (MDD)
- 33572 Coronary endarterectomy, open, any method, of left anterior descending, circumflex, or right coronary artery performed in conjunction with coronary artery bypass graft procedure, each vessel (List separately in addition to primary procedure)

- 33600 Closure of atrioventricular valve (mitral or tricuspid) by suture or patch
- 33602 Closure of semilunar valve (aortic or pulmonary) by suture or patch
- 33606 Anastomosis of pulmonary artery to aorta (Damus-Kaye-Stansel procedure)
- 33608 Repair of complex cardiac anomaly other than pulmonary atresia with ventricular septal defect by construction or replacement of conduit from right or left ventricle to pulmonary artery
- 33610 Repair of complex cardiac anomalies (eg, single ventricle with subaortic obstruction) by surgical enlargement of ventricular septal defect
- 33611 Repair of double outlet right ventricle with intraventricular tunnel repair;
- 33612 Repair of double outlet right ventricle with intraventricular tunnel repair; with repair of right ventricular outflow tract obstruction
- 33615 Repair of complex cardiac anomalies (eg, tricuspid atresia) by closure of atrial septal defect and anastomosis of atria or vena cava to pulmonary artery (simple Fontan procedure)

- 33617 Repair of complex cardiac anomalies (eg, single ventricle) by modified Fontan procedure

- 33619 Repair of single ventricle with aortic outflow obstruction and aortic arch hypoplasia (hypoplastic left heart syndrome) (eg, Norwood procedure)
- 33620 Application of right and left pulmonary artery bands (eg, hybrid approach stage 1)

33621 Transthoracic insertion of catheter for stent placement with catheter removal and closure (eg, hybrid approach stage 1)

33622 Reconstruction of complex cardiac anomaly (eg, single ventricle or hypoplastic left heart) with palliation of single ventricle with aortic outflow obstruction and aortic arch hypoplasia, creation of cavopulmonary anastomosis, and removal of right and left

33641 Repair atrial septal defect, secundum, with cardiopulmonary bypass, with or without patch

33645 Direct or patch closure, sinus venosus, with or without anomalous pulmonary venous drainage

33647 Repair of atrial septal defect and ventricular septal defect, with direct or patch closure

33660 Repair of incomplete or partial atrioventricular canal (ostium primum atrial septal defect), with or without atrioventricular valve repair

33665 Repair of intermediate or transitional atrioventricular canal, with or without atrioventricular valve repair

33670 Repair of complete atrioventricular canal, with or without prosthetic valve

33675 Closure of multiple ventricular septal defects;

33676 Closure of multiple ventricular septal defects; with pulmonary valvotomy or infundibular resection (acyanotic)

33677 Closure of multiple ventricular septal defects; with removal of pulmonary artery band, with or without gusset

33681 Closure of single ventricular septal defect, with or without patch;

33684 Closure of single ventricular septal defect, with or without patch; with pulmonary valvotomy or infundibular resection (acyanotic)

33688 Closure of single ventricular septal defect, with or without patch; with removal of pulmonary artery band, with or without gusset

33690 Banding of pulmonary artery

33692 Complete repair tetralogy of Fallot without pulmonary atresia;

33694 Complete repair tetralogy of Fallot without pulmonary atresia; with transannular patch

33697 Complete repair tetralogy of Fallot with pulmonary atresia including construction of conduit from right ventricle to pulmonary artery and closure of ventricular septal defect

33702 Repair sinus of Valsalva fistula, with cardiopulmonary bypass;

3370F AJCC Breast Cancer Stage 0 documented (ONC)

33710 Repair sinus of Valsalva fistula, with cardiopulmonary bypass; with repair of ventricular septal defect

33720 Repair sinus of Valsalva aneurysm, with cardiopulmonary bypass

33722 Closure of aortico-left ventricular tunnel

33724 Repair of isolated partial anomalous pulmonary venous return (eg, Scimitar Syndrome)

33726 Repair of pulmonary venous stenosis

3372F AJCC Breast Cancer Stage I: T1mic, T1a or T1b (tumor size <= 1 cm) documented (ONC)

33730 Complete repair of anomalous pulmonary venous return (supracardiac, intracardiac, or infracardiac types)

33732 Repair of cor triatriatum or supra-valvular mitral ring by resection of left atrial membrane

33735 Atrial septectomy or septostomy; closed heart (Blalock-Hanlon type operation)

33736 Atrial septectomy or septostomy; open heart with cardiopulmonary bypass

33737 Atrial septectomy or septostomy; open heart, with inflow occlusion

3374F AJCC Breast Cancer Stage I: T1c (tumor size > 1 cm to 2 cm) documented (ONC)

33750 Shunt; subclavian to pulmonary artery (Blalock-Taussig type operation)

33755 Shunt; ascending aorta to pulmonary artery (Waterston type operation)

33762 Shunt; descending aorta to pulmonary artery (Potts-Smith type operation)

33764 Shunt; central, with prosthetic graft

33766 Shunt; superior vena cava to pulmonary artery for flow to 1 lung (classical Glenn procedure)

33767 Shunt; superior vena cava to pulmonary artery for flow to both lungs (bidirectional Glenn procedure)

33768 Anastomosis, cavopulmonary, second superior vena cava (List separately in addition to primary procedure)

3376F AJCC Breast Cancer Stage II documented (ONC)

33770 Repair of transposition of the great arteries with ventricular septal defect and subpulmonary stenosis; without surgical enlargement of ventricular septal defect

33771 Repair of transposition of the great arteries with ventricular septal defect and subpulmonary stenosis; with surgical enlargement of ventricular septal defect

33774 Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass;

33775 Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with removal of pulmonary band

33776 Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with closure of ventricular septal defect

33777 Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with repair of subpulmonic obstruction

33778 Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type);

33779 Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with removal of pulmonary band

33780 Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with closure of ventricular septal defect

33781 Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with repair of subpulmonic obstruction

33782 Aortic root translocation with ventricular septal defect and pulmonary stenosis repair (ie, Nikaidoh procedure); without coronary ostium reimplantation

33783 Aortic root translocation with ventricular septal defect and pulmonary stenosis repair (ie, Nikaidoh procedure); with reimplantation of 1 or both coronary ostia

33786 Total repair, truncus arteriosus (Rastelli type operation)

33788 Reimplantation of an anomalous pulmonary artery

3378F AJCC Breast Cancer Stage III documented (ONC)

33800 Aortic suspension (aortopexy) for tracheal decompression (eg, for tracheomalacia) (separate procedure)

33802 Division of aberrant vessel (vascular ring);

33803 Division of aberrant vessel (vascular ring); with reanastomosis

3380F AJCC Breast Cancer Stage IV documented (ONC)

33813 Obliteration of aortopulmonary septal defect; without cardiopulmonary bypass

33814 Obliteration of aortopulmonary septal defect; with cardiopulmonary bypass

33820 Repair of patent ductus arteriosus; by ligation

33822 Repair of patent ductus arteriosus; by division, younger than 18 years

33824 Repair of patent ductus arteriosus; by division, 18 years and older

3382F AJCC colon cancer, Stage 0 documented (ONC)

33840 Excision of coarctation of aorta, with or without associated patent ductus arteriosus; with direct anastomosis

33845 Excision of coarctation of aorta, with or without associated patent ductus arteriosus; with graft

3384F AJCC colon cancer, Stage I documented (ONC)

- 33851 Excision of coarctation of aorta, with or without associated patent ductus arteriosus; repair using either left subclavian artery or prosthetic material as gusset for enlargement
- 33852 Repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic material; without cardiopulmonary bypass
- 33853 Repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic material; with cardiopulmonary bypass
- 33860 Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed
- 33863 Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall)
- 33864 Ascending aorta graft, with cardiopulmonary bypass with valve suspension, with coronary reconstruction and valve-sparing aortic root remodeling (eg, David Procedure, Yacoub Procedure)
- 3386F AJCC colon cancer, Stage II documented (ONC)
- 33870 Transverse arch graft, with cardiopulmonary bypass
- 33875 Descending thoracic aorta graft, with or without bypass
- 33877 Repair of thoracoabdominal aortic aneurysm with graft, with or without cardiopulmonary bypass
- 33880 Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aorta
- 33881 Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aorta
- 33883 Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); initial extension
- 33884 Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); each additional proximal extension (List separately)
- 33886 Placement of distal extension prosthesis(s) delayed after endovascular repair of descending thoracic aorta
- 33889 Open subclavian to carotid artery transposition performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision, unilateral
- 3388F AJCC colon cancer, Stage III documented (ONC)
- 33891 Bypass graft, with other than vein, transcervical retropharyngeal carotid-carotid, performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision
- 3390F AJCC colon cancer, Stage IV documented (ONC)
- 33910 Pulmonary artery embolectomy; with cardiopulmonary bypass
- 33915 Pulmonary artery embolectomy; without cardiopulmonary bypass
- 33916 Pulmonary endarterectomy, with or without embolectomy, with cardiopulmonary bypass
- 33917 Repair of pulmonary artery stenosis by reconstruction with patch or graft
- 33920 Repair of pulmonary atresia with ventricular septal defect, by construction or replacement of conduit from right or left ventricle to pulmonary artery
- 33922 Transection of pulmonary artery with cardiopulmonary bypass
- 33924 Ligation and takedown of a systemic-to-pulmonary artery shunt, performed in conjunction with a congenital heart procedure (List separately in addition to code for primary procedure)

- 33925 Repair of pulmonary artery arborization anomalies by unifocalization; without cardiopulmonary bypass
- 33926 Repair of pulmonary artery arborization anomalies by unifocalization; with cardiopulmonary bypass
- 33927 Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy

- 33928 Removal and replacement of total replacement heart system (artificial heart)
- 33929 Removal of a total replacement heart system (artificial heart) for heart transplantation (List separately in addition to code for primary procedure)
- 33930 Donor cardiectomy-pneumonectomy (including cold preservation)
- 33933 Backbench standard preparation of cadaver donor heart/lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare aorta, superior vena cava, inferior vena cava, and trachea for implantation

- 33935 Heart-lung transplant with recipient cardiectomy-pneumonectomy
- 33940 Donor cardiectomy (including cold preservation)
- 33944 Backbench standard preparation of cadaver donor heart allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare aorta, superior vena cava, inferior vena cava, pulmonary artery, and left atrium for impla

- 33945 Heart transplant, with or without recipient cardiectomy
- 33946 Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-venous
- 33947 Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-arterial
- 33948 Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-venous
- 33949 Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-arterial
- 3394F Quantitative HER2 immunohistochemistry (IHC) evaluation of breast cancer consistent with the scoring system defined in the ASCO/CAP guidelines (PATH)
- 33951 Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)

- 33952 Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)

- 33953 Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age
- 33954 Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, 6 years and older
- 33955 Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age
- 33956 Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, 6 years and older
- 33957 Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)

- 33958 Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)
- 33959 Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age (includes fluoroscopic guidance, when performed)
- 3395F Quantitative non-HER2 immunohistochemistry (IHC) evaluation of breast cancer (eg, testing for estrogen or progesterone receptors [ER/PR]) performed (PATH)
- 33960 Prolonged extracorporeal circulation for cardiopulmonary insufficiency; initial day
- 33961 Prolonged extracorporeal circulation for cardiopulmonary insufficiency; each subsequent day
- 33962 Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, 6 years and older (includes fluoroscopic guidance, when performed)
- 33963 Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age (includes fluoroscopic guidance, when performed)
- 33964 Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition central cannula(e) by sternotomy or thoracotomy, 6 years and older (includes fluoroscopic guidance, when performed)
- 33965 Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age
- 33966 Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older
- 33967 Insertion of intra-aortic balloon assist device, percutaneous
- 33968 Removal of intra-aortic balloon assist device, percutaneous
- 33969 Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age
- 33970 Insertion of intra-aortic balloon assist device through the femoral artery, open approach
- 33971 Removal of intra-aortic balloon assist device including repair of femoral artery, with or without graft
- 33973 Insertion of intra-aortic balloon assist device through the ascending aorta
- 33974 Removal of intra-aortic balloon assist device from the ascending aorta, including repair of the ascending aorta, with or without graft
- 33975 Insertion of ventricular assist device; extracorporeal, single ventricle
- 33976 Insertion of ventricular assist device; extracorporeal, biventricular
- 33977 Removal of ventricular assist device; extracorporeal, single ventricle
- 33978 Removal of ventricular assist device; extracorporeal, biventricular
- 33979 Insertion of ventricular assist device, implantable intracorporeal, single ventricle
- 33980 Removal of ventricular assist device, implantable intracorporeal, single ventricle
- 33981 Replacement of extracorporeal ventricular assist device, single or biventricular, pump(s), single or each pump
- 33982 Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, without cardiopulmonary bypass

33983 Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, with cardiopulmonary bypass

33984 Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, 6 years and older

33985 Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age

33986 Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, 6 years and older

33987 Arterial exposure with creation of graft conduit (eg, chimney graft) to facilitate arterial perfusion for ECMO/ECLS (List separately in addition to code for primary procedure)

33988 Insertion of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS

33989 Removal of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS

33990 Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; arterial access only

33991 Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; both arterial and venous access, with transseptal puncture

33992 Removal of percutaneous ventricular assist device at separate and distinct session from insertion

33993 Repositioning of percutaneous ventricular assist device with imaging guidance at separate and distinct session from insertion

33999 Unlisted procedure, cardiac surgery

34001 Embolectomy or thrombectomy, with or without catheter; carotid, subclavian or innominate artery, by neck incision

34051 Embolectomy or thrombectomy, with or without catheter; innominate, subclavian artery, by thoracic incision

34101 Embolectomy or thrombectomy, with or without catheter; axillary, brachial, innominate, subclavian artery, by arm incision

34111 Embolectomy or thrombectomy, with or without catheter; radial or ulnar artery, by arm incision

34151 Embolectomy or thrombectomy, with or without catheter; renal, celiac, mesentery, aortoiliac artery, by abdominal incision

34201 Embolectomy or thrombectomy, with or without catheter; femoropopliteal, aortoiliac artery, by leg incision

34203 Embolectomy or thrombectomy, with or without catheter; popliteal-tibio-peroneal artery, by leg incision

34401 Thrombectomy, direct or with catheter; vena cava, iliac vein, by abdominal incision

34421 Thrombectomy, direct or with catheter; vena cava, iliac, femoropopliteal vein, by leg incision

34451 Thrombectomy, direct or with catheter; vena cava, iliac, femoropopliteal vein, by abdominal and leg incision

34471 Thrombectomy, direct or with catheter; subclavian vein, by neck incision

34490 Thrombectomy, direct or with catheter; axillary and subclavian vein, by arm incision

34501 Valvuloplasty, femoral vein

34502 Reconstruction of vena cava, any method

3450F Dyspnea screened, no dyspnea or mild dyspnea (Pall Cr)

34510 Venous valve transposition, any vein donor

- 3451F Dyspnea screened, moderate or severe dyspnea (Pall Cr)
- 34520 Cross-over vein graft to venous system
- 3452F Dyspnea not screened (Pall Cr)
- 34530 Saphenopopliteal vein anastomosis
- 3455F TB screening performed and results interpreted within six months prior to initiation of first-time biologic disease modifying anti-rheumatic drug therapy for RA (RA)

- 34701 Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft ext

- 34702 Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft ext

- 34703 Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uniliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpreta

- 34704 Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uniliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpreta

- 34705 Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-biiliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretat

- 34706 Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-biiliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretat

- 34707 Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft exten

- 34708 Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft exten

- 34709 Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-proced

- 3470F Rheumatoid arthritis (RA) disease activity, low (RA)
- 34710 Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all n

- 34711 Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all n

- 34712 Transcatheter delivery of enhanced fixation device(s) to the endograft (eg, anchor, screw, tack) and all associated radiological supervision and interpretation

- 34713 Percutaneous access and closure of femoral artery for delivery of endograft through a large sheath (12 French or larger), including ultrasound guidance, when performed, unilateral (List separately in addition to code for primary procedure)
- 34714 Open femoral artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by groin incision, unilateral (List separately in addition to code for primary procedure)
- 34715 Open axillary/subclavian artery exposure for delivery of endovascular prosthesis by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)
- 34716 Open axillary/subclavian artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for p
- 3471F Rheumatoid arthritis (RA) disease activity, moderate (RA)
- 3472F Rheumatoid arthritis (RA) disease activity, high (RA)
- 3475F Disease prognosis for rheumatoid arthritis assessed, poor prognosis documented (RA)
- 3476F Disease prognosis for rheumatoid arthritis assessed, good prognosis documented (RA)
- 34800 Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using aorto-aortic tube prosthesis
- 34802 Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (1 docking limb)
- 34803 Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using modular bifurcated prosthesis (2 docking limbs)
- 34804 Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using unibody bifurcated prosthesis
- 34805 Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using aorto-uniiliac or aorto-unifemoral prosthesis
- 34806 Transcatheter placement of wireless physiologic sensor in aneurysmal sac during endovascular repair, including radiological supervision and interpretation, instrument calibration, and collection of pressure data (List separately in addition to code for pr
- 34808 Endovascular placement of iliac artery occlusion device (List separately in addition to code for primary procedure)
- 34812 Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)
- 34813 Placement of femoral-femoral prosthetic graft during endovascular aortic aneurysm repair (List separately in addition to code for primary procedure)
- 34820 Open iliac artery exposure for delivery of endovascular prosthesis or iliac occlusion during endovascular therapy, by abdominal or retroperitoneal incision, unilateral (List separately in addition to code for primary procedure)
- 34825 Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; initial vessel
- 34826 Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; each additional vessel (List separately in addition to code for primary procedure)
- 34830 Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; tube prosthesis
- 34831 Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; aorto-bi-iliac prosthesis

- 34832 Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; aorto-bifemoral prosthesis
- 34833 Open iliac artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by abdominal or retroperitoneal incision, unilateral (List separately in addition to code for primary procedure)
- 34834 Open brachial artery exposure for delivery of endovascular prosthesis, unilateral (List separately in addition to code for primary procedure)
- 34839 Physician planning of a patient-specific fenestrated visceral aortic endograft requiring a minimum of 90 minutes of physician time
- 34841 Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and inte
- 34842 Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and inte
- 34843 Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and inte
- 34844 Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and inte
- 34845 Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modula
- 34846 Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modula
- 34847 Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modula
- 34848 Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modula
- 34900 Endovascular repair of iliac artery (eg, aneurysm, pseudoaneurysm, arteriovenous malformation, trauma) using ilio-iliac tube endoprosthesis
- 3490F History of AIDS-defining condition (HIV)
- 3491F HIV indeterminate (infants of undetermined HIV status born of HIV-infected mothers) (HIV)
- 3492F History of nadir CD4+ cell count <350 cells/mm³ (HIV)
- 3493F No history of nadir CD4+ cell count <350 cells/mm³ and no history of AIDS-defining condition (HIV)
- 3494F CD4+ cell count <200 cells/mm³ (HIV)
- 3495F CD4+ cell count 200 - 499 cells/mm³ (HIV)
- 3496F CD4+ cell count ≥500 cells/mm³ (HIV)
- 3497F CD4+ cell percentage <15% (HIV)

3498F CD4+ cell percentage \geq 15% (HIV)

35001 Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm and associated occlusive disease, carotid, subclavian artery, by neck incision

35002 Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, carotid, subclavian artery, by neck incision

35005 Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, vertebral artery

3500F CD4+ cell count or CD4+ cell percentage documented as performed (HIV)

35011 Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm and associated occlusive disease, axillary-brachial artery, by arm incision

35013 Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, axillary-brachial artery, by arm incision

35021 Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, innominate, subclavian artery, by thoracic incision

35022 Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, innominate, subclavian artery, by thoracic incision

3502F HIV RNA viral load below limits of quantification (HIV)

3503F HIV RNA viral load not below limits of quantification (HIV)

35045 Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, radial or ulnar artery

35081 Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta

35082 Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta

35091 Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta involving visceral vessels (mesenteric, celiac, ren

35092 Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta involving visceral vessels (mesenteric, celiac, renal)

35102 Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta involving iliac vessels (common, hypogastric, exter

35103 Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta involving iliac vessels (common, hypogastric, external)

3510F Documentation that tuberculosis (TB) screening test performed and results interpreted (HIV) (IBD)

35111 Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, splenic artery

35112 Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, splenic artery

3511F Chlamydia and gonorrhea screenings documented as performed (HIV)

35121 Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, hepatic, celiac, renal, or mesenteric artery

35122 Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, hepatic, celiac, renal, or mesenteric artery

3512F Syphilis screening documented as performed (HIV)

35131 Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, iliac artery (common, hypogastric, external)

35132 Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, iliac artery (common, hypogastric, external)

3513F Hepatitis B screening documented as performed (HIV)

35141 Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, common femoral artery (profunda femoris, superficial femoral)

35142 Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, common femoral artery (profunda femoris, superficial femoral)

3514F Hepatitis C screening documented as performed (HIV)

35151 Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, popliteal artery

35152 Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, popliteal artery

3515F Patient has documented immunity to Hepatitis C (HIV)

3517F Hepatitis B Virus (HBV) status assessed and results interpreted within one year prior to receiving a first course of anti-TNF (tumor necrosis factor) therapy (IBD)

35180 Repair, congenital arteriovenous fistula; head and neck

35182 Repair, congenital arteriovenous fistula; thorax and abdomen

35184 Repair, congenital arteriovenous fistula; extremities

35188 Repair, acquired or traumatic arteriovenous fistula; head and neck

35189 Repair, acquired or traumatic arteriovenous fistula; thorax and abdomen

35190 Repair, acquired or traumatic arteriovenous fistula; extremities

35201 Repair blood vessel, direct; neck

35206 Repair blood vessel, direct; upper extremity

35207 Repair blood vessel, direct; hand, finger

3520F Clostridium difficile testing performed (IBD)

35211 Repair blood vessel, direct; intrathoracic, with bypass

35216 Repair blood vessel, direct; intrathoracic, without bypass

35221 Repair blood vessel, direct; intra-abdominal

35226 Repair blood vessel, direct; lower extremity

35231 Repair blood vessel with vein graft; neck

35236 Repair blood vessel with vein graft; upper extremity

35241 Repair blood vessel with vein graft; intrathoracic, with bypass

35246 Repair blood vessel with vein graft; intrathoracic, without bypass

35251 Repair blood vessel with vein graft; intra-abdominal

35256 Repair blood vessel with vein graft; lower extremity

35261 Repair blood vessel with graft other than vein; neck

35266 Repair blood vessel with graft other than vein; upper extremity

35271 Repair blood vessel with graft other than vein; intrathoracic, with bypass

35276 Repair blood vessel with graft other than vein; intrathoracic, without bypass

35281 Repair blood vessel with graft other than vein; intra-abdominal

35286 Repair blood vessel with graft other than vein; lower extremity

35301 Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision

35302 Thromboendarterectomy, including patch graft, if performed; superficial femoral artery

35303 Thromboendarterectomy, including patch graft, if performed; popliteal artery

35304 Thromboendarterectomy, including patch graft, if performed; tibioperoneal trunk artery

35305 Thromboendarterectomy, including patch graft, if performed; tibial or peroneal artery, initial vessel

35306 Thromboendarterectomy, including patch graft, if performed; each additional tibial or peroneal artery (List separately in addition to code for primary procedure)

35311 Thromboendarterectomy, including patch graft, if performed; subclavian, innominate, by thoracic incision

35321 Thromboendarterectomy, including patch graft, if performed; axillary-brachial

35331 Thromboendarterectomy, including patch graft, if performed; abdominal aorta

35341 Thromboendarterectomy, including patch graft, if performed; mesenteric, celiac, or renal

35351 Thromboendarterectomy, including patch graft, if performed; iliac

35355 Thromboendarterectomy, including patch graft, if performed; iliofemoral

35361 Thromboendarterectomy, including patch graft, if performed; combined aortoiliac

35363 Thromboendarterectomy, including patch graft, if performed; combined aortoiliofemoral

35371 Thromboendarterectomy, including patch graft, if performed; common femoral

35372 Thromboendarterectomy, including patch graft, if performed; deep (profunda) femoral

35390 Reoperation, carotid, thromboendarterectomy, more than 1 month after original operation (List separately in addition to code for primary procedure)

35400 Angioscopy (noncoronary vessels or grafts) during therapeutic intervention (List separately in addition to code for primary procedure)

35450 Transluminal balloon angioplasty, open; renal or other visceral artery

35452 Transluminal balloon angioplasty, open; aortic

35458 Transluminal balloon angioplasty, open; brachiocephalic trunk or branches, each vessel

35460 Transluminal balloon angioplasty, open; venous

35471 Transluminal balloon angioplasty, percutaneous; renal or visceral artery

35472 Transluminal balloon angioplasty, percutaneous; aortic

35475 Transluminal balloon angioplasty, percutaneous; brachiocephalic trunk or branches, each vessel

35476 Transluminal balloon angioplasty, percutaneous; venous

35500 Harvest of upper extremity vein, 1 segment, for lower extremity or coronary artery bypass procedure (List separately in addition to code for primary procedure)

35501 Bypass graft, with vein; common carotid-ipsilateral internal carotid

35506 Bypass graft, with vein; carotid-subclavian or subclavian-carotid

35508 Bypass graft, with vein; carotid-vertebral

35509 Bypass graft, with vein; carotid-contralateral carotid

3550F Low risk for thromboembolism (AFIB)

35510 Bypass graft, with vein; carotid-brachial

35511 Bypass graft, with vein; subclavian-subclavian

35512 Bypass graft, with vein; subclavian-brachial

35515 Bypass graft, with vein; subclavian-vertebral
35516 Bypass graft, with vein; subclavian-axillary
35518 Bypass graft, with vein; axillary-axillary
3551F Intermediate risk for thromboembolism (AFIB)
35521 Bypass graft, with vein; axillary-femoral
35522 Bypass graft, with vein; axillary-brachial
35523 Bypass graft, with vein; brachial-ulnar or -radial
35525 Bypass graft, with vein; brachial-brachial
35526 Bypass graft, with vein; aortosubclavian, aortoinnominate, or aortocarotid
3552F High risk for thromboembolism (AFIB)
35531 Bypass graft, with vein; aortoceliac or aortomesenteric
35533 Bypass graft, with vein; axillary-femoral-femoral
35535 Bypass graft, with vein; hepatorenal
35536 Bypass graft, with vein; splenorenal
35537 Bypass graft, with vein; aortoiliac
35538 Bypass graft, with vein; aortobi-iliac
35539 Bypass graft, with vein; aortofemoral
35540 Bypass graft, with vein; aortobifemoral
35556 Bypass graft, with vein; femoral-popliteal
35558 Bypass graft, with vein; femoral-femoral
3555F Patient had International Normalized Ratio (INR) measurement performed (AFIB)
35560 Bypass graft, with vein; aortorenal
35563 Bypass graft, with vein; ilioliac
35565 Bypass graft, with vein; iliofemoral
35566 Bypass graft, with vein; femoral-anterior tibial, posterior tibial, peroneal artery or other distal vessels
35570 Bypass graft, with vein; tibial-tibial, peroneal-tibial, or tibial/peroneal trunk-tibial

35571 Bypass graft, with vein; popliteal-tibial, -peroneal artery or other distal vessels
35572 Harvest of femoropopliteal vein, 1 segment, for vascular reconstruction procedure (eg, aortic, vena caval, coronary, peripheral artery) (List separately in addition to code for primary procedure)

35583 In-situ vein bypass; femoral-popliteal
35585 In-situ vein bypass; femoral-anterior tibial, posterior tibial, or peroneal artery
35587 In-situ vein bypass; popliteal-tibial, peroneal
35600 Harvest of upper extremity artery, 1 segment, for coronary artery bypass procedure (List separately in addition to code for primary procedure)

35601 Bypass graft, with other than vein; common carotid-ipsilateral internal carotid
35606 Bypass graft, with other than vein; carotid-subclavian
35612 Bypass graft, with other than vein; subclavian-subclavian
35616 Bypass graft, with other than vein; subclavian-axillary
35621 Bypass graft, with other than vein; axillary-femoral
35623 Bypass graft, with other than vein; axillary-popliteal or -tibial
35626 Bypass graft, with other than vein; aortosubclavian, aortoinnominate, or aortocarotid

35631 Bypass graft, with other than vein; aortoceliac, aortomesenteric, aortorenal
35632 Bypass graft, with other than vein; ilio-celiac
35633 Bypass graft, with other than vein; ilio-mesenteric
35634 Bypass graft, with other than vein; iliorenal
35636 Bypass graft, with other than vein; splenorenal (splenic to renal arterial anastomosis)

35637 Bypass graft, with other than vein; aortoiliac
35638 Bypass graft, with other than vein; aortobi-iliac
35642 Bypass graft, with other than vein; carotid-vertebral
35645 Bypass graft, with other than vein; subclavian-vertebral

35646 Bypass graft, with other than vein; aortobifemoral

35647 Bypass graft, with other than vein; aortofemoral

35650 Bypass graft, with other than vein; axillary-axillary

35654 Bypass graft, with other than vein; axillary-femoral-femoral

35656 Bypass graft, with other than vein; femoral-popliteal

35661 Bypass graft, with other than vein; femoral-femoral

35663 Bypass graft, with other than vein; ilioiliac

35665 Bypass graft, with other than vein; iliofemoral

35666 Bypass graft, with other than vein; femoral-anterior tibial, posterior tibial, or peroneal artery

35671 Bypass graft, with other than vein; popliteal-tibial or -peroneal artery

35681 Bypass graft; composite, prosthetic and vein (List separately in addition to code for primary procedure)

35682 Bypass graft; autogenous composite, 2 segments of veins from 2 locations (List separately in addition to code for primary procedure)

35683 Bypass graft; autogenous composite, 3 or more segments of vein from 2 or more locations (List separately in addition to code for primary procedure)

35685 Placement of vein patch or cuff at distal anastomosis of bypass graft, synthetic conduit (List separately in addition to code for primary procedure)

35686 Creation of distal arteriovenous fistula during lower extremity bypass surgery (non-hemodialysis) (List separately in addition to code for primary procedure)

35691 Transposition and/or reimplantation; vertebral to carotid artery

35693 Transposition and/or reimplantation; vertebral to subclavian artery

35694 Transposition and/or reimplantation; subclavian to carotid artery

35695 Transposition and/or reimplantation; carotid to subclavian artery

35697 Reimplantation, visceral artery to infrarenal aortic prosthesis, each artery (List separately in addition to code for primary procedure)

35700 Reoperation, femoral-popliteal or femoral (popliteal)-anterior tibial, posterior tibial, peroneal artery, or other distal vessels, more than 1 month after original operation (List separately in addition to code for primary procedure)

35701 Exploration (not followed by surgical repair), with or without lysis of artery; carotid artery

3570F Final report for bone scintigraphy study includes correlation with existing relevant imaging studies (eg, X ray, MRI, CT) corresponding to the same anatomical region in question (NUC_MED)

35721 Exploration (not followed by surgical repair), with or without lysis of artery; femoral artery

3572F Patient considered to be potentially at risk for fracture in a weight-bearing site (NUC_MED)

3573F Patient not considered to be potentially at risk for fracture in a weight-bearing site (NUC_MED)

35741 Exploration (not followed by surgical repair), with or without lysis of artery; popliteal artery

35761 Exploration (not followed by surgical repair), with or without lysis of artery; other vessels

35800 Exploration for postoperative hemorrhage, thrombosis or infection; neck

35820 Exploration for postoperative hemorrhage, thrombosis or infection; chest

35840 Exploration for postoperative hemorrhage, thrombosis or infection; abdomen

35860 Exploration for postoperative hemorrhage, thrombosis or infection; extremity

35870 Repair of graft-enteric fistula

35875 Thrombectomy of arterial or venous graft (other than hemodialysis graft or fistula);

35876 Thrombectomy of arterial or venous graft (other than hemodialysis graft or fistula); with revision of arterial or venous graft

35879	Revision, lower extremity arterial bypass, without thrombectomy, open; with vein patch angioplasty	
35881	Revision, lower extremity arterial bypass, without thrombectomy, open; with segmental vein interposition	
35883	Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with nonautogenous patch graft (eg, Dacron, ePTFE, bovine pericardium)	
35884	Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with autogenous vein patch graft	
35901	Excision of infected graft; neck	
35903	Excision of infected graft; extremity	
35905	Excision of infected graft; thorax	
35907	Excision of infected graft; abdomen	
36000	Introduction of needle or intracatheter, vein	\$321.42
36002	Injection procedures (eg, thrombin) for percutaneous treatment of extremity pseudoaneurysm	
36005	Injection procedure for extremity venography (including introduction of needle or intracatheter)	
36010	Introduction of catheter, superior or inferior vena cava	
36011	Selective catheter placement, venous system; first order branch (eg, renal vein, jugular vein)	
36012	Selective catheter placement, venous system; second order, or more selective, branch (eg, left adrenal vein, petrosal sinus)	
36013	Introduction of catheter, right heart or main pulmonary artery	
36014	Selective catheter placement, left or right pulmonary artery	
36015	Selective catheter placement, segmental or subsegmental pulmonary artery	
36100	Introduction of needle or intracatheter, carotid or vertebral artery	
36120	Introduction of needle or intracatheter; retrograde brachial artery	
36140	Introduction of needle or intracatheter, upper or lower extremity artery	
36147	Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula); initial access with complete radiological evaluation of dialysis access, including fluoroscopy, image documentation and report (includes access of shunt, inj	
36148	Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula); additional access for therapeutic intervention (List separately in addition to code for primary procedure)	
36160	Introduction of needle or intracatheter, aortic, translumbar	
36200	Introduction of catheter, aorta	
36215	Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family	
36216	Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family	
36217	Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family	
36218	Selective catheter placement, arterial system; additional second order, third order, and beyond, thoracic or brachiocephalic branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)	
36221	Non-selective catheter placement, thoracic aorta, with angiography of the extracranial carotid, vertebral, and/or intracranial vessels, unilateral or bilateral, and all associated radiological supervision and interpretation, includes angiography of the ce	
36222	Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral extracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the c	

- 36223 Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the e
- 36224 Selective catheter placement, internal carotid artery, unilateral, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and ce
- 36225 Selective catheter placement, subclavian or innominate artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when per
- 36226 Selective catheter placement, vertebral artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed
- 36227 Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)
- 36228 Selective catheter placement, each intracranial branch of the internal carotid or vertebral arteries, unilateral, with angiography of the selected vessel circulation and all associated radiological supervision and interpretation (eg, middle cerebral arter
- 36245 Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family
- 36246 Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family
- 36247 Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family
- 36248 Selective catheter placement, arterial system; additional second order, third order, and beyond, abdominal, pelvic, or lower extremity artery branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriat
- 36251 Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of
- 36252 Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of
- 36253 Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image post
- 36254 Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image post
- 36260 Insertion of implantable intra-arterial infusion pump (eg, for chemotherapy of liver)
- 36261 Revision of implanted intra-arterial infusion pump
- 36262 Removal of implanted intra-arterial infusion pump

36299	Unlisted procedure, vascular injection	
36400	Venipuncture, younger than age 3 years, necessitating the skill of a physician or other qualified health care professional, not to be used for routine venipuncture; femoral or jugular vein	
36405	Venipuncture, younger than age 3 years, necessitating the skill of a physician or other qualified health care professional, not to be used for routine venipuncture; scalp vein	
36406	Venipuncture, younger than age 3 years, necessitating the skill of a physician or other qualified health care professional, not to be used for routine venipuncture; other vein	
36410	Venipuncture, age 3 years or older, necessitating the skill of a physician or other qualified health care professional (separate procedure), for diagnostic or therapeutic purposes (not to be used for routine venipuncture)	\$86.28
36415	Collection of venous blood by venipuncture	\$35.28
36416	Collection of capillary blood specimen (eg, finger, heel, ear stick)	\$53.58
36420	Venipuncture, cutdown; younger than age 1 year	
36425	Venipuncture, cutdown; age 1 or over	
36430	Transfusion, blood or blood components	
36440	Push transfusion, blood, 2 years or younger	
36450	Exchange transfusion, blood; newborn	
36455	Exchange transfusion, blood; other than newborn	
36456	Partial exchange transfusion, blood, plasma or crystalloid necessitating the skill of a physician or other qualified health care professional, newborn	
36460	Transfusion, intrauterine, fetal	
36465	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphen	
36466	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vei	
36468	Injection(s) of sclerosant for spider veins (telangiectasia), limb or trunk	
36469	Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); face	
36470	Injection of sclerosant; single incompetent vein (other than telangiectasia)	
36471	Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg	
36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated	
36474	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition	
36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	
36476	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition t	
36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	

36479	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code fo	
36481	Percutaneous portal vein catheterization by any method	
36482	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated	
36483	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; subsequent vein(s) treated in a s	
36500	Venous catheterization for selective organ blood sampling	
3650F	Electroencephalogram (EEG) ordered, reviewed or requested (EPI)	
36510	Catheterization of umbilical vein for diagnosis or therapy, newborn	
36511	Therapeutic apheresis; for white blood cells	
36512	Therapeutic apheresis; for red blood cells	
36513	Therapeutic apheresis; for platelets	
36514	Therapeutic apheresis; for plasma pheresis	
36515	Therapeutic apheresis; with extracorporeal immunoadsorption and plasma reinfusion	
36516	Therapeutic apheresis; with extracorporeal immunoadsorption, selective adsorption or selective filtration and plasma reinfusion	
36522	Photopheresis, extracorporeal	
36555	Insertion of non-tunneled centrally inserted central venous catheter; younger than 5 years of age	
36556	Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older	\$1,210.86
36557	Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; younger than 5 years of age	
36558	Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; age 5 years or older	\$14,956.44
36560	Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; younger than 5 years of age	
36561	Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; age 5 years or older	
36563	Insertion of tunneled centrally inserted central venous access device with subcutaneous pump	
36565	Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; without subcutaneous port or pump (eg, Tesio type catheter)	
36566	Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; with subcutaneous port(s)	
36568	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; younger than 5 years of age	
36569	Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; age 5 years or older	
36570	Insertion of peripherally inserted central venous access device, with subcutaneous port; younger than 5 years of age	
36571	Insertion of peripherally inserted central venous access device, with subcutaneous port; age 5 years or older	\$14,956.44
36575	Repair of tunneled or non-tunneled central venous access catheter, without subcutaneous port or pump, central or peripheral insertion site	
36576	Repair of central venous access device, with subcutaneous port or pump, central or peripheral insertion site	

36578	Replacement, catheter only, of central venous access device, with subcutaneous port or pump, central or peripheral insertion site	
36580	Replacement, complete, of a non-tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access	
36581	Replacement, complete, of a tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access	
36582	Replacement, complete, of a tunneled centrally inserted central venous access device, with subcutaneous port, through same venous access	
36583	Replacement, complete, of a tunneled centrally inserted central venous access device, with subcutaneous pump, through same venous access	
36584	Replacement, complete, of a peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, through same venous access	
36585	Replacement, complete, of a peripherally inserted central venous access device, with subcutaneous port, through same venous access	
36589	Removal of tunneled central venous catheter, without subcutaneous port or pump	
36590	Removal of tunneled central venous access device, with subcutaneous port or pump, central or peripheral insertion	
36591	Collection of blood specimen from a completely implantable venous access device	\$630.24
36592	Collection of blood specimen using established central or peripheral catheter, venous, not otherwise specified	
36593	Declotting by thrombolytic agent of implanted vascular access device or catheter	
36595	Mechanical removal of pericatheter obstructive material (eg, fibrin sheath) from central venous device via separate venous access	
36596	Mechanical removal of intraluminal (intracatheter) obstructive material from central venous device through device lumen	
36597	Repositioning of previously placed central venous catheter under fluoroscopic guidance	
36598	Contrast injection(s) for radiologic evaluation of existing central venous access device, including fluoroscopy, image documentation and report	
36600	Arterial puncture, withdrawal of blood for diagnosis	
36620	Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous	
36625	Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); cutdown	
36640	Arterial catheterization for prolonged infusion therapy (chemotherapy), cutdown	
36660	Catheterization, umbilical artery, newborn, for diagnosis or therapy	
36680	Placement of needle for intraosseous infusion	\$763.95
36800	Insertion of cannula for hemodialysis, other purpose (separate procedure); vein to vein	
36810	Insertion of cannula for hemodialysis, other purpose (separate procedure); arteriovenous, external (Scribner type)	
36815	Insertion of cannula for hemodialysis, other purpose (separate procedure); arteriovenous, external revision, or closure	
36818	Arteriovenous anastomosis, open; by upper arm cephalic vein transposition	
36819	Arteriovenous anastomosis, open; by upper arm basilic vein transposition	
36820	Arteriovenous anastomosis, open; by forearm vein transposition	
36821	Arteriovenous anastomosis, open; direct, any site (eg, Cimino type) (separate procedure)	
36822	Insertion of cannula(s) for prolonged extracorporeal circulation for cardiopulmonary insufficiency (ECMO) (separate procedure)	

- 36823 Insertion of arterial and venous cannula(s) for isolated extracorporeal circulation including regional chemotherapy perfusion to an extremity, with or without hyperthermia, with removal of cannula(s) and repair of arteriotomy and venotomy sites
- 36825 Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); autogenous graft
- 36830 Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); nonautogenous graft (eg, biological collagen, thermoplastic graft)
- 36831 Thrombectomy, open, arteriovenous fistula without revision, autogenous or nonautogenous dialysis graft (separate procedure)
- 36832 Revision, open, arteriovenous fistula; without thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)
- 36833 Revision, open, arteriovenous fistula; with thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)
- 36835 Insertion of Thomas shunt (separate procedure)
- 36838 Distal revascularization and interval ligation (DRIL), upper extremity hemodialysis access (steal syndrome)
- 36860 External cannula declotting (separate procedure); without balloon catheter
- 36861 External cannula declotting (separate procedure); with balloon catheter
- 36870 Thrombectomy, percutaneous, arteriovenous fistula, autogenous or nonautogenous graft (includes mechanical thrombus extraction and intra-graft thrombolysis)
- 36901 Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis
- 36902 Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis
- 36903 Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis
- 36904 Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s),
- 36905 Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s),
- 36906 Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s),
- 36907 Transluminal balloon angioplasty, central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the angioplasty (List separately in addition to code for primary proc
- 36908 Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dia

36909	Dialysis circuit permanent vascular embolization or occlusion (including main circuit or any accessory veins), endovascular, including all imaging and radiological supervision and interpretation necessary to complete the intervention (List separately in a	
3700F	Psychiatric disorders or disturbances assessed (Prkns)	
37140	Venous anastomosis, open; portocaval	
37145	Venous anastomosis, open; renoportal	
37160	Venous anastomosis, open; caval-mesenteric	
37180	Venous anastomosis, open; splenorenal, proximal	
37181	Venous anastomosis, open; splenorenal, distal (selective decompression of esophagogastric varices, any technique)	
37182	Insertion of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract formation/dilatation, stent placement and all associated imag	
37183	Revision of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract recanalization/dilatation, stent placement and all associated	
37184	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); initial vessel	
37185	Primary percutaneous transluminal mechanical thrombectomy, noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); second and all subsequent vessel(s)	
37186	Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolyt	
37187	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance	
37188	Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance, repeat treatment on subsequent day during course of thrombolytic therapy	
37191	Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	
37192	Repositioning of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when perfo	
37193	Retrieval (removal) of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when	
37195	Thrombolysis, cerebral, by intravenous infusion	\$1,785.42
37197	Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter), includes radiological supervision and interpretation, and imaging guidance (ultrasound or fluoroscopy), when performed	
37200	Transcatheter biopsy	

- 37202 Transcatheter therapy, infusion other than for thrombolysis, any type (eg, spasmolytic, vasoconstrictive)
- 3720F Cognitive impairment or dysfunction assessed (Prkns)
- 37211 Transcatheter therapy, arterial infusion for thrombolysis other than coronary or intracranial, any method, including radiological supervision and interpretation, initial treatment day
- 37212 Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day
- 37213 Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up ca
- 37214 Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up ca
- 37215 Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection
- 37216 Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; without distal embolic protection
- 37217 Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery by retrograde treatment, open ipsilateral cervical carotid artery exposure, including angioplasty, when performed, and radiological supervision and
- 37218 Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery, open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation
- 37220 Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty
- 37221 Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed
- 37222 Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)
- 37223 Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for prima
- 37224 Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty
- 37225 Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed
- 37226 Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed
- 37227 Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed
- 37228 Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty

- 37229 Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed
- 37230 Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed
- 37231 Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed
- 37232 Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)
- 37233 Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)
- 37234 Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for p
- 37235 Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in additi
- 37236 Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological super
- 37237 Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological super
- 37238 Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein
- 37239 Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein (List separately in addition to code f
- 37241 Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous ma
- 37242 Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor (eg, congenital or acquire
- 37243 Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction
- 37244 Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation

- 37246 Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to p
- 37247 Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to p
- 37248 Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; initial vein
- 37249 Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; each additional vein (List separately in add
- 37250 Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; initial vessel (List separately in addition to code for primary procedure)
- 37251 Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; each additional vessel (List separately in addition to code for primary procedure)
- 37252 Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial noncoronary vessel (List separately in addition to code for primary procedure)
- 37253 Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional noncoronary vessel (List separately in addition to code for primary procedur
- 3725F Screening for depression performed (DEM)
- 37500 Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS)
- 37501 Unlisted vascular endoscopy procedure
- 3750F Patient not receiving dose of corticosteroids greater than or equal to 10mg/day for 60 or greater consecutive days (IBD)
- 3751F Electrodiagnostic studies for distal symmetric polyneuropathy conducted (or requested), documented, and reviewed within 6 months of initial evaluation for condition (DSP)
- 3752F Electrodiagnostic studies for distal symmetric polyneuropathy not conducted (or requested), documented, or reviewed within 6 months of initial evaluation for condition (DSP)
- 3753F Patient has clear clinical symptoms and signs that are highly suggestive of neuropathy AND cannot be attributed to another condition, AND has an obvious cause for the neuropathy (DSP)
- 3754F Screening tests for diabetes mellitus reviewed, requested, or ordered (DSP)
- 3755F Cognitive and behavioral impairment screening performed (ALS)
- 37565 Ligation, internal jugular vein
- 3756F Patient has pseudobulbar affect, sialorrhea, or ALS-related symptoms (ALS)
- 3757F Patient does not have pseudobulbar affect, sialorrhea, or ALS-related symptoms (ALS)
- 3758F Patient referred for pulmonary function testing or peak cough expiratory flow (ALS)
- 3759F Patient screened for dysphagia, weight loss, and impaired nutrition, and results documented (ALS)
- 37600 Ligation; external carotid artery
- 37605 Ligation; internal or common carotid artery

37606 Ligation; internal or common carotid artery, with gradual occlusion, as with Selverstone or Crutchfield clamp

37607 Ligation or banding of angioaccess arteriovenous fistula

37609 Ligation or biopsy, temporal artery

3760F Patient exhibits dysphagia, weight loss, or impaired nutrition (ALS)

37615 Ligation, major artery (eg, post-traumatic, rupture); neck

37616 Ligation, major artery (eg, post-traumatic, rupture); chest

37617 Ligation, major artery (eg, post-traumatic, rupture); abdomen

37618 Ligation, major artery (eg, post-traumatic, rupture); extremity

37619 Ligation of inferior vena cava

3761F Patient does not exhibit dysphagia, weight loss, or impaired nutrition (ALS)

3762F Patient is dysarthric (ALS)

3763F Patient is not dysarthric (ALS)

37650 Ligation of femoral vein

37660 Ligation of common iliac vein

37700 Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions

37718 Ligation, division, and stripping, short saphenous vein

37722 Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below

37735 Ligation and division and complete stripping of long or short saphenous veins with radical excision of ulcer and skin graft and/or interruption of communicating veins of lower leg, with excision of deep fascia

3775F Adenoma(s) or other neoplasm detected during screening colonoscopy (SCADR)

37760 Ligation of perforator veins, subfascial, radical (Linton type), including skin graft, when performed, open, 1 leg

37761 Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg

37765 Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions

37766 Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions

3776F Adenoma(s) or other neoplasm not detected during screening colonoscopy (SCADR)

37780 Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)

37785 Ligation, division, and/or excision of varicose vein cluster(s), 1 leg

37788 Penile revascularization, artery, with or without vein graft

37790 Penile venous occlusive procedure

37799 Unlisted procedure, vascular surgery

38100 Splenectomy; total (separate procedure)

38101 Splenectomy; partial (separate procedure)

38102 Splenectomy; total, en bloc for extensive disease, in conjunction with other procedure (List in addition to code for primary procedure)

38115 Repair of ruptured spleen (splenorrhaphy) with or without partial splenectomy

38120 Laparoscopy, surgical, splenectomy

38129 Unlisted laparoscopy procedure, spleen

38200 Injection procedure for splenoportography

38204 Management of recipient hematopoietic progenitor cell donor search and cell acquisition

38205 Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; allogeneic

38206 Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous

38207 Transplant preparation of hematopoietic progenitor cells; cryopreservation and storage

38208	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing, per donor	
38209	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing, per donor	
38210	Transplant preparation of hematopoietic progenitor cells; specific cell depletion within harvest, T-cell depletion	
38211	Transplant preparation of hematopoietic progenitor cells; tumor cell depletion	
38212	Transplant preparation of hematopoietic progenitor cells; red blood cell removal	
38213	Transplant preparation of hematopoietic progenitor cells; platelet depletion	
38214	Transplant preparation of hematopoietic progenitor cells; plasma (volume) depletion	
38215	Transplant preparation of hematopoietic progenitor cells; cell concentration in plasma, mononuclear, or buffy coat layer	
38220	Diagnostic bone marrow; aspiration(s)	
38221	Diagnostic bone marrow; biopsy(ies)	
38222	Diagnostic bone marrow; biopsy(ies) and aspiration(s)	
38230	Bone marrow harvesting for transplantation; allogeneic	
38232	Bone marrow harvesting for transplantation; autologous	
38240	Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor	
38241	Hematopoietic progenitor cell (HPC); autologous transplantation	
38242	Allogeneic lymphocyte infusions	
38243	Hematopoietic progenitor cell (HPC); HPC boost	
38300	Drainage of lymph node abscess or lymphadenitis; simple	\$8,088.18
38305	Drainage of lymph node abscess or lymphadenitis; extensive	
38308	Lymphangiectomy or other operations on lymphatic channels	
38380	Suture and/or ligation of thoracic duct; cervical approach	
38381	Suture and/or ligation of thoracic duct; thoracic approach	
38382	Suture and/or ligation of thoracic duct; abdominal approach	
38500	Biopsy or excision of lymph node(s); open, superficial	
38505	Biopsy or excision of lymph node(s); by needle, superficial (eg, cervical, inguinal, axillary)	
38510	Biopsy or excision of lymph node(s); open, deep cervical node(s)	
38520	Biopsy or excision of lymph node(s); open, deep cervical node(s) with excision scalene fat pad	
38525	Biopsy or excision of lymph node(s); open, deep axillary node(s)	
38530	Biopsy or excision of lymph node(s); open, internal mammary node(s)	
38542	Dissection, deep jugular node(s)	
4000F	Tobacco use cessation intervention, counseling (COPD, CAP, CAD, Asthma) (DM) (PV)	
4001F	Tobacco use cessation intervention, pharmacologic therapy (COPD, CAD, CAP, PV, Asthma) (DM) (PV)	
4003F	Patient education, written/oral, appropriate for patients with heart failure, performed (NMA-No Measure Associated)	
4004F	Patient screened for tobacco use and received tobacco cessation intervention (counseling, pharmacotherapy, or both), if identified as a tobacco user (PV, CAD)	
4005F	Pharmacologic therapy (other than minerals/vitamins) for osteoporosis prescribed (OP) (IBD)	
4008F	Beta-blocker therapy prescribed or currently being taken (CAD,HF)	
4010F	Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) therapy prescribed or currently being taken (CAD, CKD, HF) (DM)	
4011F	Oral antiplatelet therapy prescribed (CAD)	
4012F	Warfarin therapy prescribed (NMA-No Measure Associated)	
4013F	Statin therapy prescribed or currently being taken (CAD)	

- 4014F Written discharge instructions provided to heart failure patients discharged home (Instructions include all of the following components: activity level, diet, discharge medications, follow-up appointment, weight monitoring, what to do if symptoms worsen)
- 4015F Persistent asthma, preferred long term control medication or an acceptable alternative treatment, prescribed (NMA-No Measure Associated)
- 4016F Anti-inflammatory/analgesic agent prescribed (OA) (Use for prescribed or continued medication[s], including over-the-counter medication[s])
- 4017F Gastrointestinal prophylaxis for NSAID use prescribed (OA)
- 4018F Therapeutic exercise for the involved joint(s) instructed or physical or occupational therapy prescribed (OA)
- 4019F Documentation of receipt of counseling on exercise and either both calcium and vitamin D use or counseling regarding both calcium and vitamin D use (OP)
- 4025F Inhaled bronchodilator prescribed (COPD)
- 4030F Long-term oxygen therapy prescribed (more than 15 hours per day) (COPD)
- 4033F Pulmonary rehabilitation exercise training recommended (COPD)
- 4035F Influenza immunization recommended (COPD) (IBD)
- 4037F Influenza immunization ordered or administered (COPD, PV, CKD, ESRD)(IBD)
- 4040F Pneumococcal vaccine administered or previously received (COPD) (PV), (IBD)
- 4041F Documentation of order for cefazolin OR cefuroxime for antimicrobial prophylaxis (PERI 2)
- 4042F Documentation that prophylactic antibiotics were neither given within 4 hours prior to surgical incision nor given intraoperatively (PERI 2)
- 4043F Documentation that an order was given to discontinue prophylactic antibiotics within 48 hours of surgical end time, cardiac procedures (PERI 2)
- 4044F Documentation that an order was given for venous thromboembolism (VTE) prophylaxis to be given within 24 hours prior to incision time or 24 hours after surgery end time (PERI 2)
- 4045F Appropriate empiric antibiotic prescribed (CAP), (EM)
- 4046F Documentation that prophylactic antibiotics were given within 4 hours prior to surgical incision or given intraoperatively (PERI 2)
- 4047F Documentation of order for prophylactic parenteral antibiotics to be given within 1 hour (if fluoroquinolone or vancomycin, 2 hours) prior to surgical incision (or start of procedure when no incision is required) (PERI 2)
- 4048F Documentation that administration of prophylactic parenteral antibiotic was initiated within 1 hour (if fluoroquinolone or vancomycin, 2 hours) prior to surgical incision (or start of procedure when no incision is required) as ordered (PERI 2)
- 40490 Biopsy of lip
- 4049F Documentation that order was given to discontinue prophylactic antibiotics within 24 hours of surgical end time, non-cardiac procedure (PERI 2)
- 40500 Vermilionectomy (lip shave), with mucosal advancement
- 4050F Hypertension plan of care documented as appropriate (NMA-No Measure Associated)
- 40510 Excision of lip; transverse wedge excision with primary closure
- 4051F Referred for an arteriovenous (AV) fistula (ESRD, CKD)
- 40520 Excision of lip; V-excision with primary direct linear closure
- 40525 Excision of lip; full thickness, reconstruction with local flap (eg, Estlander or fan)
- 40527 Excision of lip; full thickness, reconstruction with cross lip flap (Abbe-Estlander)
- 4052F Hemodialysis via functioning arteriovenous (AV) fistula (ESRD)
- 40530 Resection of lip, more than one-fourth, without reconstruction
- 4053F Hemodialysis via functioning arteriovenous (AV) graft (ESRD)
- 4054F Hemodialysis via catheter (ESRD)
- 4055F Patient receiving peritoneal dialysis (ESRD)
- 4056F Appropriate oral rehydration solution recommended (PAG)

4058F	Pediatric gastroenteritis education provided to caregiver (PAG)	
4060F	Psychotherapy services provided (MDD, MDD ADOL)	
4062F	Patient referral for psychotherapy documented (MDD, MDD ADOL)	
4063F	Antidepressant pharmacotherapy considered and not prescribed (MDD ADOL)	
4064F	Antidepressant pharmacotherapy prescribed (MDD, MDD ADOL)	
40650	Repair lip, full thickness; vermilion only	\$2,759.22
40652	Repair lip, full thickness; up to half vertical height	
40654	Repair lip, full thickness; over one-half vertical height, or complex	
4065F	Antipsychotic pharmacotherapy prescribed (MDD)	
4066F	Electroconvulsive therapy (ECT) provided (MDD)	
4067F	Patient referral for electroconvulsive therapy (ECT) documented (MDD)	
4069F	Venous thromboembolism (VTE) prophylaxis received (IBD)	
40700	Plastic repair of cleft lip/nasal deformity; primary, partial or complete, unilateral	
40701	Plastic repair of cleft lip/nasal deformity; primary bilateral, 1-stage procedure	
40702	Plastic repair of cleft lip/nasal deformity; primary bilateral, 1 of 2 stages	
4070F	Deep vein thrombosis (DVT) prophylaxis received by end of hospital day 2 (STR)	
40720	Plastic repair of cleft lip/nasal deformity; secondary, by recreation of defect and reclosure	
4073F	Oral antiplatelet therapy prescribed at discharge (STR)	
4075F	Anticoagulant therapy prescribed at discharge (STR)	
40761	Plastic repair of cleft lip/nasal deformity; with cross lip pedicle flap (Abbe-Estlander type), including sectioning and inserting of pedicle	
4077F	Documentation that tissue plasminogen activator (t-PA) administration was considered (STR)	
40799	Unlisted procedure, lips	
4079F	Documentation that rehabilitation services were considered (STR)	
40800	Drainage of abscess, cyst, hematoma, vestibule of mouth; simple	
40801	Drainage of abscess, cyst, hematoma, vestibule of mouth; complicated	
40804	Removal of embedded foreign body, vestibule of mouth; simple	
40805	Removal of embedded foreign body, vestibule of mouth; complicated	
40806	Incision of labial frenum (frenotomy)	
40808	Biopsy, vestibule of mouth	
40810	Excision of lesion of mucosa and submucosa, vestibule of mouth; without repair	
40812	Excision of lesion of mucosa and submucosa, vestibule of mouth; with simple repair	
40814	Excision of lesion of mucosa and submucosa, vestibule of mouth; with complex repair	
40816	Excision of lesion of mucosa and submucosa, vestibule of mouth; complex, with excision of underlying muscle	
40818	Excision of mucosa of vestibule of mouth as donor graft	
40819	Excision of frenum, labial or buccal (frenulectomy, frenulectomy, frenectomy)	
40820	Destruction of lesion or scar of vestibule of mouth by physical methods (eg, laser, thermal, cryo, chemical)	
40830	Closure of laceration, vestibule of mouth; 2.5 cm or less	\$1,567.98
40831	Closure of laceration, vestibule of mouth; over 2.5 cm or complex	
40840	Vestibuloplasty; anterior	
40842	Vestibuloplasty; posterior, unilateral	
40843	Vestibuloplasty; posterior, bilateral	
40844	Vestibuloplasty; entire arch	
40845	Vestibuloplasty; complex (including ridge extension, muscle repositioning)	
4084F	Aspirin received within 24 hours before emergency department arrival or during emergency department stay (EM)	
4086F	Aspirin or clopidogrel prescribed or currently being taken (CAD)	
40899	Unlisted procedure, vestibule of mouth	
4090F	Patient receiving erythropoietin therapy (HEM)	

4095F	Patient not receiving erythropoietin therapy (HEM)	
41000	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; lingual	
41005	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; sublingual, superficial	
41006	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; sublingual, deep, suprathyroid	
41007	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; submental space	
41008	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; submandibular space	
41009	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; masticator space	
4100F	Bisphosphonate therapy, intravenous, ordered or received (HEM)	
41010	Incision of lingual frenum (frenotomy)	
41015	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; sublingual	
41016	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; submental	
41017	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; submandibular	
41018	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; masticator space	
41019	Placement of needles, catheters, or other device(s) into the head and/or neck region (percutaneous, transoral, or transnasal) for subsequent interstitial radioelement application	
41100	Biopsy of tongue; anterior two-thirds	
41105	Biopsy of tongue; posterior one-third	
41108	Biopsy of floor of mouth	
4110F	Internal mammary artery graft performed for primary, isolated coronary artery bypass graft procedure (CABG)	
41110	Excision of lesion of tongue without closure	
41112	Excision of lesion of tongue with closure; anterior two-thirds	
41113	Excision of lesion of tongue with closure; posterior one-third	
41114	Excision of lesion of tongue with closure; with local tongue flap	
41115	Excision of lingual frenum (frenectomy)	
41116	Excision, lesion of floor of mouth	
41120	Glossectomy; less than one-half tongue	
41130	Glossectomy; hemiglossectomy	
41135	Glossectomy; partial, with unilateral radical neck dissection	
41140	Glossectomy; complete or total, with or without tracheostomy, without radical neck dissection	
41145	Glossectomy; complete or total, with or without tracheostomy, with unilateral radical neck dissection	
41150	Glossectomy; composite procedure with resection floor of mouth and mandibular resection, without radical neck dissection	
41153	Glossectomy; composite procedure with resection floor of mouth, with suprahyoid neck dissection	
41155	Glossectomy; composite procedure with resection floor of mouth, mandibular resection, and radical neck dissection (Commando type)	
4115F	Beta blocker administered within 24 hours prior to surgical incision (CABG)	
4120F	Antibiotic prescribed or dispensed (URI, PHAR), (A-BRONCH)	
4124F	Antibiotic neither prescribed nor dispensed (URI, PHAR), (A-BRONCH)	
41250	Repair of laceration 2.5 cm or less; floor of mouth and/or anterior two-thirds of tongue	\$630.24

41251	Repair of laceration 2.5 cm or less; posterior one-third of tongue	\$1,730.22
41252	Repair of laceration of tongue, floor of mouth, over 2.6 cm or complex	\$2,759.22
4130F	Topical preparations (including OTC) prescribed for acute otitis externa (AOE)	
4131F	Systemic antimicrobial therapy prescribed (AOE)	
4132F	Systemic antimicrobial therapy not prescribed (AOE)	
4133F	Antihistamines or decongestants prescribed or recommended (OME)	
4134F	Antihistamines or decongestants neither prescribed nor recommended (OME)	
4135F	Systemic corticosteroids prescribed (OME)	
4136F	Systemic corticosteroids not prescribed (OME)	
4140F	Inhaled corticosteroids prescribed (Asthma)	
4142F	Corticosteroid sparing therapy prescribed (IBD)	
4144F	Alternative long-term control medication prescribed (Asthma)	
4145F	Two or more anti-hypertensive agents prescribed or currently being taken (CAD, HTN)	
4148F	Hepatitis A vaccine injection administered or previously received (HEP-C)	
4149F	Hepatitis B vaccine injection administered or previously received (HEP-C, HIV) (IBD)	
41500	Fixation of tongue, mechanical, other than suture (eg, K-wire)	
4150F	Patient receiving antiviral treatment for Hepatitis C (HEP-C)	
41510	Suture of tongue to lip for micrognathia (Douglas type procedure)	
41512	Tongue base suspension, permanent suture technique	
4151F	Patient did not start or is not receiving antiviral treatment for Hepatitis C during the measurement period (HEP-C)	
41520	Frenoplasty (surgical revision of frenum, eg, with Z-plasty)	
41530	Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session	
4153F	Combination peginterferon and ribavirin therapy prescribed (HEP-C)	
4155F	Hepatitis A vaccine series previously received (HEP-C)	
4157F	Hepatitis B vaccine series previously received (HEP-C)	
4158F	Patient counseled about risks of alcohol use (HEP-C)	
41599	Unlisted procedure, tongue, floor of mouth	
4159F	Counseling regarding contraception received prior to initiation of antiviral treatment (HEP-C)	
4163F	Patient counseling at a minimum on all of the following treatment options for clinically localized prostate cancer: active surveillance, and interstitial prostate brachytherapy, and external beam radiotherapy, and radical prostatectomy, provided prior to	
4164F	Adjuvant (ie, in combination with external beam radiotherapy to the prostate for prostate cancer) hormonal therapy (gonadotropin-releasing hormone [GnRH] agonist or antagonist) prescribed/administered (PRCA)	
4165F	3-dimensional conformal radiotherapy (3D-CRT) or intensity modulated radiation therapy (IMRT) received (PRCA)	
4167F	Head of bed elevation (30-45 degrees) on first ventilator day ordered (CRIT)	
4168F	Patient receiving care in the intensive care unit (ICU) and receiving mechanical ventilation, 24 hours or less (CRIT)	
4169F	Patient either not receiving care in the intensive care unit (ICU) OR not receiving mechanical ventilation OR receiving mechanical ventilation greater than 24 hours (CRIT)	
4171F	Patient receiving erythropoiesis-stimulating agents (ESA) therapy (CKD)	
4172F	Patient not receiving erythropoiesis-stimulating agents (ESA) therapy (CKD)	
4174F	Counseling about the potential impact of glaucoma on visual functioning and quality of life, and importance of treatment adherence provided to patient and/or caregiver(s) (EC)	
4175F	Best-corrected visual acuity of 20/40 or better (distance or near) achieved within the 90 days following cataract surgery (EC)	

4176F	Counseling about value of protection from UV light and lack of proven efficacy of nutritional supplements in prevention or progression of cataract development provided to patient and/or caregiver(s) (NMA-No Measure Associated)	
4177F	Counseling about the benefits and/or risks of the Age-Related Eye Disease Study (AREDS) formulation for preventing progression of age-related macular degeneration (AMD) provided to patient and/or caregiver(s) (EC)	
4178F	Anti-D immune globulin received between 26 and 30 weeks gestation (Pre-Cr)	
4179F	Tamoxifen or aromatase inhibitor (AI) prescribed (ONC)	
41800	Drainage of abscess, cyst, hematoma from dentoalveolar structures	\$630.24
41805	Removal of embedded foreign body from dentoalveolar structures; soft tissues	
41806	Removal of embedded foreign body from dentoalveolar structures; bone	
4180F	Adjuvant chemotherapy referred, prescribed, or previously received for Stage III colon cancer (ONC)	
4181F	Conformal radiation therapy received (NMA-No Measure Associated)	
41820	Gingivectomy, excision gingiva, each quadrant	
41821	Operculectomy, excision pericoronal tissues	
41822	Excision of fibrous tuberosities, dentoalveolar structures	
41823	Excision of osseous tuberosities, dentoalveolar structures	
41825	Excision of lesion or tumor (except listed above), dentoalveolar structures; without repair	
41826	Excision of lesion or tumor (except listed above), dentoalveolar structures; with simple repair	
41827	Excision of lesion or tumor (except listed above), dentoalveolar structures; with complex repair	
41828	Excision of hyperplastic alveolar mucosa, each quadrant (specify)	
4182F	Conformal radiation therapy not received (NMA-No Measure Associated)	
41830	Alveolectomy, including curettage of osteitis or sequestrectomy	
41850	Destruction of lesion (except excision), dentoalveolar structures	
4185F	Continuous (12-months) therapy with proton pump inhibitor (PPI) or histamine H2 receptor antagonist (H2RA) received (GERD)	
4186F	No continuous (12-months) therapy with either proton pump inhibitor (PPI) or histamine H2 receptor antagonist (H2RA) received (GERD)	
41870	Periodontal mucosal grafting	
41872	Gingivoplasty, each quadrant (specify)	
41874	Alveoloplasty, each quadrant (specify)	
4187F	Disease modifying anti-rheumatic drug therapy prescribed or dispensed (RA)	
4188F	Appropriate angiotensin converting enzyme (ACE)/angiotensin receptor blockers (ARB) therapeutic monitoring test ordered or performed (AM)	
41899	Unlisted procedure, dentoalveolar structures	
4189F	Appropriate digoxin therapeutic monitoring test ordered or performed (AM)	
4190F	Appropriate diuretic therapeutic monitoring test ordered or performed (AM)	
4191F	Appropriate anticonvulsant therapeutic monitoring test ordered or performed (AM)	
4192F	Patient not receiving glucocorticoid therapy (RA)	
4193F	Patient receiving <10 mg daily prednisone (or equivalent), or RA activity is worsening, or glucocorticoid use is for less than 6 months (RA)	
4194F	Patient receiving >=10 mg daily prednisone (or equivalent) for longer than 6 months, and improvement or no change in disease activity (RA)	
4195F	Patient receiving first-time biologic disease modifying anti-rheumatic drug therapy for rheumatoid arthritis (RA)	
4196F	Patient not receiving first-time biologic disease modifying anti-rheumatic drug therapy for rheumatoid arthritis (RA)	
42000	Drainage of abscess of palate, uvula	
4200F	External beam radiotherapy as primary therapy to prostate with or without nodal irradiation (PRCA)	

4201F External beam radiotherapy with or without nodal irradiation as adjuvant or salvage therapy for prostate cancer patient (PRCA)

42100 Biopsy of palate, uvula

42104 Excision, lesion of palate, uvula; without closure

42106 Excision, lesion of palate, uvula; with simple primary closure

42107 Excision, lesion of palate, uvula; with local flap closure

4210F Angiotensin converting enzyme (ACE) or angiotensin receptor blockers (ARB) medication therapy for 6 months or more (MM)

42120 Resection of palate or extensive resection of lesion

42140 Uvulectomy, excision of uvula

42145 Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)

42160 Destruction of lesion, palate or uvula (thermal, cryo or chemical)

42180 Repair, laceration of palate; up to 2 cm

42182 Repair, laceration of palate; over 2 cm or complex

42200 Palatoplasty for cleft palate, soft and/or hard palate only

42205 Palatoplasty for cleft palate, with closure of alveolar ridge; soft tissue only

4220F Digoxin medication therapy for 6 months or more (MM)

42210 Palatoplasty for cleft palate, with closure of alveolar ridge; with bone graft to alveolar ridge (includes obtaining graft)

42215 Palatoplasty for cleft palate; major revision

4221F Diuretic medication therapy for 6 months or more (MM)

42220 Palatoplasty for cleft palate; secondary lengthening procedure

42225 Palatoplasty for cleft palate; attachment pharyngeal flap

42226 Lengthening of palate, and pharyngeal flap

42227 Lengthening of palate, with island flap

42235 Repair of anterior palate, including vomer flap

42260 Repair of nasolabial fistula

42280 Maxillary impression for palatal prosthesis

42281 Insertion of pin-retained palatal prosthesis

42299 Unlisted procedure, palate, uvula

42300 Drainage of abscess; parotid, simple

42305 Drainage of abscess; parotid, complicated

4230F Anticonvulsant medication therapy for 6 months or more (MM)

42310 Drainage of abscess; submaxillary or sublingual, intraoral

42320 Drainage of abscess; submaxillary, external

42330 Sialolithotomy; submandibular (submaxillary), sublingual or parotid, uncomplicated, intraoral

42335 Sialolithotomy; submandibular (submaxillary), complicated, intraoral

42340 Sialolithotomy; parotid, extraoral or complicated intraoral

42400 Biopsy of salivary gland; needle

42405 Biopsy of salivary gland; incisional

42408 Excision of sublingual salivary cyst (ranula)

42409 Marsupialization of sublingual salivary cyst (ranula)

4240F Instruction in therapeutic exercise with follow-up provided to patients during episode of back pain lasting longer than 12 weeks (BkP)

42410 Excision of parotid tumor or parotid gland; lateral lobe, without nerve dissection

42415 Excision of parotid tumor or parotid gland; lateral lobe, with dissection and preservation of facial nerve

42420 Excision of parotid tumor or parotid gland; total, with dissection and preservation of facial nerve

42425 Excision of parotid tumor or parotid gland; total, en bloc removal with sacrifice of facial nerve

42426 Excision of parotid tumor or parotid gland; total, with unilateral radical neck dissection

4242F	Counseling for supervised exercise program provided to patients during episode of back pain lasting longer than 12 weeks (BkP)	
42440	Excision of submandibular (submaxillary) gland	
42450	Excision of sublingual gland	
4245F	Patient counseled during the initial visit to maintain or resume normal activities (BkP)	
4248F	Patient counseled during the initial visit for an episode of back pain against bed rest lasting 4 days or longer (BkP)	
42500	Plastic repair of salivary duct, sialodochoplasty; primary or simple	
42505	Plastic repair of salivary duct, sialodochoplasty; secondary or complicated	
42507	Parotid duct diversion, bilateral (Wilke type procedure);	
42508	Parotid duct diversion, bilateral (Wilke type procedure); with excision of 1 submandibular gland	
42509	Parotid duct diversion, bilateral (Wilke type procedure); with excision of both submandibular glands	
4250F	Active warming used intraoperatively for the purpose of maintaining normothermia, or at least 1 body temperature equal to or greater than 36 degrees Centigrade (or 96.8 degrees Fahrenheit) recorded within the 30 minutes immediately before or the 15 minute	
42510	Parotid duct diversion, bilateral (Wilke type procedure); with ligation of both submandibular (Wharton's) ducts	
42550	Injection procedure for sialography	
4255F	Duration of general or neuraxial anesthesia 60 minutes or longer, as documented in the anesthesia record (CRIT) (Peri2)	
4256F	Duration of general or neuraxial anesthesia less than 60 minutes, as documented in the anesthesia record (CRIT) (Peri2)	
42600	Closure salivary fistula	
4260F	Wound surface culture technique used (CWC)	
4261F	Technique other than surface culture of the wound exudate used (eg, Levine/deep swab technique, semi-quantitative or quantitative swab technique) or wound surface culture technique not used (CWC)	
42650	Dilation salivary duct	
4265F	Use of wet to dry dressings prescribed or recommended (CWC)	
42660	Dilation and catheterization of salivary duct, with or without injection	
42665	Ligation salivary duct, intraoral	
4266F	Use of wet to dry dressings neither prescribed nor recommended (CWC)	
4267F	Compression therapy prescribed (CWC)	
4268F	Patient education regarding the need for long term compression therapy including interval replacement of compression stockings received (CWC)	
42699	Unlisted procedure, salivary glands or ducts	
4269F	Appropriate method of offloading (pressure relief) prescribed (CWC)	
42700	Incision and drainage abscess; peritonsillar	\$1,093.32
4270F	Patient receiving potent antiretroviral therapy for 6 months or longer (HIV)	
4271F	Patient receiving potent antiretroviral therapy for less than 6 months or not receiving potent antiretroviral therapy (HIV)	
42720	Incision and drainage abscess; retropharyngeal or parapharyngeal, intraoral approach	
42725	Incision and drainage abscess; retropharyngeal or parapharyngeal, external approach	
4274F	Influenza immunization administered or previously received (HIV) (P-ESRD)	
4276F	Potent antiretroviral therapy prescribed (HIV)	
4279F	Pneumocystis jiroveci pneumonia prophylaxis prescribed (HIV)	
42800	Biopsy; oropharynx	
42804	Biopsy; nasopharynx, visible lesion, simple	
42806	Biopsy; nasopharynx, survey for unknown primary lesion	

42808	Excision or destruction of lesion of pharynx, any method	
42809	Removal of foreign body from pharynx	\$1,169.34
4280F	Pneumocystis jiroveci pneumonia prophylaxis prescribed within 3 months of low CD4+ cell count or percentage (HIV)	
42810	Excision branchial cleft cyst or vestige, confined to skin and subcutaneous tissues	
42815	Excision branchial cleft cyst, vestige, or fistula, extending beneath subcutaneous tissues and/or into pharynx	
42820	Tonsillectomy and adenoidectomy; younger than age 12	
42821	Tonsillectomy and adenoidectomy; age 12 or over	
42825	Tonsillectomy, primary or secondary; younger than age 12	
42826	Tonsillectomy, primary or secondary; age 12 or over	
42830	Adenoidectomy, primary; younger than age 12	
42831	Adenoidectomy, primary; age 12 or over	
42835	Adenoidectomy, secondary; younger than age 12	
42836	Adenoidectomy, secondary; age 12 or over	
42842	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; without closure	
42844	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; closure with local flap (eg, tongue, buccal)	
42845	Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; closure with other flap	
42860	Excision of tonsil tags	
42870	Excision or destruction lingual tonsil, any method (separate procedure)	
42890	Limited pharyngectomy	
42892	Resection of lateral pharyngeal wall or pyriform sinus, direct closure by advancement of lateral and posterior pharyngeal walls	
42894	Resection of pharyngeal wall requiring closure with myocutaneous or fasciocutaneous flap or free muscle, skin, or fascial flap with microvascular anastomosis	
42900	Suture pharynx for wound or injury	
4290F	Patient screened for injection drug use (HIV)	
4293F	Patient screened for high-risk sexual behavior (HIV)	
42950	Pharyngoplasty (plastic or reconstructive operation on pharynx)	
42953	Pharyngoesophageal repair	
42955	Pharyngostomy (fistulization of pharynx, external for feeding)	
42960	Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); simple	
42961	Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); complicated, requiring hospitalization	
42962	Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); with secondary surgical intervention	
42970	Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); simple, with posterior nasal packs, with or without anterior packs and/or cautery	
42971	Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); complicated, requiring hospitalization	
42972	Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); with secondary surgical intervention	
42999	Unlisted procedure, pharynx, adenoids, or tonsils	
4300F	Patient receiving warfarin therapy for nonvalvular atrial fibrillation or atrial flutter (AFIB)	
4301F	Patient not receiving warfarin therapy for nonvalvular atrial fibrillation or atrial flutter (AFIB)	
43020	Esophagotomy, cervical approach, with removal of foreign body	
43030	Cricopharyngeal myotomy	

43045 Esophagotomy, thoracic approach, with removal of foreign body

4305F Patient education regarding appropriate foot care and daily inspection of the feet received (CWC)

4306F Patient counseled regarding psychosocial and pharmacologic treatment options for opioid addiction (SUD)

43100 Excision of lesion, esophagus, with primary repair; cervical approach

43101 Excision of lesion, esophagus, with primary repair; thoracic or abdominal approach

43107 Total or near total esophagectomy, without thoracotomy; with pharyngogastrostomy or cervical esophagogastronomy, with or without pyloroplasty (transhiatal)

43108 Total or near total esophagectomy, without thoracotomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation and anastomosis(es)

43112 Total or near total esophagectomy, with thoracotomy; with pharyngogastrostomy or cervical esophagogastronomy, with or without pyloroplasty (ie, McKeown esophagectomy or tri-incisional esophagectomy)

43113 Total or near total esophagectomy, with thoracotomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)

43116 Partial esophagectomy, cervical, with free intestinal graft, including microvascular anastomosis, obtaining the graft and intestinal reconstruction

43117 Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with thoracic esophagogastronomy, with or without pyloroplasty (Ivor Lewis)

43118 Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)

43121 Partial esophagectomy, distal two-thirds, with thoracotomy only, with or without proximal gastrectomy, with thoracic esophagogastronomy, with or without pyloroplasty

43122 Partial esophagectomy, thoracoabdominal or abdominal approach, with or without proximal gastrectomy; with esophagogastronomy, with or without pyloroplasty

43123 Partial esophagectomy, thoracoabdominal or abdominal approach, with or without proximal gastrectomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es)

43124 Total or partial esophagectomy, without reconstruction (any approach), with cervical esophagostomy

43130 Diverticulectomy of hypopharynx or esophagus, with or without myotomy; cervical approach

43135 Diverticulectomy of hypopharynx or esophagus, with or without myotomy; thoracic approach

43180 Esophagoscopy, rigid, transoral with diverticulectomy of hypopharynx or cervical esophagus (eg, Zenker's diverticulum), with cricopharyngeal myotomy, includes use of telescope or operating microscope and repair, when performed

43191 Esophagoscopy, rigid, transoral; diagnostic, including collection of specimen(s) by brushing or washing when performed (separate procedure)

43192 Esophagoscopy, rigid, transoral; with directed submucosal injection(s), any substance

43193 Esophagoscopy, rigid, transoral; with biopsy, single or multiple

43194 Esophagoscopy, rigid, transoral; with removal of foreign body(s)

43195 Esophagoscopy, rigid, transoral; with balloon dilation (less than 30 mm diameter)

43196 Esophagoscopy, rigid, transoral; with insertion of guide wire followed by dilation over guide wire

43197 Esophagoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)

43198 Esophagoscopy, flexible, transnasal; with biopsy, single or multiple

43200 Esophagoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)

43201 Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance

43202 Esophagoscopy, flexible, transoral; with biopsy, single or multiple

43204 Esophagoscopy, flexible, transoral; with injection sclerosis of esophageal varices

43205 Esophagoscopy, flexible, transoral; with band ligation of esophageal varices

43206 Esophagoscopy, flexible, transoral; with optical endomicroscopy

4320F Patient counseled regarding psychosocial and pharmacologic treatment options for alcohol dependence (SUD)

43210 Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed

43211 Esophagoscopy, flexible, transoral; with endoscopic mucosal resection

43212 Esophagoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)

43213 Esophagoscopy, flexible, transoral; with dilation of esophagus, by balloon or dilator, retrograde (includes fluoroscopic guidance, when performed)

43214 Esophagoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)

43215 Esophagoscopy, flexible, transoral; with removal of foreign body(s)

43216 Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps

43217 Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique

43220 Esophagoscopy, flexible, transoral; with transendoscopic balloon dilation (less than 30 mm diameter)

43226 Esophagoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) over guide wire

43227 Esophagoscopy, flexible, transoral; with control of bleeding, any method

43229 Esophagoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)

4322F Caregiver provided with education and referred to additional resources for support (DEM)

43231 Esophagoscopy, flexible, transoral; with endoscopic ultrasound examination

43232 Esophagoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s)

43233 Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)

43235 Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)

43236 Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance

43237 Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures

- 43238 Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), (includes endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent stru
- 43239 Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple
- 43240 Esophagogastroduodenoscopy, flexible, transoral; with transmural drainage of pseudocyst (includes placement of transmural drainage catheter[s]/stent[s], when performed, and endoscopic ultrasound, when performed)
- 43241 Esophagogastroduodenoscopy, flexible, transoral; with insertion of intraluminal tube or catheter
- 43242 Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgicall
- 43243 Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal/gastric varices
- 43244 Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal/gastric varices
- 43245 Esophagogastroduodenoscopy, flexible, transoral; with dilation of gastric/duodenal stricture(s) (eg, balloon, bougie)
- 43246 Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube
- 43247 Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body(s)
- 43248 Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) through esophagus over guide wire
- 43249 Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)
- 4324F Patient (or caregiver) queried about Parkinson's disease medication related motor complications (Prkns)
- 43250 Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps
- 43251 Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
- 43252 Esophagogastroduodenoscopy, flexible, transoral; with optical endomicroscopy
- 43253 Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided transmural injection of diagnostic or therapeutic substance(s) (eg, anesthetic, neurolytic agent) or fiducial marker(s) (includes endoscopic ultrasound examination of
- 43254 Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection
- 43255 Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method
- 43257 Esophagogastroduodenoscopy, flexible, transoral; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease
- 43259 Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination, including the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis
- 4325F Medical and surgical treatment options reviewed with patient (or caregiver) (Prkns)
- 43260 Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)

- 43261 Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single or multiple
- 43262 Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy
- 43263 Endoscopic retrograde cholangiopancreatography (ERCP); with pressure measurement of sphincter of Oddi
- 43264 Endoscopic retrograde cholangiopancreatography (ERCP); with removal of calculi/debris from biliary/pancreatic duct(s)
- 43265 Endoscopic retrograde cholangiopancreatography (ERCP); with destruction of calculi, any method (eg, mechanical, electrohydraulic, lithotripsy)
- 43266 Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)
- 4326F Patient (or caregiver) queried about symptoms of autonomic dysfunction (Prkns)
- 43270 Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)
- 43273 Endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s) (List separately in addition to code(s) for primary procedure)
- 43274 Endoscopic retrograde cholangiopancreatography (ERCP); with placement of endoscopic stent into biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent
- 43275 Endoscopic retrograde cholangiopancreatography (ERCP); with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s)
- 43276 Endoscopic retrograde cholangiopancreatography (ERCP); with removal and exchange of stent(s), biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent exchange
- 43277 Endoscopic retrograde cholangiopancreatography (ERCP); with trans-endoscopic balloon dilation of biliary/pancreatic duct(s) or of ampulla (sphincteroplasty), including sphincterotomy, when performed, each duct
- 43278 Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s), including pre- and post-dilation and guide wire passage, when performed
- 43279 Laparoscopy, surgical, esophagomyotomy (Heller type), with fundoplasty, when performed
- 43280 Laparoscopy, surgical, esophagogastric fundoplasty (eg, Nissen, Toupet procedures)
- 43281 Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh
- 43282 Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh
- 43283 Laparoscopy, surgical, esophageal lengthening procedure (eg, Collis gastroplasty or wedge gastroplasty) (List separately in addition to code for primary procedure)
- 43284 Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band), including cruroplasty when performed
- 43285 Removal of esophageal sphincter augmentation device
- 43286 Esophagectomy, total or near total, with laparoscopic mobilization of the abdominal and mediastinal esophagus and proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with open cervical pharyngogastrostomy or esophagogastrostom

43287 Esophagectomy, distal two-thirds, with laparoscopic mobilization of the abdominal and lower mediastinal esophagus and proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with separate thoroscopic mobilization of the middle a

43288 Esophagectomy, total or near total, with thoroscopic mobilization of the upper, middle, and lower mediastinal esophagus, with separate laparoscopic proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with open cervical phary

43289 Unlisted laparoscopy procedure, esophagus

4328F Patient (or caregiver) queried about sleep disturbances (Prkns)

43300 Esophagoplasty (plastic repair or reconstruction), cervical approach; without repair of tracheoesophageal fistula

43305 Esophagoplasty (plastic repair or reconstruction), cervical approach; with repair of tracheoesophageal fistula

4330F Counseling about epilepsy specific safety issues provided to patient (or caregiver(s)) (EPI)

43310 Esophagoplasty (plastic repair or reconstruction), thoracic approach; without repair of tracheoesophageal fistula

43312 Esophagoplasty (plastic repair or reconstruction), thoracic approach; with repair of tracheoesophageal fistula

43313 Esophagoplasty for congenital defect (plastic repair or reconstruction), thoracic approach; without repair of congenital tracheoesophageal fistula

43314 Esophagoplasty for congenital defect (plastic repair or reconstruction), thoracic approach; with repair of congenital tracheoesophageal fistula

43320 Esophagogastrostomy (cardioplasty), with or without vagotomy and pyloroplasty, transabdominal or transthoracic approach

43325 Esophagogastric fundoplasty, with fundic patch (Thal-Nissen procedure)

43327 Esophagogastric fundoplasty partial or complete; laparotomy

43328 Esophagogastric fundoplasty partial or complete; thoracotomy

43330 Esophagomyotomy (Heller type); abdominal approach

43331 Esophagomyotomy (Heller type); thoracic approach

43332 Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; without implantation of mesh or other prosthesis

43333 Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; with implantation of mesh or other prosthesis

43334 Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; without implantation of mesh or other prosthesis

43335 Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; with implantation of mesh or other prosthesis

43336 Repair, paraesophageal hiatal hernia, (including fundoplication), via thoracoabdominal incision, except neonatal; without implantation of mesh or other prosthesis

43337 Repair, paraesophageal hiatal hernia, (including fundoplication), via thoracoabdominal incision, except neonatal; with implantation of mesh or other prosthesis

43338 Esophageal lengthening procedure (eg, Collis gastroplasty or wedge gastroplasty) (List separately in addition to code for primary procedure)

43340 Esophagojejunostomy (without total gastrectomy); abdominal approach

43341 Esophagojejunostomy (without total gastrectomy); thoracic approach

43350 Esophagostomy, fistulization of esophagus, external; abdominal approach

43351 Esophagostomy, fistulization of esophagus, external; thoracic approach

43352 Esophagostomy, fistulization of esophagus, external; cervical approach

43360 Gastrointestinal reconstruction for previous esophagectomy, for obstructing esophageal lesion or fistula, or for previous esophageal exclusion; with stomach, with or without pyloroplasty

43361 Gastrointestinal reconstruction for previous esophagectomy, for obstructing esophageal lesion or fistula, or for previous esophageal exclusion; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and

43400 Ligation, direct, esophageal varices

43401 Transection of esophagus with repair, for esophageal varices

43405 Ligation or stapling at gastroesophageal junction for pre-existing esophageal perforation

4340F Counseling for women of childbearing potential with epilepsy (EPI)

43410 Suture of esophageal wound or injury; cervical approach

43415 Suture of esophageal wound or injury; transthoracic or transabdominal approach

43420 Closure of esophagostomy or fistula; cervical approach

43425 Closure of esophagostomy or fistula; transthoracic or transabdominal approach

43450 Dilation of esophagus, by unguided sound or bougie, single or multiple passes

43453 Dilation of esophagus, over guide wire

43460 Esophagogastric tamponade, with balloon (Sengstaken type)

43496 Free jejunum transfer with microvascular anastomosis

43499 Unlisted procedure, esophagus

43500 Gastrotomy; with exploration or foreign body removal

43501 Gastrotomy; with suture repair of bleeding ulcer

43502 Gastrotomy; with suture repair of pre-existing esophagogastric laceration (eg, Mallory-Weiss)

4350F Counseling provided on symptom management, end of life decisions, and palliation (DEM)

43510 Gastrotomy; with esophageal dilation and insertion of permanent intraluminal tube (eg, Celestin or Mousseaux-Barbin)

43520 Pyloromyotomy, cutting of pyloric muscle (Fredet-Ramstedt type operation)

43605 Biopsy of stomach, by laparotomy

43610 Excision, local; ulcer or benign tumor of stomach

43611 Excision, local; malignant tumor of stomach

43620 Gastrectomy, total; with esophagoenterostomy

43621 Gastrectomy, total; with Roux-en-Y reconstruction

43622 Gastrectomy, total; with formation of intestinal pouch, any type

43631 Gastrectomy, partial, distal; with gastroduodenostomy

43632 Gastrectomy, partial, distal; with gastrojejunostomy

43633 Gastrectomy, partial, distal; with Roux-en-Y reconstruction

43634 Gastrectomy, partial, distal; with formation of intestinal pouch

43635 Vagotomy when performed with partial distal gastrectomy (List separately in addition to code[s] for primary procedure)

43640 Vagotomy including pyloroplasty, with or without gastrostomy; truncal or selective

43641 Vagotomy including pyloroplasty, with or without gastrostomy; parietal cell (highly selective)

43644 Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)

43645 Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption

43647 Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum

43648 Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum

43651 Laparoscopy, surgical; transection of vagus nerves, truncal

43652 Laparoscopy, surgical; transection of vagus nerves, selective or highly selective

43653 Laparoscopy, surgical; gastrostomy, without construction of gastric tube (eg, Stamm procedure) (separate procedure)

43659	Unlisted laparoscopy procedure, stomach	
43752	Naso- or oro-gastric tube placement, requiring physician's skill and fluoroscopic guidance (includes fluoroscopy, image documentation and report)	\$1,980.06
43753	Gastric intubation and aspiration(s) therapeutic, necessitating physician's skill (eg, for gastrointestinal hemorrhage), including lavage if performed	\$130.56
43754	Gastric intubation and aspiration, diagnostic; single specimen (eg, acid analysis)	
43755	Gastric intubation and aspiration, diagnostic; collection of multiple fractional specimens with gastric stimulation, single or double lumen tube (gastric secretory study) (eg, histamine, insulin, pentagastrin, calcium, secretin), includes drug administration	
43756	Duodenal intubation and aspiration, diagnostic, includes image guidance; single specimen (eg, bile study for crystals or afferent loop culture)	
43757	Duodenal intubation and aspiration, diagnostic, includes image guidance; collection of multiple fractional specimens with pancreatic or gallbladder stimulation, single or double lumen tube, includes drug administration	
43760	Change of gastrostomy tube, percutaneous, without imaging or endoscopic guidance	
43761	Repositioning of a naso- or oro-gastric feeding tube, through the duodenum for enteric nutrition	
43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)	
43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only	
43772	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only	
43773	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only	
43774	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components	
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	
43800	Pyloroplasty	
43810	Gastroduodenostomy	
43820	Gastrojejunostomy; without vagotomy	
43825	Gastrojejunostomy; with vagotomy, any type	
43830	Gastrostomy, open; without construction of gastric tube (eg, Stamm procedure) (separate procedure)	
43831	Gastrostomy, open; neonatal, for feeding	
43832	Gastrostomy, open; with construction of gastric tube (eg, Janeway procedure)	
43840	Gastrorrhaphy, suture of perforated duodenal or gastric ulcer, wound, or injury	
43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty	
43843	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty	
43845	Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)	
43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy	
43847	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption	
43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)	
43850	Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; without vagotomy	

43855 Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; with vagotomy

43860 Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; without vagotomy

43865 Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; with vagotomy

43870 Closure of gastrostomy, surgical

43880 Closure of gastrocolic fistula

43881 Implantation or replacement of gastric neurostimulator electrodes, antrum, open

43882 Revision or removal of gastric neurostimulator electrodes, antrum, open

43886 Gastric restrictive procedure, open; revision of subcutaneous port component only

43887 Gastric restrictive procedure, open; removal of subcutaneous port component only

43888 Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only

43999 Unlisted procedure, stomach

44005 Enterolysis (freeing of intestinal adhesion) (separate procedure)

4400F Rehabilitative therapy options discussed with patient (or caregiver) (Prkns)

44010 Duodenotomy, for exploration, biopsy(s), or foreign body removal

44015 Tube or needle catheter jejunostomy for enteral alimentation, intraoperative, any method (List separately in addition to primary procedure)

44020 Enterotomy, small intestine, other than duodenum; for exploration, biopsy(s), or foreign body removal

44021 Enterotomy, small intestine, other than duodenum; for decompression (eg, Baker tube)

44025 Colotomy, for exploration, biopsy(s), or foreign body removal

44050 Reduction of volvulus, intussusception, internal hernia, by laparotomy

44055 Correction of malrotation by lysis of duodenal bands and/or reduction of midgut volvulus (eg, Ladd procedure)

44100 Biopsy of intestine by capsule, tube, peroral (1 or more specimens)

44110 Excision of 1 or more lesions of small or large intestine not requiring anastomosis, exteriorization, or fistulization; single enterotomy

44111 Excision of 1 or more lesions of small or large intestine not requiring anastomosis, exteriorization, or fistulization; multiple enterotomies

44120 Enterectomy, resection of small intestine; single resection and anastomosis

44121 Enterectomy, resection of small intestine; each additional resection and anastomosis (List separately in addition to code for primary procedure)

44125 Enterectomy, resection of small intestine; with enterostomy

44126 Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; without tapering

44127 Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; with tapering

44128 Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; each additional resection and anastomosis (List separately in addition to code for primary procedure)

44130 Enteroenterostomy, anastomosis of intestine, with or without cutaneous enterostomy (separate procedure)

44132 Donor enterectomy (including cold preservation), open; from cadaver donor

44133 Donor enterectomy (including cold preservation), open; partial, from living donor

44135 Intestinal allotransplantation; from cadaver donor

44136 Intestinal allotransplantation; from living donor

44137 Removal of transplanted intestinal allograft, complete

44139 Mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (List separately in addition to primary procedure)

44140 Colectomy, partial; with anastomosis

44141 Colectomy, partial; with skin level cecostomy or colostomy

44143 Colectomy, partial; with end colostomy and closure of distal segment (Hartmann type procedure)

44144 Colectomy, partial; with resection, with colostomy or ileostomy and creation of mucofistula

44145 Colectomy, partial; with coloproctostomy (low pelvic anastomosis)

44146 Colectomy, partial; with coloproctostomy (low pelvic anastomosis), with colostomy

44147 Colectomy, partial; abdominal and transanal approach

44150 Colectomy, total, abdominal, without proctectomy; with ileostomy or ileoproctostomy

44151 Colectomy, total, abdominal, without proctectomy; with continent ileostomy

44155 Colectomy, total, abdominal, with proctectomy; with ileostomy

44156 Colectomy, total, abdominal, with proctectomy; with continent ileostomy

44157 Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, includes loop ileostomy, and rectal mucosectomy, when performed

44158 Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, creation of ileal reservoir (S or J), includes loop ileostomy, and rectal mucosectomy, when performed

44160 Colectomy, partial, with removal of terminal ileum with ileocolostomy

44180 Laparoscopy, surgical, enterolysis (freeing of intestinal adhesion) (separate procedure)

44186 Laparoscopy, surgical; jejunostomy (eg, for decompression or feeding)

44187 Laparoscopy, surgical; ileostomy or jejunostomy, non-tube

44188 Laparoscopy, surgical, colostomy or skin level cecostomy

44202 Laparoscopy, surgical; enterectomy, resection of small intestine, single resection and anastomosis

44203 Laparoscopy, surgical; each additional small intestine resection and anastomosis (List separately in addition to code for primary procedure)

44204 Laparoscopy, surgical; colectomy, partial, with anastomosis

44205 Laparoscopy, surgical; colectomy, partial, with removal of terminal ileum with ileocolostomy

44206 Laparoscopy, surgical; colectomy, partial, with end colostomy and closure of distal segment (Hartmann type procedure)

44207 Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis)

44208 Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis) with colostomy

44210 Laparoscopy, surgical; colectomy, total, abdominal, without proctectomy, with ileostomy or ileoproctostomy

44211 Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileoanal anastomosis, creation of ileal reservoir (S or J), with loop ileostomy, includes rectal mucosectomy, when performed

44212 Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileostomy

44213 Laparoscopy, surgical, mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (List separately in addition to primary procedure)

44227 Laparoscopy, surgical, closure of enterostomy, large or small intestine, with resection and anastomosis

44238 Unlisted laparoscopy procedure, intestine (except rectum)

44300 Placement, enterostomy or cecostomy, tube open (eg, for feeding or decompression) (separate procedure)

44310 Ileostomy or jejunostomy, non-tube

44312 Revision of ileostomy; simple (release of superficial scar) (separate procedure)
44314 Revision of ileostomy; complicated (reconstruction in-depth) (separate procedure)

44316 Continent ileostomy (Kock procedure) (separate procedure)
44320 Colostomy or skin level cecostomy;
44322 Colostomy or skin level cecostomy; with multiple biopsies (eg, for congenital megacolon) (separate procedure)
44340 Revision of colostomy; simple (release of superficial scar) (separate procedure)
44345 Revision of colostomy; complicated (reconstruction in-depth) (separate procedure)

44346 Revision of colostomy; with repair of paracolostomy hernia (separate procedure)
44360 Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
44361 Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with biopsy, single or multiple
44363 Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of foreign body(s)
44364 Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique

44365 Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
44366 Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
44369 Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
44370 Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with transendoscopic stent placement (includes predilation)
44372 Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with placement of percutaneous jejunostomy tube
44373 Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with conversion of percutaneous gastrostomy tube to percutaneous jejunostomy tube
44376 Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
44377 Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with biopsy, single or multiple
44378 Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
44379 Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with transendoscopic stent placement (includes predilation)
44380 Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
44381 Ileoscopy, through stoma; with transendoscopic balloon dilation
44382 Ileoscopy, through stoma; with biopsy, single or multiple
44383 Ileoscopy, through stoma; with transendoscopic stent placement (includes predilation)
44384 Ileoscopy, through stoma; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)

- 44385 Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
- 44386 Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); with biopsy, single or multiple
- 44388 Colonoscopy through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
- 44389 Colonoscopy through stoma; with biopsy, single or multiple
- 44390 Colonoscopy through stoma; with removal of foreign body(s)
- 44391 Colonoscopy through stoma; with control of bleeding, any method
- 44392 Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps
- 44393 Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
- 44394 Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
- 44397 Colonoscopy through stoma; with transendoscopic stent placement (includes predilation)
- 44401 Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre-and post-dilation and guide wire passage, when performed)
- 44402 Colonoscopy through stoma; with endoscopic stent placement (including pre- and post-dilation and guide wire passage, when performed)
- 44403 Colonoscopy through stoma; with endoscopic mucosal resection
- 44404 Colonoscopy through stoma; with directed submucosal injection(s), any substance
- 44405 Colonoscopy through stoma; with transendoscopic balloon dilation
- 44406 Colonoscopy through stoma; with endoscopic ultrasound examination, limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures
- 44407 Colonoscopy through stoma; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the sigmoid, descending, transverse, or ascending colon and cecum and adja
- 44408 Colonoscopy through stoma; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed
- 44500 Introduction of long gastrointestinal tube (eg, Miller-Abbott) (separate procedure)
- 4450F Self-care education provided to patient (HF)
- 44602 Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; single perforation
- 44603 Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; multiple perforations
- 44604 Suture of large intestine (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); without colostomy
- 44605 Suture of large intestine (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); with colostomy
- 44615 Intestinal stricturoplasty (enterotomy and enterorrhaphy) with or without dilation, for intestinal obstruction
- 44620 Closure of enterostomy, large or small intestine;
- 44625 Closure of enterostomy, large or small intestine; with resection and anastomosis other than colorectal

44626 Closure of enterostomy, large or small intestine; with resection and colorectal anastomosis (eg, closure of Hartmann type procedure)

44640 Closure of intestinal cutaneous fistula

44650 Closure of enteroenteric or enterocolic fistula

44660 Closure of enterovesical fistula; without intestinal or bladder resection

44661 Closure of enterovesical fistula; with intestine and/or bladder resection

44680 Intestinal plication (separate procedure)

44700 Exclusion of small intestine from pelvis by mesh or other prosthesis, or native tissue (eg, bladder or omentum)

44701 Intraoperative colonic lavage (List separately in addition to code for primary procedure)

44705 Preparation of fecal microbiota for instillation, including assessment of donor specimen

4470F Implantable cardioverter-defibrillator (ICD) counseling provided (HF)

44715 Backbench standard preparation of cadaver or living donor intestine allograft prior to transplantation, including mobilization and fashioning of the superior mesenteric artery and vein

44720 Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; venous anastomosis, each

44721 Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; arterial anastomosis, each

44799 Unlisted procedure, small intestine

44800 Excision of Meckel's diverticulum (diverticulectomy) or omphalomesenteric duct

4480F Patient receiving ACE inhibitor/ARB therapy and beta-blocker therapy for 3 months or longer (HF)

4481F Patient receiving ACE inhibitor/ARB therapy and beta-blocker therapy for less than 3 months or patient not receiving ACE inhibitor/ARB therapy and beta-blocker therapy (HF)

44820 Excision of lesion of mesentery (separate procedure)

44850 Suture of mesentery (separate procedure)

44899 Unlisted procedure, Meckel's diverticulum and the mesentery

44900 Incision and drainage of appendiceal abscess, open

44950 Appendectomy;

44955 Appendectomy; when done for indicated purpose at time of other major procedure (not as separate procedure) (List separately in addition to code for primary procedure)

44960 Appendectomy; for ruptured appendix with abscess or generalized peritonitis

44970 Laparoscopy, surgical, appendectomy

44979 Unlisted laparoscopy procedure, appendix

45000 Transrectal drainage of pelvic abscess

45005 Incision and drainage of submucosal abscess, rectum

4500F Referred to an outpatient cardiac rehabilitation program (CAD)

45020 Incision and drainage of deep supralelevator, pelvirectal, or retrorectal abscess

45100 Biopsy of anorectal wall, anal approach (eg, congenital megacolon)

45108 Anorectal myomectomy

4510F Previous cardiac rehabilitation for qualifying cardiac event completed (CAD)

45110 Proctectomy; complete, combined abdominoperineal, with colostomy

45111 Proctectomy; partial resection of rectum, transabdominal approach

45112 Proctectomy, combined abdominoperineal, pull-through procedure (eg, colo-anal anastomosis)

45113 Proctectomy, partial, with rectal mucosectomy, ileoanal anastomosis, creation of ileal reservoir (S or J), with or without loop ileostomy

45114 Proctectomy, partial, with anastomosis; abdominal and transsacral approach

45116 Proctectomy, partial, with anastomosis; transsacral approach only (Kraske type)

45119 Proctectomy, combined abdominoperineal pull-through procedure (eg, colo-anal anastomosis), with creation of colonic reservoir (eg, J-pouch), with diverting enterostomy when performed

45120 Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with pull-through procedure and anastomosis (eg, Swenson, Duhamel, or Soave type operation)

45121 Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with subtotal or total colectomy, with multiple biopsies

45123 Proctectomy, partial, without anastomosis, perineal approach

45126 Pelvic exenteration for colorectal malignancy, with proctectomy (with or without colostomy), with removal of bladder and ureteral transplantations, and/or hysterectomy, or cervicectomy, with or without removal of tube(s), with or without removal of ovary(

45130 Excision of rectal procidentia, with anastomosis; perineal approach

45135 Excision of rectal procidentia, with anastomosis; abdominal and perineal approach

45136 Excision of ileoanal reservoir with ileostomy

45150 Division of stricture of rectum

45160 Excision of rectal tumor by proctotomy, transsacral or transcoccygeal approach

45171 Excision of rectal tumor, transanal approach; not including muscularis propria (ie, partial thickness)

45172 Excision of rectal tumor, transanal approach; including muscularis propria (ie, full thickness)

45190 Destruction of rectal tumor (eg, electrodesiccation, electrosurgery, laser ablation, laser resection, cryosurgery) transanal approach

4525F Neuropsychiatric intervention ordered (DEM)

4526F Neuropsychiatric intervention received (DEM)

45300 Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)

45303 Proctosigmoidoscopy, rigid; with dilation (eg, balloon, guide wire, bougie)

45305 Proctosigmoidoscopy, rigid; with biopsy, single or multiple

45307 Proctosigmoidoscopy, rigid; with removal of foreign body

45308 Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery

45309 Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by snare technique

45315 Proctosigmoidoscopy, rigid; with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique

45317 Proctosigmoidoscopy, rigid; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)

45320 Proctosigmoidoscopy, rigid; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique (eg, laser)

45321 Proctosigmoidoscopy, rigid; with decompression of volvulus

45327 Proctosigmoidoscopy, rigid; with transendoscopic stent placement (includes predilation)

45330 Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)

45331 Sigmoidoscopy, flexible; with biopsy, single or multiple

45332 Sigmoidoscopy, flexible; with removal of foreign body(s)

45333 Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps

45334 Sigmoidoscopy, flexible; with control of bleeding, any method

45335 Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance

- 45337 Sigmoidoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed
- 45338 Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
- 45339 Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
- 45340 Sigmoidoscopy, flexible; with transendoscopic balloon dilation
- 45341 Sigmoidoscopy, flexible; with endoscopic ultrasound examination
- 45342 Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)
- 45345 Sigmoidoscopy, flexible; with transendoscopic stent placement (includes predilation)
- 45346 Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)
- 45347 Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)
- 45349 Sigmoidoscopy, flexible; with endoscopic mucosal resection
- 45350 Sigmoidoscopy, flexible; with band ligation(s) (eg, hemorrhoids)
- 45355 Colonoscopy, rigid or flexible, transabdominal via colotomy, single or multiple
- 45378 Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)
- 45379 Colonoscopy, flexible; with removal of foreign body(s)
- 45380 Colonoscopy, flexible; with biopsy, single or multiple
- 45381 Colonoscopy, flexible; with directed submucosal injection(s), any substance
- 45382 Colonoscopy, flexible; with control of bleeding, any method
- 45383 Colonoscopy, flexible, proximal to splenic flexure; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
- 45384 Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps
- 45385 Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
- 45386 Colonoscopy, flexible; with transendoscopic balloon dilation
- 45387 Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic stent placement (includes predilation)
- 45388 Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)
- 45389 Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed)
- 45390 Colonoscopy, flexible; with endoscopic mucosal resection
- 45391 Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures
- 45392 Colonoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and a
- 45393 Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed
- 45395 Laparoscopy, surgical; proctectomy, complete, combined abdominoperineal, with colostomy

45397	Laparoscopy, surgical; proctectomy, combined abdominoperineal pull-through procedure (eg, colo-anal anastomosis), with creation of colonic reservoir (eg, J-pouch), with diverting enterostomy, when performed	
45398	Colonoscopy, flexible; with band ligation(s) (eg, hemorrhoids)	
45399	Unlisted procedure, colon	
45400	Laparoscopy, surgical; proctopexy (for prolapse)	
45402	Laparoscopy, surgical; proctopexy (for prolapse), with sigmoid resection	
4540F	Disease modifying pharmacotherapy discussed (ALS)	
4541F	Patient offered treatment for pseudobulbar affect, sialorrhea, or ALS-related symptoms (ALS)	
45499	Unlisted laparoscopy procedure, rectum	
45500	Proctoplasty; for stenosis	
45505	Proctoplasty; for prolapse of mucous membrane	
4550F	Options for noninvasive respiratory support discussed with patient (ALS)	
4551F	Nutritional support offered (ALS)	
45520	Perirectal injection of sclerosing solution for prolapse	
4552F	Patient offered referral to a speech language pathologist (ALS)	
4553F	Patient offered assistance in planning for end of life issues (ALS)	
45540	Proctopexy (eg, for prolapse); abdominal approach	
45541	Proctopexy (eg, for prolapse); perineal approach	
4554F	Patient received inhalational anesthetic agent (Peri2)	
45550	Proctopexy (eg, for prolapse); with sigmoid resection, abdominal approach	
4555F	Patient did not receive inhalational anesthetic agent (Peri2)	
45560	Repair of rectocele (separate procedure)	
45562	Exploration, repair, and presacral drainage for rectal injury;	
45563	Exploration, repair, and presacral drainage for rectal injury; with colostomy	
4556F	Patient exhibits 3 or more risk factors for post-operative nausea and vomiting (Peri2)	
4557F	Patient does not exhibit 3 or more risk factors for post-operative nausea and vomiting (Peri2)	
4558F	Patient received at least 2 prophylactic pharmacologic anti-emetic agents of different classes preoperatively and intraoperatively (Peri2)	
4559F	At least 1 body temperature measurement equal to or greater than 35.5 degrees Celsius (or 95.9 degrees Fahrenheit) recorded within the 30 minutes immediately before or the 15 minutes immediately after anesthesia end time (Peri2)	
4560F	Anesthesia technique did not involve general or neuraxial anesthesia (Peri2)	
4561F	Patient has a coronary artery stent (Peri2)	
4562F	Patient does not have a coronary artery stent (Peri2)	
4563F	Patient received aspirin within 24 hours prior to anesthesia start time (Peri2)	
45800	Closure of rectovesical fistula;	
45805	Closure of rectovesical fistula; with colostomy	
45820	Closure of rectourethral fistula;	
45825	Closure of rectourethral fistula; with colostomy	
45900	Reduction of procidentia (separate procedure) under anesthesia	
45905	Dilation of anal sphincter (separate procedure) under anesthesia other than local	
45910	Dilation of rectal stricture (separate procedure) under anesthesia other than local	
45915	Removal of fecal impaction or foreign body (separate procedure) under anesthesia	\$5,618.34
45990	Anorectal exam, surgical, requiring anesthesia (general, spinal, or epidural), diagnostic	
45999	Unlisted procedure, rectum	
46020	Placement of seton	
46030	Removal of anal seton, other marker	
46040	Incision and drainage of ischiorectal and/or perirectal abscess (separate procedure)	\$3,133.74

46045	Incision and drainage of intramural, intramuscular, or submucosal abscess, transanal, under anesthesia	
46050	Incision and drainage, perianal abscess, superficial	\$4,259.88
46060	Incision and drainage of ischiorectal or intramural abscess, with fistulectomy or fistulotomy, submuscular, with or without placement of seton	
46070	Incision, anal septum (infant)	
46080	Sphincterotomy, anal, division of sphincter (separate procedure)	
46083	Incision of thrombosed hemorrhoid, external	\$1,036.56
46200	Fissurectomy, including sphincterotomy, when performed	
46220	Excision of single external papilla or tag, anus	
46221	Hemorrhoidectomy, internal, by rubber band ligation(s)	
46230	Excision of multiple external papillae or tags, anus	
46250	Hemorrhoidectomy, external, 2 or more columns/groups	
46255	Hemorrhoidectomy, internal and external, single column/group;	
46257	Hemorrhoidectomy, internal and external, single column/group; with fissurectomy	
46258	Hemorrhoidectomy, internal and external, single column/group; with fistulectomy, including fissurectomy, when performed	
46260	Hemorrhoidectomy, internal and external, 2 or more columns/groups;	
46261	Hemorrhoidectomy, internal and external, 2 or more columns/groups; with fissurectomy	
46262	Hemorrhoidectomy, internal and external, 2 or more columns/groups; with fistulectomy, including fissurectomy, when performed	
46270	Surgical treatment of anal fistula (fistulectomy/fistulotomy); subcutaneous	
46275	Surgical treatment of anal fistula (fistulectomy/fistulotomy); intersphincteric	
46280	Surgical treatment of anal fistula (fistulectomy/fistulotomy); transsphincteric, suprasphincteric, extrasphincteric or multiple, including placement of seton, when performed	
46285	Surgical treatment of anal fistula (fistulectomy/fistulotomy); second stage	
46288	Closure of anal fistula with rectal advancement flap	
46320	Excision of thrombosed hemorrhoid, external	\$1,076.04
46500	Injection of sclerosing solution, hemorrhoids	
46505	Chemodenervation of internal anal sphincter	
46600	Anoscopy; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	
46601	Anoscopy; diagnostic, with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, including collection of specimen(s) by brushing or washing, when performed	
46604	Anoscopy; with dilation (eg, balloon, guide wire, bougie)	
46606	Anoscopy; with biopsy, single or multiple	
46607	Anoscopy; with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, with biopsy, single or multiple	
46608	Anoscopy; with removal of foreign body	
46610	Anoscopy; with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery	
46611	Anoscopy; with removal of single tumor, polyp, or other lesion by snare technique	
46612	Anoscopy; with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique	
46614	Anoscopy; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)	
46615	Anoscopy; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique	
46700	Anoplasty, plastic operation for stricture; adult	
46705	Anoplasty, plastic operation for stricture; infant	

46706 Repair of anal fistula with fibrin glue

46707 Repair of anorectal fistula with plug (eg, porcine small intestine submucosa [SIS])

46710 Repair of ileoanal pouch fistula/sinus (eg, perineal or vaginal), pouch advancement; transperineal approach

46712 Repair of ileoanal pouch fistula/sinus (eg, perineal or vaginal), pouch advancement; combined transperineal and transabdominal approach

46715 Repair of low imperforate anus; with anoperineal fistula (cut-back procedure)

46716 Repair of low imperforate anus; with transposition of anoperineal or anovestibular fistula

46730 Repair of high imperforate anus without fistula; perineal or sacroperineal approach

46735 Repair of high imperforate anus without fistula; combined transabdominal and sacroperineal approaches

46740 Repair of high imperforate anus with rectourethral or rectovaginal fistula; perineal or sacroperineal approach

46742 Repair of high imperforate anus with rectourethral or rectovaginal fistula; combined transabdominal and sacroperineal approaches

46744 Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, sacroperineal approach

46746 Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, combined abdominal and sacroperineal approach;

46748 Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, combined abdominal and sacroperineal approach; with vaginal lengthening by intestinal graft or pedicle flaps

46750 Sphincteroplasty, anal, for incontinence or prolapse; adult

46751 Sphincteroplasty, anal, for incontinence or prolapse; child

46753 Graft (Thiersch operation) for rectal incontinence and/or prolapse

46754 Removal of Thiersch wire or suture, anal canal

46760 Sphincteroplasty, anal, for incontinence, adult; muscle transplant

46761 Sphincteroplasty, anal, for incontinence, adult; levator muscle imbrication (Park posterior anal repair)

46762 Sphincteroplasty, anal, for incontinence, adult; implantation artificial sphincter

46900 Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical

46910 Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation

46916 Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery

46917 Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery

46922 Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision

46924 Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)

46930 Destruction of internal hemorrhoid(s) by thermal energy (eg, infrared coagulation, cautery, radiofrequency)

46940 Curettage or cautery of anal fissure, including dilation of anal sphincter (separate procedure); initial

46942 Curettage or cautery of anal fissure, including dilation of anal sphincter (separate procedure); subsequent

46945 Hemorrhoidectomy, internal, by ligation other than rubber band; single hemorrhoid column/group

46946 Hemorrhoidectomy, internal, by ligation other than rubber band; 2 or more hemorrhoid columns/groups

46947 Hemorrhoidopexy (eg, for prolapsing internal hemorrhoids) by stapling

46999 Unlisted procedure, anus

47000 Biopsy of liver, needle; percutaneous

47001 Biopsy of liver, needle; when done for indicated purpose at time of other major procedure
(List separately in addition to code for primary procedure)

47010 Hepatotomy, for open drainage of abscess or cyst, 1 or 2 stages

47015 Laparotomy, with aspiration and/or injection of hepatic parasitic (eg, amoebic or
echinococcal) cyst(s) or abscess(es)

47100 Biopsy of liver, wedge

47120 Hepatectomy, resection of liver; partial lobectomy

47122 Hepatectomy, resection of liver; trisegmentectomy

47125 Hepatectomy, resection of liver; total left lobectomy

47130 Hepatectomy, resection of liver; total right lobectomy

47133 Donor hepatectomy (including cold preservation), from cadaver donor

47135 Liver allotransplantation, orthotopic, partial or whole, from cadaver or living donor, any age

47136 Liver allotransplantation; heterotopic, partial or whole, from cadaver or living donor, any age

47140 Donor hepatectomy (including cold preservation), from living donor; left lateral segment
only (segments II and III)

47141 Donor hepatectomy (including cold preservation), from living donor; total left lobectomy
(segments II, III and IV)

47142 Donor hepatectomy (including cold preservation), from living donor; total right lobectomy
(segments V, VI, VII and VIII)

47143 Backbench standard preparation of cadaver donor whole liver graft prior to
allotransplantation, including cholecystectomy, if necessary, and dissection and removal of
surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and comm

47144 Backbench standard preparation of cadaver donor whole liver graft prior to
allotransplantation, including cholecystectomy, if necessary, and dissection and removal of
surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and comm

47145 Backbench standard preparation of cadaver donor whole liver graft prior to
allotransplantation, including cholecystectomy, if necessary, and dissection and removal of
surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and comm

47146 Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation;
venous anastomosis, each

47147 Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation;
arterial anastomosis, each

47300 Marsupialization of cyst or abscess of liver

47350 Management of liver hemorrhage; simple suture of liver wound or injury

47360 Management of liver hemorrhage; complex suture of liver wound or injury, with or without
hepatic artery ligation

47361 Management of liver hemorrhage; exploration of hepatic wound, extensive debridement,
coagulation and/or suture, with or without packing of liver

47362 Management of liver hemorrhage; re-exploration of hepatic wound for removal of packing

47370 Laparoscopy, surgical, ablation of 1 or more liver tumor(s); radiofrequency

47371 Laparoscopy, surgical, ablation of 1 or more liver tumor(s); cryosurgical

47379 Unlisted laparoscopic procedure, liver

47380 Ablation, open, of 1 or more liver tumor(s); radiofrequency

47381 Ablation, open, of 1 or more liver tumor(s); cryosurgical

47382 Ablation, 1 or more liver tumor(s), percutaneous, radiofrequency

47383 Ablation, 1 or more liver tumor(s), percutaneous, cryoablation

47399 Unlisted procedure, liver

47400 Hepaticotomy or hepaticostomy with exploration, drainage, or removal of calculus

47420 Choledochotomy or choledochostomy with exploration, drainage, or removal of calculus, with or without cholecystotomy; without transduodenal sphincterotomy or sphincteroplasty

47425 Choledochotomy or choledochostomy with exploration, drainage, or removal of calculus, with or without cholecystotomy; with transduodenal sphincterotomy or sphincteroplasty

47460 Transduodenal sphincterotomy or sphincteroplasty, with or without transduodenal extraction of calculus (separate procedure)

47480 Cholecystotomy or cholecystostomy, open, with exploration, drainage, or removal of calculus (separate procedure)

47490 Cholecystostomy, percutaneous, complete procedure, including imaging guidance, catheter placement, cholecystogram when performed, and radiological supervision and interpretation

47500 Injection procedure for percutaneous transhepatic cholangiography

47505 Injection procedure for cholangiography through an existing catheter (eg, percutaneous transhepatic or T-tube)

47510 Introduction of percutaneous transhepatic catheter for biliary drainage

47511 Introduction of percutaneous transhepatic stent for internal and external biliary drainage

47525 Change of percutaneous biliary drainage catheter

47530 Revision and/or reinsertion of transhepatic tube

47531 Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; existing access

47532 Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access (eg, percutaneous transhepatic c

47533 Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; external

47534 Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; internal-external

47535 Conversion of external biliary drainage catheter to internal-external biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpr

47536 Exchange of biliary drainage catheter (eg, external, internal-external, or conversion of internal-external to external only), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiolo

47537 Removal of biliary drainage catheter, percutaneous, requiring fluoroscopic guidance (eg, with concurrent indwelling biliary stents), including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological s

47538 Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiologica

- 47539 Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiologica
- 47540 Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiologica
- 47541 Placement of access through the biliary tree and into small bowel to assist with an endoscopic biliary procedure (eg, rendezvous procedure), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoros)
- 47542 Balloon dilation of biliary duct(s) or of ampulla (sphincteroplasty), percutaneous, including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, each duct (List separately in addition to code for primary pr
- 47543 Endoluminal biopsy(ies) of biliary tree, percutaneous, any method(s) (eg, brush, forceps, and/or needle), including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, single or multiple (List separately in
- 47544 Removal of calculi/debris from biliary duct(s) and/or gallbladder, percutaneous, including destruction of calculi by any method (eg, mechanical, electrohydraulic, lithotripsy) when performed, imaging guidance (eg, fluoroscopy), and all associated radiolog
- 47550 Biliary endoscopy, intraoperative (choledochoscopy) (List separately in addition to code for primary procedure)
- 47552 Biliary endoscopy, percutaneous via T-tube or other tract; diagnostic, with collection of specimen(s) by brushing and/or washing, when performed (separate procedure)
- 47553 Biliary endoscopy, percutaneous via T-tube or other tract; with biopsy, single or multiple
- 47554 Biliary endoscopy, percutaneous via T-tube or other tract; with removal of calculus/calculi
- 47555 Biliary endoscopy, percutaneous via T-tube or other tract; with dilation of biliary duct stricture(s) without stent
- 47556 Biliary endoscopy, percutaneous via T-tube or other tract; with dilation of biliary duct stricture(s) with stent
- 47560 Laparoscopy, surgical; with guided transhepatic cholangiography, without biopsy
- 47561 Laparoscopy, surgical; with guided transhepatic cholangiography with biopsy
- 47562 Laparoscopy, surgical; cholecystectomy
- 47563 Laparoscopy, surgical; cholecystectomy with cholangiography
- 47564 Laparoscopy, surgical; cholecystectomy with exploration of common duct
- 47570 Laparoscopy, surgical; cholecystoenterostomy
- 47579 Unlisted laparoscopy procedure, biliary tract
- 47600 Cholecystectomy;
- 47605 Cholecystectomy; with cholangiography
- 47610 Cholecystectomy with exploration of common duct;
- 47612 Cholecystectomy with exploration of common duct; with choledochoenterostomy
- 47620 Cholecystectomy with exploration of common duct; with transduodenal sphincterotomy or sphincteroplasty, with or without cholangiography
- 47630 Biliary duct stone extraction, percutaneous via T-tube tract, basket, or snare (eg, Burhenne technique)
- 47700 Exploration for congenital atresia of bile ducts, without repair, with or without liver biopsy, with or without cholangiography

47701 Portoenterostomy (eg, Kasai procedure)

47711 Excision of bile duct tumor, with or without primary repair of bile duct; extrahepatic

47712 Excision of bile duct tumor, with or without primary repair of bile duct; intrahepatic

47715 Excision of choledochal cyst

47720 Cholecystoenterostomy; direct

47721 Cholecystoenterostomy; with gastroenterostomy

47740 Cholecystoenterostomy; Roux-en-Y

47741 Cholecystoenterostomy; Roux-en-Y with gastroenterostomy

47760 Anastomosis, of extrahepatic biliary ducts and gastrointestinal tract

47765 Anastomosis, of intrahepatic ducts and gastrointestinal tract

47780 Anastomosis, Roux-en-Y, of extrahepatic biliary ducts and gastrointestinal tract

47785 Anastomosis, Roux-en-Y, of intrahepatic biliary ducts and gastrointestinal tract

47800 Reconstruction, plastic, of extrahepatic biliary ducts with end-to-end anastomosis

47801 Placement of choledochal stent

47802 U-tube hepaticoenterostomy

47900 Suture of extrahepatic biliary duct for pre-existing injury (separate procedure)

47999 Unlisted procedure, biliary tract

48000 Placement of drains, peripancreatic, for acute pancreatitis;

48001 Placement of drains, peripancreatic, for acute pancreatitis; with cholecystostomy, gastrostomy, and jejunostomy

48020 Removal of pancreatic calculus

48100 Biopsy of pancreas, open (eg, fine needle aspiration, needle core biopsy, wedge biopsy)

48102 Biopsy of pancreas, percutaneous needle

48105 Resection or debridement of pancreas and peripancreatic tissue for acute necrotizing pancreatitis

48120 Excision of lesion of pancreas (eg, cyst, adenoma)

48140 Pancreatectomy, distal subtotal, with or without splenectomy; without pancreaticojejunostomy

48145 Pancreatectomy, distal subtotal, with or without splenectomy; with pancreaticojejunostomy

48146 Pancreatectomy, distal, near-total with preservation of duodenum (Child-type procedure)

48148 Excision of ampulla of Vater

48150 Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); with pancreaticojejunostomy

48152 Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); without pancreaticojejunostomy

48153 Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); with pancreaticojejunostomy

48154 Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); without pancreaticojejunostomy

48155 Pancreatectomy, total

48160 Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islet cells

48400 Injection procedure for intraoperative pancreatography (List separately in addition to code for primary procedure)

48500 Marsupialization of pancreatic cyst

48510 External drainage, pseudocyst of pancreas, open

48520 Internal anastomosis of pancreatic cyst to gastrointestinal tract; direct

48540 Internal anastomosis of pancreatic cyst to gastrointestinal tract; Roux-en-Y

48545 Pancreatorrhaphy for injury

48547 Duodenal exclusion with gastrojejunostomy for pancreatic injury

48548 Pancreaticojejunostomy, side-to-side anastomosis (Puestow-type operation)

48550 Donor pancreatectomy (including cold preservation), with or without duodenal segment for transplantation

48551 Backbench standard preparation of cadaver donor pancreas allograft prior to transplantation, including dissection of allograft from surrounding soft tissues, splenectomy, duodenotomy, ligation of bile duct, ligation of mesenteric vessels, and Y-graft artery

48552 Backbench reconstruction of cadaver donor pancreas allograft prior to transplantation, venous anastomosis, each

48554 Transplantation of pancreatic allograft

48556 Removal of transplanted pancreatic allograft

48999 Unlisted procedure, pancreas

49000 Exploratory laparotomy, exploratory celiotomy with or without biopsy(s) (separate procedure)

49002 Reopening of recent laparotomy

49010 Exploration, retroperitoneal area with or without biopsy(s) (separate procedure)

49020 Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess, open

49040 Drainage of subdiaphragmatic or subphrenic abscess, open

49060 Drainage of retroperitoneal abscess, open

49062 Drainage of extraperitoneal lymphocele to peritoneal cavity, open

49082 Abdominal paracentesis (diagnostic or therapeutic); without imaging guidance

49083 Abdominal paracentesis (diagnostic or therapeutic); with imaging guidance

49084 Peritoneal lavage, including imaging guidance, when performed

49180 Biopsy, abdominal or retroperitoneal mass, percutaneous needle

49185 Sclerotherapy of a fluid collection (eg, lymphocele, cyst, or seroma), percutaneous, including contrast injection(s), sclerosant injection(s), diagnostic study, imaging guidance (eg, ultrasound, fluoroscopy) and radiological supervision and interpretation

49203 Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor 5 cm diameter or less

49204 Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor 5.1-10.0 cm diameter

49205 Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor greater than 10.0 cm diameter

49215 Excision of presacral or sacrococcygeal tumor

49220 Staging laparotomy for Hodgkins disease or lymphoma (includes splenectomy, needle or open biopsies of both liver lobes, possibly also removal of abdominal nodes, abdominal node and/or bone marrow biopsies, ovarian repositioning)

49250 Umbilectomy, omphalectomy, excision of umbilicus (separate procedure)

49255 Omentectomy, epiploectomy, resection of omentum (separate procedure)

49320 Laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)

49321 Laparoscopy, surgical; with biopsy (single or multiple)

49322 Laparoscopy, surgical; with aspiration of cavity or cyst (eg, ovarian cyst) (single or multiple)

49323 Laparoscopy, surgical; with drainage of lymphocele to peritoneal cavity

- 49324 Laparoscopy, surgical; with insertion of tunneled intraperitoneal catheter
- 49325 Laparoscopy, surgical; with revision of previously placed intraperitoneal cannula or catheter, with removal of intraluminal obstructive material if performed
- 49326 Laparoscopy, surgical; with omentopexy (omental tacking procedure) (List separately in addition to code for primary procedure)
- 49327 Laparoscopy, surgical; with placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), intra-abdominal, intrapelvic, and/or retroperitoneum, including imaging guidance, if performed, single or multiple (List sepa
- 49329 Unlisted laparoscopy procedure, abdomen, peritoneum and omentum
- 49400 Injection of air or contrast into peritoneal cavity (separate procedure)
- 49402 Removal of peritoneal foreign body from peritoneal cavity
- 49405 Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen, lung/mediastinum), percutaneous
- 49406 Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, percutaneous
- 49407 Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, transvaginal or transrectal
- 49411 Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple
- 49412 Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), open, intra-abdominal, intrapelvic, and/or retroperitoneum, including image guidance, if performed, single or multiple (List separately in addition to co
- 49418 Insertion of tunneled intraperitoneal catheter (eg, dialysis, intraperitoneal chemotherapy instillation, management of ascites), complete procedure, including imaging guidance, catheter placement, contrast injection when performed, and radiological superv
- 49419 Insertion of tunneled intraperitoneal catheter, with subcutaneous port (ie, totally implantable)
- 49421 Insertion of tunneled intraperitoneal catheter for dialysis, open
- 49422 Removal of tunneled intraperitoneal catheter
- 49423 Exchange of previously placed abscess or cyst drainage catheter under radiological guidance (separate procedure)
- 49424 Contrast injection for assessment of abscess or cyst via previously placed drainage catheter or tube (separate procedure)
- 49425 Insertion of peritoneal-venous shunt
- 49426 Revision of peritoneal-venous shunt
- 49427 Injection procedure (eg, contrast media) for evaluation of previously placed peritoneal-venous shunt
- 49428 Ligation of peritoneal-venous shunt
- 49429 Removal of peritoneal-venous shunt
- 49435 Insertion of subcutaneous extension to intraperitoneal cannula or catheter with remote chest exit site (List separately in addition to code for primary procedure)
- 49436 Delayed creation of exit site from embedded subcutaneous segment of intraperitoneal cannula or catheter
- 49440 Insertion of gastrostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report
- 49441 Insertion of duodenostomy or jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report

49442	Insertion of cecostomy or other colonic tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	
49446	Conversion of gastrostomy tube to gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	
49450	Replacement of gastrostomy or cecostomy (or other colonic) tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	\$3,795.60
49451	Replacement of duodenostomy or jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	
49452	Replacement of gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report	
49460	Mechanical removal of obstructive material from gastrostomy, duodenostomy, jejunostomy, gastro-jejunostomy, or cecostomy (or other colonic) tube, any method, under fluoroscopic guidance including contrast injection(s), if performed, image documentation an	
49465	Contrast injection(s) for radiological evaluation of existing gastrostomy, duodenostomy, jejunostomy, gastro-jejunostomy, or cecostomy (or other colonic) tube, from a percutaneous approach including image documentation and report	
49491	Repair, initial inguinal hernia, preterm infant (younger than 37 weeks gestation at birth), performed from birth up to 50 weeks postconception age, with or without hydrocelectomy; reducible	
49492	Repair, initial inguinal hernia, preterm infant (younger than 37 weeks gestation at birth), performed from birth up to 50 weeks postconception age, with or without hydrocelectomy; incarcerated or strangulated	
49495	Repair, initial inguinal hernia, full term infant younger than age 6 months, or preterm infant older than 50 weeks postconception age and younger than age 6 months at the time of surgery, with or without hydrocelectomy; reducible	
49496	Repair, initial inguinal hernia, full term infant younger than age 6 months, or preterm infant older than 50 weeks postconception age and younger than age 6 months at the time of surgery, with or without hydrocelectomy; incarcerated or strangulated	
49500	Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy; reducible	
49501	Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy; incarcerated or strangulated	
49505	Repair initial inguinal hernia, age 5 years or older; reducible	\$3,070.80
49507	Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated	
49520	Repair recurrent inguinal hernia, any age; reducible	
49521	Repair recurrent inguinal hernia, any age; incarcerated or strangulated	
49525	Repair inguinal hernia, sliding, any age	
49540	Repair lumbar hernia	
49550	Repair initial femoral hernia, any age; reducible	
49553	Repair initial femoral hernia, any age; incarcerated or strangulated	
49555	Repair recurrent femoral hernia; reducible	
49557	Repair recurrent femoral hernia; incarcerated or strangulated	
49560	Repair initial incisional or ventral hernia; reducible	
49561	Repair initial incisional or ventral hernia; incarcerated or strangulated	
49565	Repair recurrent incisional or ventral hernia; reducible	
49566	Repair recurrent incisional or ventral hernia; incarcerated or strangulated	
49568	Implantation of mesh or other prosthesis for open incisional or ventral hernia repair or mesh for closure of debridement for necrotizing soft tissue infection (List separately in addition to code for the incisional or ventral hernia repair)	

49570	Repair epigastric hernia (eg, preperitoneal fat); reducible (separate procedure)	
49572	Repair epigastric hernia (eg, preperitoneal fat); incarcerated or strangulated	
49580	Repair umbilical hernia, younger than age 5 years; reducible	
49582	Repair umbilical hernia, younger than age 5 years; incarcerated or strangulated	
49585	Repair umbilical hernia, age 5 years or older; reducible	\$2,625.36
49587	Repair umbilical hernia, age 5 years or older; incarcerated or strangulated	
49590	Repair spigelian hernia	
49600	Repair of small omphalocele, with primary closure	
49605	Repair of large omphalocele or gastroschisis; with or without prosthesis	
49606	Repair of large omphalocele or gastroschisis; with removal of prosthesis, final reduction and closure, in operating room	
49610	Repair of omphalocele (Gross type operation); first stage	
49611	Repair of omphalocele (Gross type operation); second stage	
49650	Laparoscopy, surgical; repair initial inguinal hernia	
49651	Laparoscopy, surgical; repair recurrent inguinal hernia	
49652	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible	
49653	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated	
49654	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible	
49655	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated	
49656	Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); reducible	
49657	Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated	
49659	Unlisted laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy	
49900	Suture, secondary, of abdominal wall for evisceration or dehiscence	
49904	Omental flap, extra-abdominal (eg, for reconstruction of sternal and chest wall defects)	
49905	Omental flap, intra-abdominal (List separately in addition to code for primary procedure)	
49906	Free omental flap with microvascular anastomosis	
49999	Unlisted procedure, abdomen, peritoneum and omentum	
50010	Renal exploration, not necessitating other specific procedures	
50020	Drainage of perirenal or renal abscess, open	
50040	Nephrostomy, nephrotomy with drainage	
50045	Nephrotomy, with exploration	
5005F	Patient counseled on self-examination for new or changing moles (ML)	
50060	Nephrolithotomy; removal of calculus	
50065	Nephrolithotomy; secondary surgical operation for calculus	
50070	Nephrolithotomy; complicated by congenital kidney abnormality	
50075	Nephrolithotomy; removal of large staghorn calculus filling renal pelvis and calyces (including anatomic pyelolithotomy)	
50080	Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; up to 2 cm	
50081	Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; over 2 cm	
50100	Transection or repositioning of aberrant renal vessels (separate procedure)	
5010F	Findings of dilated macular or fundus exam communicated to the physician or other qualified health care professional managing the diabetes care (EC)	
50120	Pyelotomy; with exploration	
50125	Pyelotomy; with drainage, pyelostomy	

50130 Pyelotomy; with removal of calculus (pyelolithotomy, pelviolithotomy, including coagulum pyelolithotomy)

50135 Pyelotomy; complicated (eg, secondary operation, congenital kidney abnormality)

5015F Documentation of communication that a fracture occurred and that the patient was or should be tested or treated for osteoporosis (OP)

50200 Renal biopsy; percutaneous, by trocar or needle

50205 Renal biopsy; by surgical exposure of kidney

5020F Treatment summary report communicated to physician(s) or other qualified health care professional(s) managing continuing care and to the patient within 1 month of completing treatment (ONC)

50220 Nephrectomy, including partial ureterectomy, any open approach including rib resection;

50225 Nephrectomy, including partial ureterectomy, any open approach including rib resection; complicated because of previous surgery on same kidney

50230 Nephrectomy, including partial ureterectomy, any open approach including rib resection; radical, with regional lymphadenectomy and/or vena caval thrombectomy

50234 Nephrectomy with total ureterectomy and bladder cuff; through same incision

50236 Nephrectomy with total ureterectomy and bladder cuff; through separate incision

50240 Nephrectomy, partial

50250 Ablation, open, 1 or more renal mass lesion(s), cryosurgical, including intraoperative ultrasound guidance and monitoring, if performed

50280 Excision or unroofing of cyst(s) of kidney

50290 Excision of perinephric cyst

50300 Donor nephrectomy (including cold preservation); from cadaver donor, unilateral or bilateral

50320 Donor nephrectomy (including cold preservation); open, from living donor

50323 Backbench standard preparation of cadaver donor renal allograft prior to transplantation, including dissection and removal of perinephric fat, diaphragmatic and retroperitoneal attachments, excision of adrenal gland, and preparation of ureter(s), renal ve

50325 Backbench standard preparation of living donor renal allograft (open or laparoscopic) prior to transplantation, including dissection and removal of perinephric fat and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as nec

50327 Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; venous anastomosis, each

50328 Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; arterial anastomosis, each

50329 Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; ureteral anastomosis, each

50340 Recipient nephrectomy (separate procedure)

50360 Renal allotransplantation, implantation of graft; without recipient nephrectomy

50365 Renal allotransplantation, implantation of graft; with recipient nephrectomy

50370 Removal of transplanted renal allograft

50380 Renal autotransplantation, reimplantation of kidney

50382 Removal (via snare/capture) and replacement of internally dwelling ureteral stent via percutaneous approach, including radiological supervision and interpretation

50384 Removal (via snare/capture) of internally dwelling ureteral stent via percutaneous approach, including radiological supervision and interpretation

- 50385 Removal (via snare/capture) and replacement of internally dwelling ureteral stent via transurethral approach, without use of cystoscopy, including radiological supervision and interpretation
- 50386 Removal (via snare/capture) of internally dwelling ureteral stent via transurethral approach, without use of cystoscopy, including radiological supervision and interpretation
- 50387 Removal and replacement of externally accessible nephroureteral catheter (eg, external/internal stent) requiring fluoroscopic guidance, including radiological supervision and interpretation
- 50389 Removal of nephrostomy tube, requiring fluoroscopic guidance (eg, with concurrent indwelling ureteral stent)
- 50390 Aspiration and/or injection of renal cyst or pelvis by needle, percutaneous
- 50391 Instillation(s) of therapeutic agent into renal pelvis and/or ureter through established nephrostomy, pyelostomy or ureterostomy tube (eg, anticarcinogenic or antifungal agent)
- 50392 Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous
- 50393 Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous
- 50394 Injection procedure for pyelography (as nephrostogram, pyelostogram, antegrade pyeloureterograms) through nephrostomy or pyelostomy tube, or indwelling ureteral catheter
- 50395 Introduction of guide into renal pelvis and/or ureter with dilation to establish nephrostomy tract, percutaneous
- 50396 Manometric studies through nephrostomy or pyelostomy tube, or indwelling ureteral catheter
- 50398 Change of nephrostomy or pyelostomy tube
- 50400 Pyeloplasty (Foley Y-pyeloplasty), plastic operation on renal pelvis, with or without plastic operation on ureter, nephropexy, nephrostomy, pyelostomy, or ureteral splinting; simple
- 50405 Pyeloplasty (Foley Y-pyeloplasty), plastic operation on renal pelvis, with or without plastic operation on ureter, nephropexy, nephrostomy, pyelostomy, or ureteral splinting; complicated (congenital kidney abnormality, secondary pyeloplasty, solitary kidney)
- 50430 Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; new access
- 50431 Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access
- 50432 Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation
- 50433 Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, new access
- 50434 Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation

- 50435 Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation
- 50500 Nephrorrhaphy, suture of kidney wound or injury
- 5050F Treatment plan communicated to provider(s) managing continuing care within 1 month of diagnosis (ML)
- 50520 Closure of nephrocutaneous or pyelocutaneous fistula
- 50525 Closure of nephrovisceral fistula (eg, renocolic), including visceral repair; abdominal approach
- 50526 Closure of nephrovisceral fistula (eg, renocolic), including visceral repair; thoracic approach
- 50540 Symphysiotomy for horseshoe kidney with or without pyeloplasty and/or other plastic procedure, unilateral or bilateral (1 operation)
- 50541 Laparoscopy, surgical; ablation of renal cysts
- 50542 Laparoscopy, surgical; ablation of renal mass lesion(s), including intraoperative ultrasound guidance and monitoring, when performed
- 50543 Laparoscopy, surgical; partial nephrectomy
- 50544 Laparoscopy, surgical; pyeloplasty
- 50545 Laparoscopy, surgical; radical nephrectomy (includes removal of Gerota's fascia and surrounding fatty tissue, removal of regional lymph nodes, and adrenalectomy)
- 50546 Laparoscopy, surgical; nephrectomy, including partial ureterectomy
- 50547 Laparoscopy, surgical; donor nephrectomy (including cold preservation), from living donor
- 50548 Laparoscopy, surgical; nephrectomy with total ureterectomy
- 50549 Unlisted laparoscopy procedure, renal
- 50551 Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;
- 50553 Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter
- 50555 Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy
- 50557 Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy
- 50561 Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus
- 50562 Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with resection of tumor
- 50570 Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;
- 50572 Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter
- 50574 Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy

50575 Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with endopyelotomy (includes cystoscopy, ureteroscopy, dilation of ureter and ureteral pelvic junction, inci

50576 Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy

50580 Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus

50590 Lithotripsy, extracorporeal shock wave

50592 Ablation, 1 or more renal tumor(s), percutaneous, unilateral, radiofrequency

50593 Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy

50600 Ureterotomy with exploration or drainage (separate procedure)

50605 Ureterotomy for insertion of indwelling stent, all types

50606 Endoluminal biopsy of ureter and/or renal pelvis, non-endoscopic, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)

5060F Findings from diagnostic mammogram communicated to practice managing patient's on-going care within 3 business days of exam interpretation (RAD)

50610 Ureterolithotomy; upper one-third of ureter

50620 Ureterolithotomy; middle one-third of ureter

5062F Findings from diagnostic mammogram communicated to the patient within 5 days of exam interpretation (RAD)

50630 Ureterolithotomy; lower one-third of ureter

50650 Ureterectomy, with bladder cuff (separate procedure)

50660 Ureterectomy, total, ectopic ureter, combination abdominal, vaginal and/or perineal approach

50684 Injection procedure for ureterography or ureteropyelography through ureterostomy or indwelling ureteral catheter

50686 Manometric studies through ureterostomy or indwelling ureteral catheter

50688 Change of ureterostomy tube or externally accessible ureteral stent via ileal conduit

50690 Injection procedure for visualization of ileal conduit and/or ureteropyelography, exclusive of radiologic service

50693 Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; pre-existing nephrostomy

50694 Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, without sepa

50695 Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, with separat

50700 Ureteroplasty, plastic operation on ureter (eg, stricture)

50705 Ureteral embolization or occlusion, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)

50706 Balloon dilation, ureteral stricture, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)

50715 Ureterolysis, with or without repositioning of ureter for retroperitoneal fibrosis
50722 Ureterolysis for ovarian vein syndrome
50725 Ureterolysis for retrocaval ureter, with reanastomosis of upper urinary tract or vena cava

50727 Revision of urinary-cutaneous anastomosis (any type urostomy);
50728 Revision of urinary-cutaneous anastomosis (any type urostomy); with repair of fascial defect and hernia

50740 Ureteropyelostomy, anastomosis of ureter and renal pelvis
50750 Ureterocalycostomy, anastomosis of ureter to renal calyx
50760 Ureteroureterostomy
50770 Transureteroureterostomy, anastomosis of ureter to contralateral ureter
50780 Ureteroneocystostomy; anastomosis of single ureter to bladder
50782 Ureteroneocystostomy; anastomosis of duplicated ureter to bladder
50783 Ureteroneocystostomy; with extensive ureteral tailoring
50785 Ureteroneocystostomy; with vesico-psoas hitch or bladder flap
50800 Ureteroenterostomy, direct anastomosis of ureter to intestine
50810 Ureterosigmoidostomy, with creation of sigmoid bladder and establishment of abdominal or perineal colostomy, including intestine anastomosis
50815 Ureterocolon conduit, including intestine anastomosis
50820 Ureteroileal conduit (ileal bladder), including intestine anastomosis (Bricker operation)

50825 Continent diversion, including intestine anastomosis using any segment of small and/or large intestine (Kock pouch or Camey enterocystoplasty)
50830 Urinary undiversion (eg, taking down of ureteroileal conduit, ureterosigmoidostomy or ureteroenterostomy with ureteroureterostomy or ureteroneocystostomy)

50840 Replacement of all or part of ureter by intestine segment, including intestine anastomosis

50845 Cutaneous appendico-vesicostomy
50860 Ureterostomy, transplantation of ureter to skin
50900 Ureterorrhaphy, suture of ureter (separate procedure)
50920 Closure of ureterocutaneous fistula
50930 Closure of ureterovisceral fistula (including visceral repair)
50940 Deligation of ureter
50945 Laparoscopy, surgical; ureterolithotomy
50947 Laparoscopy, surgical; ureteroneocystostomy with cystoscopy and ureteral stent placement

50948 Laparoscopy, surgical; ureteroneocystostomy without cystoscopy and ureteral stent placement
50949 Unlisted laparoscopy procedure, ureter
50951 Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;
50953 Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter
50955 Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy

50957 Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy
50961 Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus

50970 Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;

50972 Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter

50974 Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy

50976 Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy

50980 Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus

5100F Potential risk for fracture communicated to the referring physician or other qualified health care professional within 24 hours of completion of the imaging study (NUC_MED)

51020 Cystotomy or cystostomy; with fulguration and/or insertion of radioactive material

51030 Cystotomy or cystostomy; with cryosurgical destruction of intravesical lesion

51040 Cystostomy, cystostomy with drainage

51045 Cystotomy, with insertion of ureteral catheter or stent (separate procedure)

51050 Cystolithotomy, cystostomy with removal of calculus, without vesical neck resection

51060 Transvesical ureterolithotomy

51065 Cystotomy, with calculus basket extraction and/or ultrasonic or electrohydraulic fragmentation of ureteral calculus

51080 Drainage of perivesical or prevesical space abscess

51100 Aspiration of bladder; by needle

51101 Aspiration of bladder; by trocar or intracatheter

51102 Aspiration of bladder; with insertion of suprapubic catheter

51500 Excision of urachal cyst or sinus, with or without umbilical hernia repair

51520 Cystotomy; for simple excision of vesical neck (separate procedure)

51525 Cystotomy; for excision of bladder diverticulum, single or multiple (separate procedure)

51530 Cystotomy; for excision of bladder tumor

51535 Cystotomy for excision, incision, or repair of ureterocele

51550 Cystectomy, partial; simple

51555 Cystectomy, partial; complicated (eg, postradiation, previous surgery, difficult location)

51565 Cystectomy, partial, with reimplantation of ureter(s) into bladder (ureteroneocystostomy)

51570 Cystectomy, complete; (separate procedure)

51575 Cystectomy, complete; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes

51580 Cystectomy, complete, with ureterosigmoidostomy or ureterocutaneous transplantations;

51585 Cystectomy, complete, with ureterosigmoidostomy or ureterocutaneous transplantations; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes

51590 Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including intestine anastomosis;

51595 Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including intestine anastomosis; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes

51596	Cystectomy, complete, with continent diversion, any open technique, using any segment of small and/or large intestine to construct neobladder	
51597	Pelvic exenteration, complete, for vesical, prostatic or urethral malignancy, with removal of bladder and ureteral transplantations, with or without hysterectomy and/or abdominoperineal resection of rectum and colon and colostomy, or any combination there	
51600	Injection procedure for cystography or voiding urethrocytography	
51605	Injection procedure and placement of chain for contrast and/or chain urethrocytography	
51610	Injection procedure for retrograde urethrocytography	
51700	Bladder irrigation, simple, lavage and/or instillation	\$1,377.18
51701	Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine)	\$630.24
51702	Insertion of temporary indwelling bladder catheter; simple (eg, Foley)	\$630.24
51703	Insertion of temporary indwelling bladder catheter; complicated (eg, altered anatomy, fractured catheter/balloon)	\$817.92
51705	Change of cystostomy tube; simple	
51710	Change of cystostomy tube; complicated	
51715	Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck	
51720	Bladder instillation of anticarcinogenic agent (including retention time)	
51725	Simple cystometrogram (CMG) (eg, spinal manometer)	
51726	Complex cystometrogram (ie, calibrated electronic equipment);	
51727	Complex cystometrogram (ie, calibrated electronic equipment); with urethral pressure profile studies (ie, urethral closure pressure profile), any technique	
51728	Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure), any technique	
51729	Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure) and urethral pressure profile studies (ie, urethral closure pressure profile), any technique	
51736	Simple uroflowmetry (UFR) (eg, stop-watch flow rate, mechanical uroflowmeter)	
51741	Complex uroflowmetry (eg, calibrated electronic equipment)	
51784	Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique	
51785	Needle electromyography studies (EMG) of anal or urethral sphincter, any technique	
51792	Stimulus evoked response (eg, measurement of bulbocavernosus reflex latency time)	
51797	Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)	
51798	Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging	
51800	Cystoplasty or cystourethroplasty, plastic operation on bladder and/or vesical neck (anterior Y-plasty, vesical fundus resection), any procedure, with or without wedge resection of posterior vesical neck	
51820	Cystourethroplasty with unilateral or bilateral ureteroneocystostomy	
51840	Anterior vesicourethropexy, or urethropexy (eg, Marshall-Marchetti-Krantz, Burch); simple	
51841	Anterior vesicourethropexy, or urethropexy (eg, Marshall-Marchetti-Krantz, Burch); complicated (eg, secondary repair)	
51845	Abdomino-vaginal vesical neck suspension, with or without endoscopic control (eg, Stamey, Raz, modified Pereyra)	
51860	Cystorrhaphy, suture of bladder wound, injury or rupture; simple	
51865	Cystorrhaphy, suture of bladder wound, injury or rupture; complicated	
51880	Closure of cystostomy (separate procedure)	

51900 Closure of vesicovaginal fistula, abdominal approach
 51920 Closure of vesicouterine fistula;
 51925 Closure of vesicouterine fistula; with hysterectomy
 51940 Closure, exstrophy of bladder
 51960 Enterocystoplasty, including intestinal anastomosis
 51980 Cutaneous vesicostomy
 51990 Laparoscopy, surgical; urethral suspension for stress incontinence
 51992 Laparoscopy, surgical; sling operation for stress incontinence (eg, fascia or synthetic)

51999 Unlisted laparoscopy procedure, bladder
 52000 Cystourethroscopy (separate procedure)
 52001 Cystourethroscopy with irrigation and evacuation of multiple obstructing clots
 52005 Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;
 52007 Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with brush biopsy of ureter and/or renal pelvis
 5200F Consideration of referral for a neurological evaluation of appropriateness for surgical therapy for intractable epilepsy within the past 3 years (EPI)
 52010 Cystourethroscopy, with ejaculatory duct catheterization, with or without irrigation, instillation, or duct radiography, exclusive of radiologic service
 52204 Cystourethroscopy, with biopsy(s)
 52214 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands
 52224 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy
 52234 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)
 52235 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)
 52240 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; LARGE bladder tumor(s)
 52250 Cystourethroscopy with insertion of radioactive substance, with or without biopsy or fulguration
 52260 Cystourethroscopy, with dilation of bladder for interstitial cystitis; general or conduction (spinal) anesthesia
 52265 Cystourethroscopy, with dilation of bladder for interstitial cystitis; local anesthesia

52270 Cystourethroscopy, with internal urethrotomy; female
 52275 Cystourethroscopy, with internal urethrotomy; male
 52276 Cystourethroscopy with direct vision internal urethrotomy
 52277 Cystourethroscopy, with resection of external sphincter (sphincterotomy)
 52281 Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy, with or without injection procedure for cystography, male or female

52282 Cystourethroscopy, with insertion of permanent urethral stent
 52283 Cystourethroscopy, with steroid injection into stricture
 52285 Cystourethroscopy for treatment of the female urethral syndrome with any or all of the following: urethral meatotomy, urethral dilation, internal urethrotomy, lysis of urethrovaginal septal fibrosis, lateral incisions of the bladder neck, and fulguration

52287 Cystourethroscopy, with injection(s) for chemodenervation of the bladder
 52290 Cystourethroscopy; with ureteral meatotomy, unilateral or bilateral
 52300 Cystourethroscopy; with resection or fulguration of orthotopic ureterocele(s), unilateral or bilateral

- 52301 Cystourethroscopy; with resection or fulguration of ectopic ureterocele(s), unilateral or bilateral
- 52305 Cystourethroscopy; with incision or resection of orifice of bladder diverticulum, single or multiple
- 52310 Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); simple
- 52315 Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); complicated
- 52317 Litholapaxy; crushing or fragmentation of calculus by any means in bladder and removal of fragments; simple or small (less than 2.5 cm)
- 52318 Litholapaxy; crushing or fragmentation of calculus by any means in bladder and removal of fragments; complicated or large (over 2.5 cm)
- 52320 Cystourethroscopy (including ureteral catheterization); with removal of ureteral calculus
- 52325 Cystourethroscopy (including ureteral catheterization); with fragmentation of ureteral calculus (eg, ultrasonic or electro-hydraulic technique)
- 52327 Cystourethroscopy (including ureteral catheterization); with subureteric injection of implant material
- 52330 Cystourethroscopy (including ureteral catheterization); with manipulation, without removal of ureteral calculus
- 52332 Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)
- 52334 Cystourethroscopy with insertion of ureteral guide wire through kidney to establish a percutaneous nephrostomy, retrograde
- 52341 Cystourethroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)
- 52342 Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)
- 52343 Cystourethroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)
- 52344 Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)
- 52345 Cystourethroscopy with ureteroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)
- 52346 Cystourethroscopy with ureteroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)
- 52351 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic
- 52352 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)
- 52353 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)
- 52354 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy and/or fulguration of ureteral or renal pelvic lesion
- 52355 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with resection of ureteral or renal pelvic tumor
- 52356 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)
- 52400 Cystourethroscopy with incision, fulguration, or resection of congenital posterior urethral valves, or congenital obstructive hypertrophic mucosal folds
- 52402 Cystourethroscopy with transurethral resection or incision of ejaculatory ducts
- 52441 Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant
- 52442 Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)

52450 Transurethral incision of prostate
52500 Transurethral resection of bladder neck (separate procedure)
5250F Asthma discharge plan provided to patient (Asthma)
52601 Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)
52630 Transurethral resection; residual or regrowth of obstructive prostate tissue including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)

52640 Transurethral resection; of postoperative bladder neck contracture
52647 Laser coagulation of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included if performed)
52648 Laser vaporization of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)

52649 Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are inc

52700 Transurethral drainage of prostatic abscess
53000 Urethrotomy or urethrostomy, external (separate procedure); pendulous urethra
53010 Urethrotomy or urethrostomy, external (separate procedure); perineal urethra, external

53020 Meatotomy, cutting of meatus (separate procedure); except infant
53025 Meatotomy, cutting of meatus (separate procedure); infant
53040 Drainage of deep periurethral abscess
53060 Drainage of Skene's gland abscess or cyst
53080 Drainage of perineal urinary extravasation; uncomplicated (separate procedure)
53085 Drainage of perineal urinary extravasation; complicated
53200 Biopsy of urethra
53210 Urethrectomy, total, including cystostomy; female
53215 Urethrectomy, total, including cystostomy; male
53220 Excision or fulguration of carcinoma of urethra
53230 Excision of urethral diverticulum (separate procedure); female
53235 Excision of urethral diverticulum (separate procedure); male
53240 Marsupialization of urethral diverticulum, male or female
53250 Excision of bulbourethral gland (Cowper's gland)
53260 Excision or fulguration; urethral polyp(s), distal urethra
53265 Excision or fulguration; urethral caruncle
53270 Excision or fulguration; Skene's glands
53275 Excision or fulguration; urethral prolapse
53400 Urethroplasty; first stage, for fistula, diverticulum, or stricture (eg, Johanssen type)

53405 Urethroplasty; second stage (formation of urethra), including urinary diversion
53410 Urethroplasty, 1-stage reconstruction of male anterior urethra
53415 Urethroplasty, transpubic or perineal, 1-stage, for reconstruction or repair of prostatic or membranous urethra
53420 Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; first stage
53425 Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; second stage
53430 Urethroplasty, reconstruction of female urethra

53431 Urethroplasty with tubularization of posterior urethra and/or lower bladder for incontinence (eg, Tenago, Leadbetter procedure)

53440 Sling operation for correction of male urinary incontinence (eg, fascia or synthetic)

53442 Removal or revision of sling for male urinary incontinence (eg, fascia or synthetic)

53444 Insertion of tandem cuff (dual cuff)

53445 Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff

53446 Removal of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff

53447 Removal and replacement of inflatable urethral/bladder neck sphincter including pump, reservoir, and cuff at the same operative session

53448 Removal and replacement of inflatable urethral/bladder neck sphincter including pump, reservoir, and cuff through an infected field at the same operative session including irrigation and debridement of infected tissue

53449 Repair of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff

53450 Urethromeatoplasty, with mucosal advancement

53460 Urethromeatoplasty, with partial excision of distal urethral segment (Richardson type procedure)

53500 Urethrolysis, transvaginal, secondary, open, including cystourethroscopy (eg, postsurgical obstruction, scarring)

53502 Urethrorrhaphy, suture of urethral wound or injury, female

53505 Urethrorrhaphy, suture of urethral wound or injury; penile

53510 Urethrorrhaphy, suture of urethral wound or injury; perineal

53515 Urethrorrhaphy, suture of urethral wound or injury; prostatic membranous

53520 Closure of urethrostomy or urethrocutaneous fistula, male (separate procedure)

53600 Dilation of urethral stricture by passage of sound or urethral dilator, male; initial

53601 Dilation of urethral stricture by passage of sound or urethral dilator, male; subsequent

53605 Dilation of urethral stricture or vesical neck by passage of sound or urethral dilator, male, general or conduction (spinal) anesthesia

53620 Dilation of urethral stricture by passage of filiform and follower, male; initial

53621 Dilation of urethral stricture by passage of filiform and follower, male; subsequent

53660 Dilation of female urethra including suppository and/or instillation; initial

53661 Dilation of female urethra including suppository and/or instillation; subsequent

53665 Dilation of female urethra, general or conduction (spinal) anesthesia

53850 Transurethral destruction of prostate tissue; by microwave thermotherapy

53852 Transurethral destruction of prostate tissue; by radiofrequency thermotherapy

53855 Insertion of a temporary prostatic urethral stent, including urethral measurement

53860 Transurethral radiofrequency micro-remodeling of the female bladder neck and proximal urethra for stress urinary incontinence

53899 Unlisted procedure, urinary system

54000 Slitting of prepuce, dorsal or lateral (separate procedure); newborn

54001 Slitting of prepuce, dorsal or lateral (separate procedure); except newborn

54015 Incision and drainage of penis, deep

54050 Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical

54055 Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation

54056 Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery

54057	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery	
54060	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision	
54065	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	
54100	Biopsy of penis; (separate procedure)	
54105	Biopsy of penis; deep structures	
54110	Excision of penile plaque (Peyronie disease);	
54111	Excision of penile plaque (Peyronie disease); with graft to 5 cm in length	
54112	Excision of penile plaque (Peyronie disease); with graft greater than 5 cm in length	
54115	Removal foreign body from deep penile tissue (eg, plastic implant)	
54120	Amputation of penis; partial	
54125	Amputation of penis; complete	
54130	Amputation of penis, radical; with bilateral inguofemoral lymphadenectomy	
54135	Amputation of penis, radical; in continuity with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	
54150	Circumcision, using clamp or other device with regional dorsal penile or ring block	
54160	Circumcision, surgical excision other than clamp, device, or dorsal slit; neonate (28 days of age or less)	
54161	Circumcision, surgical excision other than clamp, device, or dorsal slit; older than 28 days of age	
54162	Lysis or excision of penile post-circumcision adhesions	
54163	Repair incomplete circumcision	
54164	Frenulotomy of penis	
54200	Injection procedure for Peyronie disease;	
54205	Injection procedure for Peyronie disease; with surgical exposure of plaque	
54220	Irrigation of corpora cavernosa for priapism	\$1,377.18
54230	Injection procedure for corpora cavernosography	
54231	Dynamic cavernosometry, including intracavernosal injection of vasoactive drugs (eg, papaverine, phentolamine)	
54235	Injection of corpora cavernosa with pharmacologic agent(s) (eg, papaverine, phentolamine)	
54240	Penile plethysmography	
54250	Nocturnal penile tumescence and/or rigidity test	
54300	Plastic operation of penis for straightening of chordee (eg, hypospadias), with or without mobilization of urethra	
54304	Plastic operation on penis for correction of chordee or for first stage hypospadias repair with or without transplantation of prepuce and/or skin flaps	
54308	Urethroplasty for second stage hypospadias repair (including urinary diversion); less than 3 cm	
54312	Urethroplasty for second stage hypospadias repair (including urinary diversion); greater than 3 cm	
54316	Urethroplasty for second stage hypospadias repair (including urinary diversion) with free skin graft obtained from site other than genitalia	
54318	Urethroplasty for third stage hypospadias repair to release penis from scrotum (eg, third stage Cecil repair)	
54322	1-stage distal hypospadias repair (with or without chordee or circumcision); with simple meatal advancement (eg, Magpi, V-flap)	
54324	1-stage distal hypospadias repair (with or without chordee or circumcision); with urethroplasty by local skin flaps (eg, flip-flap, prepuce flap)	

- 54326 1-stage distal hypospadias repair (with or without chordee or circumcision); with urethroplasty by local skin flaps and mobilization of urethra
- 54328 1-stage distal hypospadias repair (with or without chordee or circumcision); with extensive dissection to correct chordee and urethroplasty with local skin flaps, skin graft patch, and/or island flap
- 54332 1-stage proximal penile or penoscrotal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island flap
- 54336 1-stage perineal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island flap
- 54340 Repair of hypospadias complications (ie, fistula, stricture, diverticula); by closure, incision, or excision, simple
- 54344 Repair of hypospadias complications (ie, fistula, stricture, diverticula); requiring mobilization of skin flaps and urethroplasty with flap or patch graft
- 54348 Repair of hypospadias complications (ie, fistula, stricture, diverticula); requiring extensive dissection and urethroplasty with flap, patch or tubed graft (includes urinary diversion)
- 54352 Repair of hypospadias cripple requiring extensive dissection and excision of previously constructed structures including re-release of chordee and reconstruction of urethra and penis by use of local skin as grafts and island flaps and skin brought in as f
- 54360 Plastic operation on penis to correct angulation
- 54380 Plastic operation on penis for epispadias distal to external sphincter;
- 54385 Plastic operation on penis for epispadias distal to external sphincter; with incontinence
- 54390 Plastic operation on penis for epispadias distal to external sphincter; with exstrophy of bladder
- 54400 Insertion of penile prosthesis; non-inflatable (semi-rigid)
- 54401 Insertion of penile prosthesis; inflatable (self-contained)
- 54405 Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir
- 54406 Removal of all components of a multi-component, inflatable penile prosthesis without replacement of prosthesis
- 54408 Repair of component(s) of a multi-component, inflatable penile prosthesis
- 54410 Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session
- 54411 Removal and replacement of all components of a multi-component inflatable penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue
- 54415 Removal of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis, without replacement of prosthesis
- 54416 Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session
- 54417 Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue
- 54420 Corpora cavernosa-saphenous vein shunt (priapism operation), unilateral or bilateral
- 54430 Corpora cavernosa-corpora spongiosum shunt (priapism operation), unilateral or bilateral
- 54435 Corpora cavernosa-glans penis fistulization (eg, biopsy needle, Winter procedure, rongeur, or punch) for priapism
- 54437 Repair of traumatic corporeal tear(s)
- 54438 Replantation, penis, complete amputation including urethral repair
- 54440 Plastic operation of penis for injury

54450	Foreskin manipulation including lysis of preputial adhesions and stretching	\$1,377.18
54500	Biopsy of testis, needle (separate procedure)	
54505	Biopsy of testis, incisional (separate procedure)	
54512	Excision of extraparenchymal lesion of testis	
54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach	
54522	Orchiectomy, partial	
54530	Orchiectomy, radical, for tumor; inguinal approach	
54535	Orchiectomy, radical, for tumor; with abdominal exploration	
54550	Exploration for undescended testis (inguinal or scrotal area)	
54560	Exploration for undescended testis with abdominal exploration	
54600	Reduction of torsion of testis, surgical, with or without fixation of contralateral testis	
54620	Fixation of contralateral testis (separate procedure)	
54640	Orchiopexy, inguinal approach, with or without hernia repair	
54650	Orchiopexy, abdominal approach, for intra-abdominal testis (eg, Fowler-Stephens)	
54660	Insertion of testicular prosthesis (separate procedure)	
54670	Suture or repair of testicular injury	
54680	Transplantation of testis(es) to thigh (because of scrotal destruction)	
54690	Laparoscopy, surgical; orchiectomy	
54692	Laparoscopy, surgical; orchiopexy for intra-abdominal testis	
54699	Unlisted laparoscopy procedure, testis	
54700	Incision and drainage of epididymis, testis and/or scrotal space (eg, abscess or hematoma)	
54800	Biopsy of epididymis, needle	
54830	Excision of local lesion of epididymis	
54840	Excision of spermatocele, with or without epididymectomy	
54860	Epididymectomy; unilateral	
54861	Epididymectomy; bilateral	
54865	Exploration of epididymis, with or without biopsy	
54900	Epididymovasostomy, anastomosis of epididymis to vas deferens; unilateral	
54901	Epididymovasostomy, anastomosis of epididymis to vas deferens; bilateral	
55000	Puncture aspiration of hydrocele, tunica vaginalis, with or without injection of medication	
55040	Excision of hydrocele; unilateral	
55041	Excision of hydrocele; bilateral	
55060	Repair of tunica vaginalis hydrocele (Bottle type)	
55100	Drainage of scrotal wall abscess	\$8,088.18
55110	Scrotal exploration	
55120	Removal of foreign body in scrotum	
55150	Resection of scrotum	
55175	Scrotoplasty; simple	
55180	Scrotoplasty; complicated	
55200	Vasotomy, cannulization with or without incision of vas, unilateral or bilateral (separate procedure)	
55250	Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s)	
55300	Vasotomy for vasograms, seminal vesiculograms, or epididymograms, unilateral or bilateral	
55400	Vasovasostomy, vasovasorrhaphy	
55450	Ligation (percutaneous) of vas deferens, unilateral or bilateral (separate procedure)	
55500	Excision of hydrocele of spermatic cord, unilateral (separate procedure)	
55520	Excision of lesion of spermatic cord (separate procedure)	

55530 Excision of varicocele or ligation of spermatic veins for varicocele; (separate procedure)

55535 Excision of varicocele or ligation of spermatic veins for varicocele; abdominal approach

55540 Excision of varicocele or ligation of spermatic veins for varicocele; with hernia repair

55550 Laparoscopy, surgical, with ligation of spermatic veins for varicocele

55559 Unlisted laparoscopy procedure, spermatic cord

55600 Vesiculotomy;

55605 Vesiculotomy; complicated

55650 Vesiculectomy, any approach

55680 Excision of Mullerian duct cyst

55700 Biopsy, prostate; needle or punch, single or multiple, any approach

55705 Biopsy, prostate; incisional, any approach

55706 Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance

55720 Prostatotomy, external drainage of prostatic abscess, any approach; simple

55725 Prostatotomy, external drainage of prostatic abscess, any approach; complicated

55801 Prostatectomy, perineal, subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy)

55810 Prostatectomy, perineal radical;

55812 Prostatectomy, perineal radical; with lymph node biopsy(s) (limited pelvic lymphadenectomy)

55815 Prostatectomy, perineal radical; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes

55821 Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); suprapubic, subtotal, 1 or 2 stages

55831 Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); retropubic, subtotal

55840 Prostatectomy, retropubic radical, with or without nerve sparing;

55842 Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy)

55845 Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes

55860 Exposure of prostate, any approach, for insertion of radioactive substance;

55862 Exposure of prostate, any approach, for insertion of radioactive substance; with lymph node biopsy(s) (limited pelvic lymphadenectomy)

55865 Exposure of prostate, any approach, for insertion of radioactive substance; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes

55866 Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed

55870 Electroejaculation

55873 Cryosurgical ablation of the prostate (includes ultrasonic guidance and monitoring)

55874 Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed

55875 Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy

55876 Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple

55899	Unlisted procedure, male genital system	
55920	Placement of needles or catheters into pelvic organs and/or genitalia (except prostate) for subsequent interstitial radioelement application	
55970	Intersex surgery; male to female	
55980	Intersex surgery; female to male	
56405	Incision and drainage of vulva or perineal abscess	\$1,610.10
56420	Incision and drainage of Bartholin's gland abscess	\$964.20
56440	Marsupialization of Bartholin's gland cyst	
56441	Lysis of labial adhesions	
56442	Hymenotomy, simple incision	
56501	Destruction of lesion(s), vulva; simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	
56515	Destruction of lesion(s), vulva; extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	
56605	Biopsy of vulva or perineum (separate procedure); 1 lesion	
56606	Biopsy of vulva or perineum (separate procedure); each separate additional lesion (List separately in addition to code for primary procedure)	
56620	Vulvectomy simple; partial	
56625	Vulvectomy simple; complete	
56630	Vulvectomy, radical, partial;	
56631	Vulvectomy, radical, partial; with unilateral inguinofemoral lymphadenectomy	
56632	Vulvectomy, radical, partial; with bilateral inguinofemoral lymphadenectomy	
56633	Vulvectomy, radical, complete;	
56634	Vulvectomy, radical, complete; with unilateral inguinofemoral lymphadenectomy	
56637	Vulvectomy, radical, complete; with bilateral inguinofemoral lymphadenectomy	
56640	Vulvectomy, radical, complete, with inguinofemoral, iliac, and pelvic lymphadenectomy	
56700	Partial hymenectomy or revision of hymenal ring	
56740	Excision of Bartholin's gland or cyst	
56800	Plastic repair of introitus	
56805	Clitoroplasty for intersex state	
56810	Perineoplasty, repair of perineum, nonobstetrical (separate procedure)	
56820	Colposcopy of the vulva;	
56821	Colposcopy of the vulva; with biopsy(s)	
57000	Colpotomy; with exploration	
57010	Colpotomy; with drainage of pelvic abscess	
57020	Colpocentesis (separate procedure)	
57022	Incision and drainage of vaginal hematoma; obstetrical/postpartum	
57023	Incision and drainage of vaginal hematoma; non-obstetrical (eg, post-trauma, spontaneous bleeding)	
57061	Destruction of vaginal lesion(s); simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	
57065	Destruction of vaginal lesion(s); extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)	
57100	Biopsy of vaginal mucosa; simple (separate procedure)	
57105	Biopsy of vaginal mucosa; extensive, requiring suture (including cysts)	
57106	Vaginectomy, partial removal of vaginal wall;	
57107	Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)	
57109	Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy) with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy)	
57110	Vaginectomy, complete removal of vaginal wall;	

57111 Vaginectomy, complete removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)

57112 Vaginectomy, complete removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy) with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy)

57120 Colpocleisis (Le Fort type)

57130 Excision of vaginal septum

57135 Excision of vaginal cyst or tumor

57150 Irrigation of vagina and/or application of medicament for treatment of bacterial, parasitic, or fungoid disease

57155 Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy

57156 Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy

57160 Fitting and insertion of pessary or other intravaginal support device

57170 Diaphragm or cervical cap fitting with instructions

57180 Introduction of any hemostatic agent or pack for spontaneous or traumatic nonobstetrical vaginal hemorrhage (separate procedure)

57200 Colporrhaphy, suture of injury of vagina (nonobstetrical)

57210 Colpoperineorrhaphy, suture of injury of vagina and/or perineum (nonobstetrical)

57220 Plastic operation on urethral sphincter, vaginal approach (eg, Kelly urethral plication)

57230 Plastic repair of urethrocele

57240 Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele, including cystourethroscopy, when performed

57250 Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy

57260 Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed;

57265 Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed; with enterocele repair

57267 Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure)

57268 Repair of enterocele, vaginal approach (separate procedure)

57270 Repair of enterocele, abdominal approach (separate procedure)

57280 Colpopexy, abdominal approach

57282 Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliococcygeus)

57283 Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy)

57284 Paravaginal defect repair (including repair of cystocele, if performed); open abdominal approach

57285 Paravaginal defect repair (including repair of cystocele, if performed); vaginal approach

57287 Removal or revision of sling for stress incontinence (eg, fascia or synthetic)

57288 Sling operation for stress incontinence (eg, fascia or synthetic)

57289 Pereyra procedure, including anterior colporrhaphy

57291 Construction of artificial vagina; without graft

57292 Construction of artificial vagina; with graft

57295 Revision (including removal) of prosthetic vaginal graft; vaginal approach

57296 Revision (including removal) of prosthetic vaginal graft; open abdominal approach

57300 Closure of rectovaginal fistula; vaginal or transanal approach

57305 Closure of rectovaginal fistula; abdominal approach

57307 Closure of rectovaginal fistula; abdominal approach, with concomitant colostomy

57308 Closure of rectovaginal fistula; transperineal approach, with perineal body reconstruction, with or without levator plication

57310 Closure of urethrovaginal fistula;

57311	Closure of urethrovaginal fistula; with bulbo cavernosus transplant	
57320	Closure of vesicovaginal fistula; vaginal approach	
57330	Closure of vesicovaginal fistula; transvesical and vaginal approach	
57335	Vaginoplasty for intersex state	
57400	Dilation of vagina under anesthesia (other than local)	
57410	Pelvic examination under anesthesia (other than local)	
57415	Removal of impacted vaginal foreign body (separate procedure) under anesthesia (other than local)	\$13,636.62
57420	Colposcopy of the entire vagina, with cervix if present;	
57421	Colposcopy of the entire vagina, with cervix if present; with biopsy(s) of vagina/cervix	
57423	Paravaginal defect repair (including repair of cystocele, if performed), laparoscopic approach	
57425	Laparoscopy, surgical, colpexy (suspension of vaginal apex)	
57426	Revision (including removal) of prosthetic vaginal graft, laparoscopic approach	
57452	Colposcopy of the cervix including upper/adjacent vagina;	
57454	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix and endocervical curettage	
57455	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix	
57456	Colposcopy of the cervix including upper/adjacent vagina; with endocervical curettage	
57460	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode biopsy(s) of the cervix	
57461	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix	
57500	Biopsy of cervix, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)	
57505	Endocervical curettage (not done as part of a dilation and curettage)	
57510	Cautery of cervix; electro or thermal	
57511	Cautery of cervix; cryocautery, initial or repeat	
57513	Cautery of cervix; laser ablation	
57520	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser	
57522	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; loop electrode excision	
57530	Trachelectomy (cervicectomy), amputation of cervix (separate procedure)	
57531	Radical trachelectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling biopsy, with or without removal of tube(s), with or without removal of ovary(s)	
57540	Excision of cervical stump, abdominal approach;	
57545	Excision of cervical stump, abdominal approach; with pelvic floor repair	
57550	Excision of cervical stump, vaginal approach;	
57555	Excision of cervical stump, vaginal approach; with anterior and/or posterior repair	
57556	Excision of cervical stump, vaginal approach; with repair of enterocele	
57558	Dilation and curettage of cervical stump	
57700	Cerclage of uterine cervix, nonobstetrical	
57720	Trachelorrhaphy, plastic repair of uterine cervix, vaginal approach	
57800	Dilation of cervical canal, instrumental (separate procedure)	
58100	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)	
58110	Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)	
58120	Dilation and curettage, diagnostic and/or therapeutic (nonobstetrical)	

58140	Myomectomy, excision of fibroid tumor(s) of uterus, 1 to 4 intramural myoma(s) with total weight of 250 g or less and/or removal of surface myomas; abdominal approach	
58145	Myomectomy, excision of fibroid tumor(s) of uterus, 1 to 4 intramural myoma(s) with total weight of 250 g or less and/or removal of surface myomas; vaginal approach	
58146	Myomectomy, excision of fibroid tumor(s) of uterus, 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 g, abdominal approach	
58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s);	
58152	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s); with colpo-urethrocystopexy (eg, Marshall-Marchetti-Krantz, Burch)	
58180	Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s)	
58200	Total abdominal hysterectomy, including partial vaginectomy, with para-aortic and pelvic lymph node sampling, with or without removal of tube(s), with or without removal of ovary(s)	
58210	Radical abdominal hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with or without removal of tube(s), with or without removal of ovary(s)	
58240	Pelvic exenteration for gynecologic malignancy, with total abdominal hysterectomy or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), with removal of bladder and ureteral transplantations, and/or abdominoperineal resection	
58260	Vaginal hysterectomy, for uterus 250 g or less;	
58262	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)	
58263	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s), with repair of enterocele	
58267	Vaginal hysterectomy, for uterus 250 g or less; with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control	
58270	Vaginal hysterectomy, for uterus 250 g or less; with repair of enterocele	
58275	Vaginal hysterectomy, with total or partial vaginectomy;	
58280	Vaginal hysterectomy, with total or partial vaginectomy; with repair of enterocele	
58285	Vaginal hysterectomy, radical (Schauta type operation)	
58290	Vaginal hysterectomy, for uterus greater than 250 g;	
58291	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	
58292	Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s), with repair of enterocele	
58293	Vaginal hysterectomy, for uterus greater than 250 g; with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control	
58294	Vaginal hysterectomy, for uterus greater than 250 g; with repair of enterocele	
58300	Insertion of intrauterine device (IUD)	
58301	Removal of intrauterine device (IUD)	\$552.84
58321	Artificial insemination; intra-cervical	
58322	Artificial insemination; intra-uterine	
58323	Sperm washing for artificial insemination	
58340	Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography	

58345 Transcervical introduction of fallopian tube catheter for diagnosis and/or re-establishing patency (any method), with or without hysterosalpingography

58346 Insertion of Heyman capsules for clinical brachytherapy

58350 Chromotubation of oviduct, including materials

58353 Endometrial ablation, thermal, without hysteroscopic guidance

58356 Endometrial cryoablation with ultrasonic guidance, including endometrial curettage, when performed

58400 Uterine suspension, with or without shortening of round ligaments, with or without shortening of sacrouterine ligaments; (separate procedure)

58410 Uterine suspension, with or without shortening of round ligaments, with or without shortening of sacrouterine ligaments; with presacral sympathectomy

58520 Hysterorrhaphy, repair of ruptured uterus (nonobstetrical)

58540 Hysteroplasty, repair of uterine anomaly (Strassman type)

58541 Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;

58542 Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)

58543 Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;

58544 Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)

58545 Laparoscopy, surgical, myomectomy, excision; 1 to 4 intramural myomas with total weight of 250 g or less and/or removal of surface myomas

58546 Laparoscopy, surgical, myomectomy, excision; 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 g

58548 Laparoscopy, surgical, with radical hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with removal of tube(s) and ovary(s), if performed

58550 Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less;

58552 Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)

58553 Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g;

58554 Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)

58555 Hysteroscopy, diagnostic (separate procedure)

58558 Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C

58559 Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method)

58560 Hysteroscopy, surgical; with division or resection of intrauterine septum (any method)

58561 Hysteroscopy, surgical; with removal of leiomyomata

58562 Hysteroscopy, surgical; with removal of impacted foreign body

58563 Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)

58565 Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants

58570 Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;

58571 Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)

58572 Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;

58573 Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)

58575 Laparoscopy, surgical, total hysterectomy for resection of malignancy (tumor debulking), with omentectomy including salpingo-oophorectomy, unilateral or bilateral, when performed

58578 Unlisted laparoscopy procedure, uterus

58579 Unlisted hysteroscopy procedure, uterus

58600 Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral

58605 Ligation or transection of fallopian tube(s), abdominal or vaginal approach, postpartum, unilateral or bilateral, during same hospitalization (separate procedure)

58611 Ligation or transection of fallopian tube(s) when done at the time of cesarean delivery or intra-abdominal surgery (not a separate procedure) (List separately in addition to code for primary procedure)

58615 Occlusion of fallopian tube(s) by device (eg, band, clip, Falope ring) vaginal or suprapubic approach

58660 Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure)

58661 Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)

58662 Laparoscopy, surgical; with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method

58670 Laparoscopy, surgical; with fulguration of oviducts (with or without transection)

58671 Laparoscopy, surgical; with occlusion of oviducts by device (eg, band, clip, or Falope ring)

58672 Laparoscopy, surgical; with fimbrioplasty

58673 Laparoscopy, surgical; with salpingostomy (salpingoneostomy)

58674 Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring, radiofrequency

58679 Unlisted laparoscopy procedure, oviduct, ovary

58700 Salpingectomy, complete or partial, unilateral or bilateral (separate procedure)

58720 Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)

58740 Lysis of adhesions (salpingolysis, ovariolysis)

58750 Tubotubal anastomosis

58752 Tubouterine implantation

58760 Fimbrioplasty

58770 Salpingostomy (salpingoneostomy)

58800 Drainage of ovarian cyst(s), unilateral or bilateral (separate procedure); vaginal approach

58805 Drainage of ovarian cyst(s), unilateral or bilateral (separate procedure); abdominal approach

58820 Drainage of ovarian abscess; vaginal approach, open

58822 Drainage of ovarian abscess; abdominal approach

58825 Transposition, ovary(s)

58900 Biopsy of ovary, unilateral or bilateral (separate procedure)

58920 Wedge resection or bisection of ovary, unilateral or bilateral

58925 Ovarian cystectomy, unilateral or bilateral

58940 Oophorectomy, partial or total, unilateral or bilateral;

58943 Oophorectomy, partial or total, unilateral or bilateral; for ovarian, tubal or primary peritoneal malignancy, with para-aortic and pelvic lymph node biopsies, peritoneal washings, peritoneal biopsies, diaphragmatic assessments, with or without salpingectomy

58950 Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy;

58951 Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with total abdominal hysterectomy, pelvic and limited para-aortic lymphadenectomy

- 58952 Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with radical dissection for debulking (ie, radical excision or destruction, intra-abdominal or retroperitoneal tumors)
- 58953 Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking;
- 58954 Bilateral salpingo-oophorectomy with omentectomy, total abdominal hysterectomy and radical dissection for debulking; with pelvic lymphadenectomy and limited para-aortic lymphadenectomy
- 58956 Bilateral salpingo-oophorectomy with total omentectomy, total abdominal hysterectomy for malignancy
- 58957 Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, uterine malignancy (intra-abdominal, retroperitoneal tumors), with omentectomy, if performed;
- 58958 Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, uterine malignancy (intra-abdominal, retroperitoneal tumors), with omentectomy, if performed; with pelvic lymphadenectomy and limited para-aortic lymphadenectomy
- 58960 Laparotomy, for staging or restaging of ovarian, tubal, or primary peritoneal malignancy (second look), with or without omentectomy, peritoneal washing, biopsy of abdominal and pelvic peritoneum, diaphragmatic assessment with pelvic and limited para-aorti
- 58970 Follicle puncture for oocyte retrieval, any method
- 58974 Embryo transfer, intrauterine
- 58976 Gamete, zygote, or embryo intrafallopian transfer, any method
- 58999 Unlisted procedure, female genital system (nonobstetrical)
- 59000 Amniocentesis; diagnostic
- 59001 Amniocentesis; therapeutic amniotic fluid reduction (includes ultrasound guidance)
- 59012 Cordocentesis (intrauterine), any method
- 59015 Chorionic villus sampling, any method
- 59020 Fetal contraction stress test
- 59025 Fetal non-stress test
- 59030 Fetal scalp blood sampling
- 59050 Fetal monitoring during labor by consulting physician (ie, non-attending physician) with written report; supervision and interpretation
- 59051 Fetal monitoring during labor by consulting physician (ie, non-attending physician) with written report; interpretation only
- 59070 Transabdominal amnioinfusion, including ultrasound guidance
- 59072 Fetal umbilical cord occlusion, including ultrasound guidance
- 59074 Fetal fluid drainage (eg, vesicocentesis, thoracocentesis, paracentesis), including ultrasound guidance
- 59076 Fetal shunt placement, including ultrasound guidance
- 59100 Hysterotomy, abdominal (eg, for hydatidiform mole, abortion)
- 59120 Surgical treatment of ectopic pregnancy; tubal or ovarian, requiring salpingectomy and/or oophorectomy, abdominal or vaginal approach
- 59121 Surgical treatment of ectopic pregnancy; tubal or ovarian, without salpingectomy and/or oophorectomy
- 59130 Surgical treatment of ectopic pregnancy; abdominal pregnancy
- 59135 Surgical treatment of ectopic pregnancy; interstitial, uterine pregnancy requiring total hysterectomy
- 59136 Surgical treatment of ectopic pregnancy; interstitial, uterine pregnancy with partial resection of uterus
- 59140 Surgical treatment of ectopic pregnancy; cervical, with evacuation

59150	Laparoscopic treatment of ectopic pregnancy; without salpingectomy and/or oophorectomy	
59151	Laparoscopic treatment of ectopic pregnancy; with salpingectomy and/or oophorectomy	
59160	Curettage, postpartum	
59200	Insertion of cervical dilator (eg, laminaria, prostaglandin) (separate procedure)	
59300	Episiotomy or vaginal repair, by other than attending	
59320	Cerclage of cervix, during pregnancy; vaginal	
59325	Cerclage of cervix, during pregnancy; abdominal	
59350	Hysterorrhaphy of ruptured uterus	
59400	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care	
59409	Vaginal delivery only (with or without episiotomy and/or forceps);	\$13,636.62
59410	Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care	
59412	External cephalic version, with or without tocolysis	
59414	Delivery of placenta (separate procedure)	
59425	Antepartum care only; 4-6 visits	
59426	Antepartum care only; 7 or more visits	
59430	Postpartum care only (separate procedure)	
59510	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care	
59514	Cesarean delivery only;	
59515	Cesarean delivery only; including postpartum care	
59525	Subtotal or total hysterectomy after cesarean delivery (List separately in addition to code for primary procedure)	
59610	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery	
59612	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps);	
59614	Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); including postpartum care	
59618	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery	
59620	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery;	
59622	Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; including postpartum care	
59812	Treatment of incomplete abortion, any trimester, completed surgically	
59820	Treatment of missed abortion, completed surgically; first trimester	
59821	Treatment of missed abortion, completed surgically; second trimester	
59830	Treatment of septic abortion, completed surgically	
59840	Induced abortion, by dilation and curettage	
59841	Induced abortion, by dilation and evacuation	
59850	Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines;	
59851	Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation	
59852	Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; with hysterotomy (failed intra-amniotic injection)	

59855 Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines;

59856 Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation

59857 Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with hysterotomy (failed medical evacuation)

59866 Multifetal pregnancy reduction(s) (MPR)

59870 Uterine evacuation and curettage for hydatidiform mole

59871 Removal of cerclage suture under anesthesia (other than local)

59897 Unlisted fetal invasive procedure, including ultrasound guidance, when performed

59898 Unlisted laparoscopy procedure, maternity care and delivery

59899 Unlisted procedure, maternity care and delivery

60000 Incision and drainage of thyroglossal duct cyst, infected

6005F Rationale (eg, severity of illness and safety) for level of care (eg, home, hospital) documented (CAP)

60100 Biopsy thyroid, percutaneous core needle

6010F Dysphagia screening conducted prior to order for or receipt of any foods, fluids, or medication by mouth (STR)

6015F Patient receiving or eligible to receive foods, fluids, or medication by mouth (STR)

60200 Excision of cyst or adenoma of thyroid, or transection of isthmus

6020F NPO (nothing by mouth) ordered (STR)

60210 Partial thyroid lobectomy, unilateral; with or without isthmusectomy

60212 Partial thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy

60220 Total thyroid lobectomy, unilateral; with or without isthmusectomy

60225 Total thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy

60240 Thyroidectomy, total or complete

60252 Thyroidectomy, total or subtotal for malignancy; with limited neck dissection

60254 Thyroidectomy, total or subtotal for malignancy; with radical neck dissection

60260 Thyroidectomy, removal of all remaining thyroid tissue following previous removal of a portion of thyroid

60270 Thyroidectomy, including substernal thyroid; sternal split or transthoracic approach

60271 Thyroidectomy, including substernal thyroid; cervical approach

60280 Excision of thyroglossal duct cyst or sinus;

60281 Excision of thyroglossal duct cyst or sinus; recurrent

60300 Aspiration and/or injection, thyroid cyst

6030F All elements of maximal sterile barrier technique, hand hygiene, skin preparation and, if ultrasound is used, sterile ultrasound techniques followed (CRIT)

6040F Use of appropriate radiation dose reduction devices OR manual techniques for appropriate moderation of exposure, documented (RAD)

6045F Radiation exposure or exposure time in final report for procedure using fluoroscopy, documented (RAD)

60500 Parathyroidectomy or exploration of parathyroid(s);

60502 Parathyroidectomy or exploration of parathyroid(s); re-exploration

60505 Parathyroidectomy or exploration of parathyroid(s); with mediastinal exploration, sternal split or transthoracic approach

60512 Parathyroid autotransplantation (List separately in addition to code for primary procedure)

60520 Thymectomy, partial or total; transcervical approach (separate procedure)

60521 Thymectomy, partial or total; sternal split or transthoracic approach, without radical mediastinal dissection (separate procedure)

60522 Thymectomy, partial or total; sternal split or transthoracic approach, with radical mediastinal dissection (separate procedure)

60540 Adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal (separate procedure);

60545 Adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal (separate procedure); with excision of adjacent retroperitoneal tumor

60600 Excision of carotid body tumor; without excision of carotid artery

60605 Excision of carotid body tumor; with excision of carotid artery

60650 Laparoscopy, surgical, with adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal

60659 Unlisted laparoscopy procedure, endocrine system

60699 Unlisted procedure, endocrine system

6070F Patient queried and counseled about anti-epileptic drug (AED) side effects (EPI)

6080F Patient (or caregiver) queried about falls (Prkns, DSP)

6090F Patient (or caregiver) counseled about safety issues appropriate to patient's stage of disease (Prkns)

61000 Subdural tap through fontanelle, or suture, infant, unilateral or bilateral; initial

61001 Subdural tap through fontanelle, or suture, infant, unilateral or bilateral; subsequent taps

6100F Timeout to verify correct patient, correct site, and correct procedure, documented (PATH)

6101F Safety counseling for dementia provided (DEM)

61020 Ventricular puncture through previous burr hole, fontanelle, suture, or implanted ventricular catheter/reservoir; without injection

61026 Ventricular puncture through previous burr hole, fontanelle, suture, or implanted ventricular catheter/reservoir; with injection of medication or other substance for diagnosis or treatment

6102F Safety counseling for dementia ordered (DEM)

61050 Cisternal or lateral cervical (C1-C2) puncture; without injection (separate procedure)

61055 Cisternal or lateral cervical (C1-C2) puncture; with injection of medication or other substance for diagnosis or treatment

61070 Puncture of shunt tubing or reservoir for aspiration or injection procedure

61105 Twist drill hole for subdural or ventricular puncture

61107 Twist drill hole(s) for subdural, intracerebral, or ventricular puncture; for implanting ventricular catheter, pressure recording device, or other intracerebral monitoring device

61108 Twist drill hole(s) for subdural, intracerebral, or ventricular puncture; for evacuation and/or drainage of subdural hematoma

6110F Counseling provided regarding risks of driving and the alternatives to driving (DEM)

61120 Burr hole(s) for ventricular puncture (including injection of gas, contrast media, dye, or radioactive material)

61140 Burr hole(s) or trephine; with biopsy of brain or intracranial lesion

61150 Burr hole(s) or trephine; with drainage of brain abscess or cyst

61151 Burr hole(s) or trephine; with subsequent tapping (aspiration) of intracranial abscess or cyst

61154 Burr hole(s) with evacuation and/or drainage of hematoma, extradural or subdural

61156 Burr hole(s); with aspiration of hematoma or cyst, intracerebral

61210 Burr hole(s); for implanting ventricular catheter, reservoir, EEG electrode(s), pressure recording device, or other cerebral monitoring device (separate procedure)

61215 Insertion of subcutaneous reservoir, pump or continuous infusion system for connection to ventricular catheter

61250 Burr hole(s) or trephine, supratentorial, exploratory, not followed by other surgery

61253 Burr hole(s) or trephine, infratentorial, unilateral or bilateral

61304 Craniectomy or craniotomy, exploratory; supratentorial

61305 Craniectomy or craniotomy, exploratory; infratentorial (posterior fossa)

61312 Craniectomy or craniotomy for evacuation of hematoma, supratentorial; extradural or subdural

61313 Craniectomy or craniotomy for evacuation of hematoma, supratentorial; intracerebral

61314 Craniectomy or craniotomy for evacuation of hematoma, infratentorial; extradural or subdural

61315 Craniectomy or craniotomy for evacuation of hematoma, infratentorial; intracerebellar

61316 Incision and subcutaneous placement of cranial bone graft (List separately in addition to code for primary procedure)

61320 Craniectomy or craniotomy, drainage of intracranial abscess; supratentorial

61321 Craniectomy or craniotomy, drainage of intracranial abscess; infratentorial

61322 Craniectomy or craniotomy, decompressive, with or without duraplasty, for treatment of intracranial hypertension, without evacuation of associated intraparenchymal hematoma; without lobectomy

61323 Craniectomy or craniotomy, decompressive, with or without duraplasty, for treatment of intracranial hypertension, without evacuation of associated intraparenchymal hematoma; with lobectomy

61330 Decompression of orbit only, transcranial approach

61332 Exploration of orbit (transcranial approach); with biopsy

61333 Exploration of orbit (transcranial approach); with removal of lesion

61334 Exploration of orbit (transcranial approach); with removal of foreign body

61340 Subtemporal cranial decompression (pseudotumor cerebri, slit ventricle syndrome)

61343 Craniectomy, suboccipital with cervical laminectomy for decompression of medulla and spinal cord, with or without dural graft (eg, Arnold-Chiari malformation)

61345 Other cranial decompression, posterior fossa

61440 Craniotomy for section of tentorium cerebelli (separate procedure)

61450 Craniectomy, subtemporal, for section, compression, or decompression of sensory root of gasserian ganglion

61458 Craniectomy, suboccipital; for exploration or decompression of cranial nerves

61460 Craniectomy, suboccipital; for section of 1 or more cranial nerves

61470 Craniectomy, suboccipital; for medullary tractotomy

61480 Craniectomy, suboccipital; for mesencephalic tractotomy or pedunculotomy

61490 Craniotomy for lobotomy, including cingulotomy

61500 Craniectomy; with excision of tumor or other bone lesion of skull

61501 Craniectomy; for osteomyelitis

6150F Patient not receiving a first course of anti-TNF (tumor necrosis factor) therapy (IBD)

61510 Craniectomy, trephination, bone flap craniotomy; for excision of brain tumor, supratentorial, except meningioma

61512 Craniectomy, trephination, bone flap craniotomy; for excision of meningioma, supratentorial

61514 Craniectomy, trephination, bone flap craniotomy; for excision of brain abscess, supratentorial

61516 Craniectomy, trephination, bone flap craniotomy; for excision or fenestration of cyst, supratentorial

61517 Implantation of brain intracavitary chemotherapy agent (List separately in addition to code for primary procedure)

61518 Craniectomy for excision of brain tumor, infratentorial or posterior fossa; except meningioma, cerebellopontine angle tumor, or midline tumor at base of skull

61519 Craniectomy for excision of brain tumor, infratentorial or posterior fossa; meningioma

61520 Craniectomy for excision of brain tumor, infratentorial or posterior fossa; cerebellopontine angle tumor

61521 Craniectomy for excision of brain tumor, infratentorial or posterior fossa; midline tumor at base of skull

61522 Craniectomy, infratentorial or posterior fossa; for excision of brain abscess

61524 Craniectomy, infratentorial or posterior fossa; for excision or fenestration of cyst

61526 Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor;

61530 Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor; combined with middle/posterior fossa craniotomy/craniectomy

61531 Subdural implantation of strip electrodes through 1 or more burr or trephine hole(s) for long-term seizure monitoring

61533 Craniotomy with elevation of bone flap; for subdural implantation of an electrode array, for long-term seizure monitoring

61534 Craniotomy with elevation of bone flap; for excision of epileptogenic focus without electrocorticography during surgery

61535 Craniotomy with elevation of bone flap; for removal of epidural or subdural electrode array, without excision of cerebral tissue (separate procedure)

61536 Craniotomy with elevation of bone flap; for excision of cerebral epileptogenic focus, with electrocorticography during surgery (includes removal of electrode array)

61537 Craniotomy with elevation of bone flap; for lobectomy, temporal lobe, without electrocorticography during surgery

61538 Craniotomy with elevation of bone flap; for lobectomy, temporal lobe, with electrocorticography during surgery

61539 Craniotomy with elevation of bone flap; for lobectomy, other than temporal lobe, partial or total, with electrocorticography during surgery

61540 Craniotomy with elevation of bone flap; for lobectomy, other than temporal lobe, partial or total, without electrocorticography during surgery

61541 Craniotomy with elevation of bone flap; for transection of corpus callosum

61542 Craniotomy with elevation of bone flap; for total hemispherectomy

61543 Craniotomy with elevation of bone flap; for partial or subtotal (functional) hemispherectomy

61544 Craniotomy with elevation of bone flap; for excision or coagulation of choroid plexus

61545 Craniotomy with elevation of bone flap; for excision of craniopharyngioma

61546 Craniotomy for hypophysectomy or excision of pituitary tumor, intracranial approach

61548 Hypophysectomy or excision of pituitary tumor, transnasal or transseptal approach, nonstereotactic

61550 Craniectomy for craniosynostosis; single cranial suture

61552 Craniectomy for craniosynostosis; multiple cranial sutures

61556 Craniotomy for craniosynostosis; frontal or parietal bone flap

61557 Craniotomy for craniosynostosis; bifrontal bone flap

- 61558 Extensive craniectomy for multiple cranial suture craniosynostosis (eg, cloverleaf skull); not requiring bone grafts
- 61559 Extensive craniectomy for multiple cranial suture craniosynostosis (eg, cloverleaf skull); recontouring with multiple osteotomies and bone autografts (eg, barrel-stave procedure) (includes obtaining grafts)
- 61563 Excision, intra and extracranial, benign tumor of cranial bone (eg, fibrous dysplasia); without optic nerve decompression
- 61564 Excision, intra and extracranial, benign tumor of cranial bone (eg, fibrous dysplasia); with optic nerve decompression
- 61566 Craniotomy with elevation of bone flap; for selective amygdalohippocampectomy
- 61567 Craniotomy with elevation of bone flap; for multiple subpial transections, with electrocorticography during surgery
- 61570 Craniectomy or craniotomy; with excision of foreign body from brain
- 61571 Craniectomy or craniotomy; with treatment of penetrating wound of brain
- 61575 Transoral approach to skull base, brain stem or upper spinal cord for biopsy, decompression or excision of lesion;
- 61576 Transoral approach to skull base, brain stem or upper spinal cord for biopsy, decompression or excision of lesion; requiring splitting of tongue and/or mandible (including tracheostomy)
- 61580 Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, ethmoidectomy, sphenoidectomy, without maxillectomy or orbital exenteration
- 61581 Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, orbital exenteration, ethmoidectomy, sphenoidectomy and/or maxillectomy
- 61582 Craniofacial approach to anterior cranial fossa; extradural, including unilateral or bifrontal craniotomy, elevation of frontal lobe(s), osteotomy of base of anterior cranial fossa
- 61583 Craniofacial approach to anterior cranial fossa; intradural, including unilateral or bifrontal craniotomy, elevation or resection of frontal lobe, osteotomy of base of anterior cranial fossa
- 61584 Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal and/or temporal lobe(s); without orbital exenteration
- 61585 Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal and/or temporal lobe(s); with orbital exenteration
- 61586 Bicoronal, transzygomatic and/or LeFort I osteotomy approach to anterior cranial fossa with or without internal fixation, without bone graft
- 61590 Infratemporal pre-auricular approach to middle cranial fossa (parapharyngeal space, infratemporal and midline skull base, nasopharynx), with or without disarticulation of the mandible, including parotidectomy, craniotomy, decompression and/or mobilization
- 61591 Infratemporal post-auricular approach to middle cranial fossa (internal auditory meatus, petrous apex, tentorium, cavernous sinus, parasellar area, infratemporal fossa) including mastoidectomy, resection of sigmoid sinus, with or without decompression and
- 61592 Orbitocranial zygomatic approach to middle cranial fossa (cavernous sinus and carotid artery, clivus, basilar artery or petrous apex) including osteotomy of zygoma, craniotomy, extra- or intradural elevation of temporal lobe
- 61595 Transtemporal approach to posterior cranial fossa, jugular foramen or midline skull base, including mastoidectomy, decompression of sigmoid sinus and/or facial nerve, with or without mobilization

- 61596 Transcochlear approach to posterior cranial fossa, jugular foramen or midline skull base, including labyrinthectomy, decompression, with or without mobilization of facial nerve and/or petrous carotid artery
- 61597 Transcondylar (far lateral) approach to posterior cranial fossa, jugular foramen or midline skull base, including occipital condylectomy, mastoidectomy, resection of C1-C3 vertebral body(s), decompression of vertebral artery, with or without mobilization
- 61598 Transpetrosal approach to posterior cranial fossa, clivus or foramen magnum, including ligation of superior petrosal sinus and/or sigmoid sinus
- 61600 Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa; extradural
- 61601 Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa; intradural, including dural repair, with or without graft
- 61605 Resection or excision of neoplastic, vascular or infectious lesion of infratemporal fossa, parapharyngeal space, petrous apex; extradural
- 61606 Resection or excision of neoplastic, vascular or infectious lesion of infratemporal fossa, parapharyngeal space, petrous apex; intradural, including dural repair, with or without graft
- 61607 Resection or excision of neoplastic, vascular or infectious lesion of parasellar area, cavernous sinus, clivus or midline skull base; extradural
- 61608 Resection or excision of neoplastic, vascular or infectious lesion of parasellar area, cavernous sinus, clivus or midline skull base; intradural, including dural repair, with or without graft
- 61609 Transection or ligation, carotid artery in cavernous sinus; without repair (List separately in addition to code for primary procedure)
- 61610 Transection or ligation, carotid artery in cavernous sinus, with repair by anastomosis or graft (List separately in addition to code for primary procedure)
- 61611 Transection or ligation, carotid artery in petrous canal; without repair (List separately in addition to code for primary procedure)
- 61612 Transection or ligation, carotid artery in petrous canal; with repair by anastomosis or graft (List separately in addition to code for primary procedure)
- 61613 Obliteration of carotid aneurysm, arteriovenous malformation, or carotid-cavernous fistula by dissection within cavernous sinus
- 61615 Resection or excision of neoplastic, vascular or infectious lesion of base of posterior cranial fossa, jugular foramen, foramen magnum, or C1-C3 vertebral bodies; extradural
- 61616 Resection or excision of neoplastic, vascular or infectious lesion of base of posterior cranial fossa, jugular foramen, foramen magnum, or C1-C3 vertebral bodies; intradural, including dural repair, with or without graft
- 61618 Secondary repair of dura for cerebrospinal fluid leak, anterior, middle or posterior cranial fossa following surgery of the skull base; by free tissue graft (eg, pericranium, fascia, tensor fascia lata, adipose tissue, homologous or synthetic grafts)
- 61619 Secondary repair of dura for cerebrospinal fluid leak, anterior, middle or posterior cranial fossa following surgery of the skull base; by local or regionalized vascularized pedicle flap or myocutaneous flap (including galea, temporalis, frontalis or occi
- 61623 Endovascular temporary balloon arterial occlusion, head or neck (extracranial/intracranial) including selective catheterization of vessel to be occluded, positioning and inflation of occlusion balloon, concomitant neurological monitoring, and radiologic s
- 61624 Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; central nervous system (intracranial, spinal cord)

61626 Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; non-central nervous system, head or neck (extracranial, brachiocephalic branch)

61630 Balloon angioplasty, intracranial (eg, atherosclerotic stenosis), percutaneous

61635 Transcatheter placement of intravascular stent(s), intracranial (eg, atherosclerotic stenosis), including balloon angioplasty, if performed

61640 Balloon dilatation of intracranial vasospasm, percutaneous; initial vessel

61641 Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in same vascular family (List separately in addition to code for primary procedure)

61642 Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in different vascular family (List separately in addition to code for primary procedure)

61645 Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(

61650 Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; initial vascular territory

61651 Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; each additional vascular territory (List separately in addition

61680 Surgery of intracranial arteriovenous malformation; supratentorial, simple

61682 Surgery of intracranial arteriovenous malformation; supratentorial, complex

61684 Surgery of intracranial arteriovenous malformation; infratentorial, simple

61686 Surgery of intracranial arteriovenous malformation; infratentorial, complex

61690 Surgery of intracranial arteriovenous malformation; dural, simple

61692 Surgery of intracranial arteriovenous malformation; dural, complex

61697 Surgery of complex intracranial aneurysm, intracranial approach; carotid circulation

61698 Surgery of complex intracranial aneurysm, intracranial approach; vertebrobasilar circulation

61700 Surgery of simple intracranial aneurysm, intracranial approach; carotid circulation

61702 Surgery of simple intracranial aneurysm, intracranial approach; vertebrobasilar circulation

61703 Surgery of intracranial aneurysm, cervical approach by application of occluding clamp to cervical carotid artery (Selverstone-Crutchfield type)

61705 Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intracranial and cervical occlusion of carotid artery

61708 Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intracranial electrothrombosis

61710 Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intra-arterial embolization, injection procedure, or balloon catheter

61711 Anastomosis, arterial, extracranial-intracranial (eg, middle cerebral/cortical) arteries

61720 Creation of lesion by stereotactic method, including burr hole(s) and localizing and recording techniques, single or multiple stages; globus pallidus or thalamus

61735 Creation of lesion by stereotactic method, including burr hole(s) and localizing and recording techniques, single or multiple stages; subcortical structure(s) other than globus pallidus or thalamus

61750 Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion;

- 61751 Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion; with computed tomography and/or magnetic resonance guidance
- 61760 Stereotactic implantation of depth electrodes into the cerebrum for long-term seizure monitoring
- 61770 Stereotactic localization, including burr hole(s), with insertion of catheter(s) or probe(s) for placement of radiation source
- 61781 Stereotactic computer-assisted (navigational) procedure; cranial, intradural (List separately in addition to code for primary procedure)
- 61782 Stereotactic computer-assisted (navigational) procedure; cranial, extradural (List separately in addition to code for primary procedure)
- 61783 Stereotactic computer-assisted (navigational) procedure; spinal (List separately in addition to code for primary procedure)
- 61790 Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (eg, alcohol, thermal, electrical, radiofrequency); gasserian ganglion
- 61791 Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (eg, alcohol, thermal, electrical, radiofrequency); trigeminal medullary tract
- 61796 Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion
- 61797 Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (List separately in addition to code for primary procedure)
- 61798 Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion
- 61799 Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (List separately in addition to code for primary procedure)
- 61800 Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary procedure)
- 61850 Twist drill or burr hole(s) for implantation of neurostimulator electrodes, cortical
- 61860 Craniectomy or craniotomy for implantation of neurostimulator electrodes, cerebral, cortical
- 61863 Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperat
- 61864 Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperat
- 61867 Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative
- 61868 Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative
- 61870 Craniectomy for implantation of neurostimulator electrodes, cerebellar, cortical
- 61875 Craniectomy for implantation of neurostimulator electrodes, cerebellar; subcortical
- 61880 Revision or removal of intracranial neurostimulator electrodes
- 61885 Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array
- 61886 Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays

61888 Revision or removal of cranial neurostimulator pulse generator or receiver

62000 Elevation of depressed skull fracture; simple, extradural

62005 Elevation of depressed skull fracture; compound or comminuted, extradural

62010 Elevation of depressed skull fracture; with repair of dura and/or debridement of brain

62100 Craniotomy for repair of dural/cerebrospinal fluid leak, including surgery for rhinorrhea/otorrhea

62115 Reduction of craniomegalic skull (eg, treated hydrocephalus); not requiring bone grafts or cranioplasty

62116 Reduction of craniomegalic skull (eg, treated hydrocephalus); with simple cranioplasty

62117 Reduction of craniomegalic skull (eg, treated hydrocephalus); requiring craniotomy and reconstruction with or without bone graft (includes obtaining grafts)

62120 Repair of encephalocele, skull vault, including cranioplasty

62121 Craniotomy for repair of encephalocele, skull base

62140 Cranioplasty for skull defect; up to 5 cm diameter

62141 Cranioplasty for skull defect; larger than 5 cm diameter

62142 Removal of bone flap or prosthetic plate of skull

62143 Replacement of bone flap or prosthetic plate of skull

62145 Cranioplasty for skull defect with reparative brain surgery

62146 Cranioplasty with autograft (includes obtaining bone grafts); up to 5 cm diameter

62147 Cranioplasty with autograft (includes obtaining bone grafts); larger than 5 cm diameter

62148 Incision and retrieval of subcutaneous cranial bone graft for cranioplasty (List separately in addition to code for primary procedure)

62160 Neuroendoscopy, intracranial, for placement or replacement of ventricular catheter and attachment to shunt system or external drainage (List separately in addition to code for primary procedure)

62161 Neuroendoscopy, intracranial; with dissection of adhesions, fenestration of septum pellucidum or intraventricular cysts (including placement, replacement, or removal of ventricular catheter)

62162 Neuroendoscopy, intracranial; with fenestration or excision of colloid cyst, including placement of external ventricular catheter for drainage

62163 Neuroendoscopy, intracranial; with retrieval of foreign body

62164 Neuroendoscopy, intracranial; with excision of brain tumor, including placement of external ventricular catheter for drainage

62165 Neuroendoscopy, intracranial; with excision of pituitary tumor, transnasal or trans-sphenoidal approach

62180 Ventriculocisternostomy (Torkildsen type operation)

62190 Creation of shunt; subarachnoid/subdural-atrial, -jugular, -auricular

62192 Creation of shunt; subarachnoid/subdural-peritoneal, -pleural, other terminus

62194 Replacement or irrigation, subarachnoid/subdural catheter

62200 Ventriculocisternostomy, third ventricle;

62201 Ventriculocisternostomy, third ventricle; stereotactic, neuroendoscopic method

62220 Creation of shunt; ventriculo-atrial, -jugular, -auricular

62223 Creation of shunt; ventriculo-peritoneal, -pleural, other terminus

62225 Replacement or irrigation, ventricular catheter

62230 Replacement or revision of cerebrospinal fluid shunt, obstructed valve, or distal catheter in shunt system

62252 Reprogramming of programmable cerebrospinal shunt

62256 Removal of complete cerebrospinal fluid shunt system; without replacement

62258 Removal of complete cerebrospinal fluid shunt system; with replacement by similar or other shunt at same operation

62263	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days	
62264	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 1 day	
62267	Percutaneous aspiration within the nucleus pulposus, intervertebral disc, or paravertebral tissue for diagnostic purposes	
62268	Percutaneous aspiration, spinal cord cyst or syrinx	
62269	Biopsy of spinal cord, percutaneous needle	
62270	Spinal puncture, lumbar, diagnostic	\$3,260.28
62272	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter)	
62273	Injection, epidural, of blood or clot patch	
62280	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; subarachnoid	
62281	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic	
62282	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, lumbar, sacral (caudal)	
62284	Injection procedure for myelography and/or computed tomography, lumbar	
62287	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural inj	
62290	Injection procedure for discography, each level; lumbar	
62291	Injection procedure for discography, each level; cervical or thoracic	
62292	Injection procedure for chemonucleolysis, including discography, intervertebral disc, single or multiple levels, lumbar	
62294	Injection procedure, arterial, for occlusion of arteriovenous malformation, spinal	
62302	Myelography via lumbar injection, including radiological supervision and interpretation; cervical	
62303	Myelography via lumbar injection, including radiological supervision and interpretation; thoracic	
62304	Myelography via lumbar injection, including radiological supervision and interpretation; lumbosacral	
62305	Myelography via lumbar injection, including radiological supervision and interpretation; 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical)	
62310	Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed,	
62311	Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed,	
62318	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includ	

- 62319 Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includ
- 62320 Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thora
- 62321 Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thora
- 62322 Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral
- 62323 Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral
- 62324 Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar
- 62325 Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar
- 62326 Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar
- 62327 Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar
- 62350 Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy
- 62351 Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; with laminectomy
- 62355 Removal of previously implanted intrathecal or epidural catheter
- 62360 Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir
- 62361 Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump
- 62362 Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming
- 62365 Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion
- 62367 Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); without reprogramming or refill

- 62368 Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming
- 62369 Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill
- 62370 Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill (requiring skill of a physician or other qualifi
- 62380 Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1 interspace, lumbar
- 63001 Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; cervical
- 63003 Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; thoracic
- 63005 Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; lumbar, except for spondylolisthesis
- 63011 Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; sacral
- 63012 Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure)
- 63015 Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; cervical
- 63016 Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; thoracic
- 63017 Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; lumbar
- 63020 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical
- 63030 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar
- 63035 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (List separately in addition to code for primar
- 63040 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical
- 63042 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar

- 63043 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional cervical interspace (List separately in addi
- 63044 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional lumbar interspace (List separately in additi
- 63045 Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical
- 63046 Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; thoracic
- 63047 Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar
- 63048 Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lu
- 63050 Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments;
- 63051 Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments; with reconstruction of the posterior bony elements (including the application of bridging bone graft and non-segmental fixation devices [eg, wire, suture, mini-pl
- 63055 Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; thoracic
- 63056 Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disc)
- 63057 Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; each additional segment, thoracic or lumbar (List separately in addition to code for primary procedure)
- 63064 Costovertebral approach with decompression of spinal cord or nerve root(s) (eg, herniated intervertebral disc), thoracic; single segment
- 63066 Costovertebral approach with decompression of spinal cord or nerve root(s) (eg, herniated intervertebral disc), thoracic; each additional segment (List separately in addition to code for primary procedure)
- 63075 Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace
- 63076 Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, each additional interspace (List separately in addition to code for primary procedure)
- 63077 Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; thoracic, single interspace
- 63078 Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; thoracic, each additional interspace (List separately in addition to code for primary procedure)
- 63081 Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment

- 63082 Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, each additional segment (List separately in addition to code for primary procedure)
- 63085 Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, single segment
- 63086 Vertebral corpectomy (vertebral body resection), partial or complete, transthoracic approach with decompression of spinal cord and/or nerve root(s); thoracic, each additional segment (List separately in addition to code for primary procedure)
- 63087 Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; single segment
- 63088 Vertebral corpectomy (vertebral body resection), partial or complete, combined thoracolumbar approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic or lumbar; each additional segment (List separately in addition to code
- 63090 Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment
- 63091 Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; each additional segment (List separately
- 63101 Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); thoracic, single segment
- 63102 Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); lumbar, single segment
- 63103 Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); thoracic or lumbar, each additional segment (List se
- 63170 Laminectomy with myelotomy (eg, Bischof or DREZ type), cervical, thoracic, or thoracolumbar
- 63172 Laminectomy with drainage of intramedullary cyst/syrinx; to subarachnoid space
- 63173 Laminectomy with drainage of intramedullary cyst/syrinx; to peritoneal or pleural space
- 63180 Laminectomy and section of dentate ligaments, with or without dural graft, cervical; 1 or 2 segments
- 63182 Laminectomy and section of dentate ligaments, with or without dural graft, cervical; more than 2 segments
- 63185 Laminectomy with rhizotomy; 1 or 2 segments
- 63190 Laminectomy with rhizotomy; more than 2 segments
- 63191 Laminectomy with section of spinal accessory nerve
- 63194 Laminectomy with cordotomy, with section of 1 spinothalamic tract, 1 stage; cervical
- 63195 Laminectomy with cordotomy, with section of 1 spinothalamic tract, 1 stage; thoracic
- 63196 Laminectomy with cordotomy, with section of both spinothalamic tracts, 1 stage; cervical
- 63197 Laminectomy with cordotomy, with section of both spinothalamic tracts, 1 stage; thoracic

63198 Laminectomy with cordotomy with section of both spinothalamic tracts, 2 stages within 14 days; cervical

63199 Laminectomy with cordotomy with section of both spinothalamic tracts, 2 stages within 14 days; thoracic

63200 Laminectomy, with release of tethered spinal cord, lumbar

63250 Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; cervical

63251 Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracic

63252 Laminectomy for excision or occlusion of arteriovenous malformation of spinal cord; thoracolumbar

63265 Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; cervical

63266 Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; thoracic

63267 Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; lumbar

63268 Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; sacral

63270 Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; cervical

63271 Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; thoracic

63272 Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; lumbar

63273 Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; sacral

63275 Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, cervical

63276 Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, thoracic

63277 Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, lumbar

63278 Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, sacral

63280 Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, cervical

63281 Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, thoracic

63282 Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, lumbar

63283 Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, sacral

63285 Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, cervical

63286 Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracic

63287 Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracolumbar

63290 Laminectomy for biopsy/excision of intraspinal neoplasm; combined extradural-intradural lesion, any level

63295 Osteoplastic reconstruction of dorsal spinal elements, following primary intraspinal procedure (List separately in addition to code for primary procedure)

63300 Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, cervical

63301 Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by transthoracic approach

63302 Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by thoracolumbar approach

63303 Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, lumbar or sacral by transperitoneal or retroperitoneal approach

63304 Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, cervical

63305 Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by transthoracic approach

63306 Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by thoracolumbar approach

63307 Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, lumbar or sacral by transperitoneal or retroperitoneal approach

63308 Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; each additional segment (List separately in addition to codes for single segment)

63600 Creation of lesion of spinal cord by stereotactic method, percutaneous, any modality (including stimulation and/or recording)

63610 Stereotactic stimulation of spinal cord, percutaneous, separate procedure not followed by other surgery

63615 Stereotactic biopsy, aspiration, or excision of lesion, spinal cord

63620 Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion

63621 Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separately in addition to code for primary procedure)

63650 Percutaneous implantation of neurostimulator electrode array, epidural

63655 Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural

63661 Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed

63662 Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed

63663 Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed

63664 Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed

63685 Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling

63688 Revision or removal of implanted spinal neurostimulator pulse generator or receiver

63700 Repair of meningocele; less than 5 cm diameter

63702 Repair of meningocele; larger than 5 cm diameter

63704 Repair of myelomeningocele; less than 5 cm diameter

63706 Repair of myelomeningocele; larger than 5 cm diameter

63707 Repair of dural/cerebrospinal fluid leak, not requiring laminectomy

63709 Repair of dural/cerebrospinal fluid leak or pseudomeningocele, with laminectomy

63710 Dural graft, spinal

63740	Creation of shunt, lumbar, subarachnoid-peritoneal, -pleural, or other; including laminectomy	
63741	Creation of shunt, lumbar, subarachnoid-peritoneal, -pleural, or other; percutaneous, not requiring laminectomy	
63744	Replacement, irrigation or revision of lumbar subarachnoid shunt	
63746	Removal of entire lumbar subarachnoid shunt system without replacement	
64400	Injection, anesthetic agent; trigeminal nerve, any division or branch	\$1,468.20
64402	Injection, anesthetic agent; facial nerve	\$630.24
64405	Injection, anesthetic agent; greater occipital nerve	
64408	Injection, anesthetic agent; vagus nerve	
64410	Injection, anesthetic agent; phrenic nerve	
64412	Injection, anesthetic agent; spinal accessory nerve	
64413	Injection, anesthetic agent; cervical plexus	
64415	Injection, anesthetic agent; brachial plexus, single	
64416	Injection, anesthetic agent; brachial plexus, continuous infusion by catheter (including catheter placement)	
64417	Injection, anesthetic agent; axillary nerve	
64418	Injection, anesthetic agent; suprascapular nerve	
64420	Injection, anesthetic agent; intercostal nerve, single	
64421	Injection, anesthetic agent; intercostal nerves, multiple, regional block	
64425	Injection, anesthetic agent; ilioinguinal, iliohypogastric nerves	
64430	Injection, anesthetic agent; pudendal nerve	
64435	Injection, anesthetic agent; paracervical (uterine) nerve	
64445	Injection, anesthetic agent; sciatic nerve, single	
64446	Injection, anesthetic agent; sciatic nerve, continuous infusion by catheter (including catheter placement)	
64447	Injection, anesthetic agent; femoral nerve, single	
64448	Injection, anesthetic agent; femoral nerve, continuous infusion by catheter (including catheter placement)	
64449	Injection, anesthetic agent; lumbar plexus, posterior approach, continuous infusion by catheter (including catheter placement)	
64450	Injection, anesthetic agent; other peripheral nerve or branch	\$3,260.28
64455	Injection(s), anesthetic agent and/or steroid, plantar common digital nerve(s) (eg, Morton's neuroma)	
64461	Paravertebral block (PVB) (paraspinal block), thoracic; single injection site (includes imaging guidance, when performed)	
64462	Paravertebral block (PVB) (paraspinal block), thoracic; second and any additional injection site(s) (includes imaging guidance, when performed) (List separately in addition to code for primary procedure)	
64463	Paravertebral block (PVB) (paraspinal block), thoracic; continuous infusion by catheter (includes imaging guidance, when performed)	
64479	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level	
64480	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure)	
64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level	
64484	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance	
64486	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral; by injection(s) (includes imaging guidance, when performed)	
64487	Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral; by continuous infusion(s) (includes imaging guidance, when performed)	

- 64488 Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) bilateral; by injections (includes imaging guidance, when performed)
- 64489 Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) bilateral; by continuous infusions (includes imaging guidance, when performed)
- 64490 Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level
- 64491 Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary proced
- 64492 Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (List separately in addition to co
- 64493 Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level
- 64494 Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure)
- 64495 Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (List separately in addition to code f
- 64505 Injection, anesthetic agent; sphenopalatine ganglion
- 64508 Injection, anesthetic agent; carotid sinus (separate procedure)
- 64510 Injection, anesthetic agent; stellate ganglion (cervical sympathetic)
- 64517 Injection, anesthetic agent; superior hypogastric plexus
- 64520 Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)
- 64530 Injection, anesthetic agent; celiac plexus, with or without radiologic monitoring
- 64550 Application of surface (transcutaneous) neurostimulator (eg, TENS unit)
- 64553 Percutaneous implantation of neurostimulator electrode array; cranial nerve
- 64555 Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)
- 64561 Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed
- 64565 Percutaneous implantation of neurostimulator electrode array; neuromuscular
- 64566 Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming
- 64568 Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator
- 64569 Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator
- 64570 Removal of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator
- 64575 Incision for implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)
- 64580 Incision for implantation of neurostimulator electrode array; neuromuscular
- 64581 Incision for implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)
- 64585 Revision or removal of peripheral neurostimulator electrode array

64590	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling	
64595	Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver	
64600	Destruction by neurolytic agent, trigeminal nerve; supraorbital, infraorbital, mental, or inferior alveolar branch	
64605	Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale	
64610	Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale under radiologic monitoring	
64611	Chemodeneration of parotid and submandibular salivary glands, bilateral	
64612	Chemodeneration of muscle(s); muscle(s) innervated by facial nerve, unilateral (eg, for blepharospasm, hemifacial spasm)	
64615	Chemodeneration of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)	
64616	Chemodeneration of muscle(s); neck muscle(s), excluding muscles of the larynx, unilateral (eg, for cervical dystonia, spasmodic torticollis)	
64617	Chemodeneration of muscle(s); larynx, unilateral, percutaneous (eg, for spasmodic dysphonia), includes guidance by needle electromyography, when performed	
64620	Destruction by neurolytic agent, intercostal nerve	
64630	Destruction by neurolytic agent; pudendal nerve	
64632	Destruction by neurolytic agent; plantar common digital nerve	
64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	
64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure)	
64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	
64636	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)	
64640	Destruction by neurolytic agent; other peripheral nerve or branch	\$4,033.08
64642	Chemodeneration of one extremity; 1-4 muscle(s)	
64643	Chemodeneration of one extremity; each additional extremity, 1-4 muscle(s) (List separately in addition to code for primary procedure)	
64644	Chemodeneration of one extremity; 5 or more muscles	
64645	Chemodeneration of one extremity; each additional extremity, 5 or more muscles (List separately in addition to code for primary procedure)	
64646	Chemodeneration of trunk muscle(s); 1-5 muscle(s)	
64647	Chemodeneration of trunk muscle(s); 6 or more muscles	
64650	Chemodeneration of eccrine glands; both axillae	
64653	Chemodeneration of eccrine glands; other area(s) (eg, scalp, face, neck), per day	
64680	Destruction by neurolytic agent, with or without radiologic monitoring; celiac plexus	
64681	Destruction by neurolytic agent, with or without radiologic monitoring; superior hypogastric plexus	
64702	Neuroplasty; digital, 1 or both, same digit	
64704	Neuroplasty; nerve of hand or foot	
64708	Neuroplasty, major peripheral nerve, arm or leg, open; other than specified	
64712	Neuroplasty, major peripheral nerve, arm or leg, open; sciatic nerve	
64713	Neuroplasty, major peripheral nerve, arm or leg, open; brachial plexus	
64714	Neuroplasty, major peripheral nerve, arm or leg, open; lumbar plexus	
64716	Neuroplasty and/or transposition; cranial nerve (specify)	

64718 Neuroplasty and/or transposition; ulnar nerve at elbow

64719 Neuroplasty and/or transposition; ulnar nerve at wrist

64721 Neuroplasty and/or transposition; median nerve at carpal tunnel

64722 Decompression; unspecified nerve(s) (specify)

64726 Decompression; plantar digital nerve

64727 Internal neurolysis, requiring use of operating microscope (List separately in addition to code for neuroplasty) (Neuroplasty includes external neurolysis)

64732 Transection or avulsion of; supraorbital nerve

64734 Transection or avulsion of; infraorbital nerve

64736 Transection or avulsion of; mental nerve

64738 Transection or avulsion of; inferior alveolar nerve by osteotomy

64740 Transection or avulsion of; lingual nerve

64742 Transection or avulsion of; facial nerve, differential or complete

64744 Transection or avulsion of; greater occipital nerve

64746 Transection or avulsion of; phrenic nerve

64752 Transection or avulsion of; vagus nerve (vagotomy), transthoracic

64755 Transection or avulsion of; vagus nerves limited to proximal stomach (selective proximal vagotomy, proximal gastric vagotomy, parietal cell vagotomy, supra- or highly selective vagotomy)

64760 Transection or avulsion of; vagus nerve (vagotomy), abdominal

64761 Transection or avulsion of; pudendal nerve

64763 Transection or avulsion of obturator nerve, extrapelvic, with or without adductor tenotomy

64766 Transection or avulsion of obturator nerve, intrapelvic, with or without adductor tenotomy

64771 Transection or avulsion of other cranial nerve, extradural

64772 Transection or avulsion of other spinal nerve, extradural

64774 Excision of neuroma; cutaneous nerve, surgically identifiable

64776 Excision of neuroma; digital nerve, 1 or both, same digit

64778 Excision of neuroma; digital nerve, each additional digit (List separately in addition to code for primary procedure)

64782 Excision of neuroma; hand or foot, except digital nerve

64783 Excision of neuroma; hand or foot, each additional nerve, except same digit (List separately in addition to code for primary procedure)

64784 Excision of neuroma; major peripheral nerve, except sciatic

64786 Excision of neuroma; sciatic nerve

64787 Implantation of nerve end into bone or muscle (List separately in addition to neuroma excision)

64788 Excision of neurofibroma or neurolemmoma; cutaneous nerve

64790 Excision of neurofibroma or neurolemmoma; major peripheral nerve

64792 Excision of neurofibroma or neurolemmoma; extensive (including malignant type)

64795 Biopsy of nerve

64802 Sympathectomy, cervical

64804 Sympathectomy, cervicothoracic

64809 Sympathectomy, thoracolumbar

64818 Sympathectomy, lumbar

64820 Sympathectomy; digital arteries, each digit

64821 Sympathectomy; radial artery

64822 Sympathectomy; ulnar artery

64823 Sympathectomy; superficial palmar arch

64831 Suture of digital nerve, hand or foot; 1 nerve

64832 Suture of digital nerve, hand or foot; each additional digital nerve (List separately in addition to code for primary procedure)

64834 Suture of 1 nerve; hand or foot, common sensory nerve

64835 Suture of 1 nerve; median motor thenar
64836 Suture of 1 nerve; ulnar motor
64837 Suture of each additional nerve, hand or foot (List separately in addition to code for primary procedure)
64840 Suture of posterior tibial nerve
64856 Suture of major peripheral nerve, arm or leg, except sciatic; including transposition

64857 Suture of major peripheral nerve, arm or leg, except sciatic; without transposition

64858 Suture of sciatic nerve
64859 Suture of each additional major peripheral nerve (List separately in addition to code for primary procedure)
64861 Suture of; brachial plexus
64862 Suture of; lumbar plexus
64864 Suture of facial nerve; extracranial
64865 Suture of facial nerve; infratemporal, with or without grafting
64866 Anastomosis; facial-spinal accessory
64868 Anastomosis; facial-hypoglossal
64870 Anastomosis; facial-phrenic
64872 Suture of nerve; requiring secondary or delayed suture (List separately in addition to code for primary neurorrhaphy)
64874 Suture of nerve; requiring extensive mobilization, or transposition of nerve (List separately in addition to code for nerve suture)
64876 Suture of nerve; requiring shortening of bone of extremity (List separately in addition to code for nerve suture)
64885 Nerve graft (includes obtaining graft), head or neck; up to 4 cm in length
64886 Nerve graft (includes obtaining graft), head or neck; more than 4 cm length
64890 Nerve graft (includes obtaining graft), single strand, hand or foot; up to 4 cm length

64891 Nerve graft (includes obtaining graft), single strand, hand or foot; more than 4 cm length

64892 Nerve graft (includes obtaining graft), single strand, arm or leg; up to 4 cm length
64893 Nerve graft (includes obtaining graft), single strand, arm or leg; more than 4 cm length

64895 Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; up to 4 cm length
64896 Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; more than 4 cm length
64897 Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg; up to 4 cm length

64898 Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg; more than 4 cm length
64901 Nerve graft, each additional nerve; single strand (List separately in addition to code for primary procedure)
64902 Nerve graft, each additional nerve; multiple strands (cable) (List separately in addition to code for primary procedure)
64905 Nerve pedicle transfer; first stage
64907 Nerve pedicle transfer; second stage
64910 Nerve repair; with synthetic conduit or vein allograft (eg, nerve tube), each nerve
64911 Nerve repair; with autogenous vein graft (includes harvest of vein graft), each nerve

64912 Nerve repair; with nerve allograft, each nerve, first strand (cable)
64913 Nerve repair; with nerve allograft, each additional strand (List separately in addition to code for primary procedure)
64999 Unlisted procedure, nervous system

65091	Evisceration of ocular contents; without implant	
65093	Evisceration of ocular contents; with implant	
65101	Enucleation of eye; without implant	
65103	Enucleation of eye; with implant, muscles not attached to implant	
65105	Enucleation of eye; with implant, muscles attached to implant	
65110	Exenteration of orbit (does not include skin graft), removal of orbital contents; only	
65112	Exenteration of orbit (does not include skin graft), removal of orbital contents; with therapeutic removal of bone	
65114	Exenteration of orbit (does not include skin graft), removal of orbital contents; with muscle or myocutaneous flap	
65125	Modification of ocular implant with placement or replacement of pegs (eg, drilling receptacle for prosthesis appendage) (separate procedure)	
65130	Insertion of ocular implant secondary; after evisceration, in scleral shell	
65135	Insertion of ocular implant secondary; after enucleation, muscles not attached to implant	
65140	Insertion of ocular implant secondary; after enucleation, muscles attached to implant	
65150	Reinsertion of ocular implant; with or without conjunctival graft	
65155	Reinsertion of ocular implant; with use of foreign material for reinforcement and/or attachment of muscles to implant	
65175	Removal of ocular implant	
65205	Removal of foreign body, external eye; conjunctival superficial	\$630.24
65210	Removal of foreign body, external eye; conjunctival embedded (includes concretions), subconjunctival, or scleral nonperforating	\$1,980.06
65220	Removal of foreign body, external eye; corneal, without slit lamp	\$345.18
65222	Removal of foreign body, external eye; corneal, with slit lamp	\$630.24
65235	Removal of foreign body, intraocular; from anterior chamber of eye or lens	
65260	Removal of foreign body, intraocular; from posterior segment, magnetic extraction, anterior or posterior route	
65265	Removal of foreign body, intraocular; from posterior segment, nonmagnetic extraction	
65270	Repair of laceration; conjunctiva, with or without nonperforating laceration sclera, direct closure	
65272	Repair of laceration; conjunctiva, by mobilization and rearrangement, without hospitalization	
65273	Repair of laceration; conjunctiva, by mobilization and rearrangement, with hospitalization	
65275	Repair of laceration; cornea, nonperforating, with or without removal foreign body	
65280	Repair of laceration; cornea and/or sclera, perforating, not involving uveal tissue	
65285	Repair of laceration; cornea and/or sclera, perforating, with reposition or resection of uveal tissue	
65286	Repair of laceration; application of tissue glue, wounds of cornea and/or sclera	
65290	Repair of wound, extraocular muscle, tendon and/or Tenon's capsule	
65400	Excision of lesion, cornea (keratectomy, lamellar, partial), except pterygium	
65410	Biopsy of cornea	
65420	Excision or transposition of pterygium; without graft	\$2,997.60
65426	Excision or transposition of pterygium; with graft	
65430	Scraping of cornea, diagnostic, for smear and/or culture	
65435	Removal of corneal epithelium; with or without chemocauterization (abrasion, curettage)	\$4,850.22
65436	Removal of corneal epithelium; with application of chelating agent (eg, EDTA)	
65450	Destruction of lesion of cornea by cryotherapy, photocoagulation or thermocauterization	

65600 Multiple punctures of anterior cornea (eg, for corneal erosion, tattoo)

65710 Keratoplasty (corneal transplant); anterior lamellar

65730 Keratoplasty (corneal transplant); penetrating (except in aphakia or pseudophakia)

65750 Keratoplasty (corneal transplant); penetrating (in aphakia)

65755 Keratoplasty (corneal transplant); penetrating (in pseudophakia)

65756 Keratoplasty (corneal transplant); endothelial

65757 Backbench preparation of corneal endothelial allograft prior to transplantation (List separately in addition to code for primary procedure)

65760 Keratomileusis

65765 Keratophakia

65767 Epikeratoplasty

65770 Keratoprosthesis

65771 Radial keratotomy

65772 Corneal relaxing incision for correction of surgically induced astigmatism

65775 Corneal wedge resection for correction of surgically induced astigmatism

65778 Placement of amniotic membrane on the ocular surface; without sutures

65779 Placement of amniotic membrane on the ocular surface; single layer, sutured

65780 Ocular surface reconstruction; amniotic membrane transplantation, multiple layers

65781 Ocular surface reconstruction; limbal stem cell allograft (eg, cadaveric or living donor)

65782 Ocular surface reconstruction; limbal conjunctival autograft (includes obtaining graft)

65785 Implantation of intrastromal corneal ring segments

65800 Paracentesis of anterior chamber of eye (separate procedure); with removal of aqueous

65810 Paracentesis of anterior chamber of eye (separate procedure); with removal of vitreous and/or dissection of anterior hyaloid membrane, with or without air injection

65815 Paracentesis of anterior chamber of eye (separate procedure); with removal of blood, with or without irrigation and/or air injection

65820 Goniotomy

65850 Trabeculotomy ab externo

65855 Trabeculoplasty by laser surgery

65860 Severing adhesions of anterior segment, laser technique (separate procedure)

65865 Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); goniosynechia

65870 Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); anterior synechia, except goniosynechia

65875 Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); posterior synechia

65880 Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); corneovitreal adhesions

65900 Removal of epithelial downgrowth, anterior chamber of eye

65920 Removal of implanted material, anterior segment of eye

65930 Removal of blood clot, anterior segment of eye

66020 Injection, anterior chamber of eye (separate procedure); air or liquid

66030 Injection, anterior chamber of eye (separate procedure); medication

66130 Excision of lesion, sclera

66150 Fistulization of sclera for glaucoma; trephination with iridectomy

66155 Fistulization of sclera for glaucoma; thermocauterization with iridectomy

66160 Fistulization of sclera for glaucoma; sclerectomy with punch or scissors, with iridectomy

66165 Fistulization of sclera for glaucoma; iridencleisis or iridotasis

66170 Fistulization of sclera for glaucoma; trabeculectomy ab externo in absence of previous surgery

66172 Fistulization of sclera for glaucoma; trabeculectomy ab externo with scarring from previous ocular surgery or trauma (includes injection of antifibrotic agents)

66174 Transluminal dilation of aqueous outflow canal; without retention of device or stent

66175 Transluminal dilation of aqueous outflow canal; with retention of device or stent

66179 Aqueous shunt to extraocular equatorial plate reservoir, external approach; without graft

66180 Aqueous shunt to extraocular equatorial plate reservoir, external approach; with graft

66183 Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach

66184 Revision of aqueous shunt to extraocular equatorial plate reservoir; without graft

66185 Revision of aqueous shunt to extraocular equatorial plate reservoir; with graft

66220 Repair of scleral staphyloma; without graft

66225 Repair of scleral staphyloma; with graft

66250 Revision or repair of operative wound of anterior segment, any type, early or late, major or minor procedure

66500 Iridotomy by stab incision (separate procedure); except transfixion

66505 Iridotomy by stab incision (separate procedure); with transfixion as for iris bombe

66600 Iridectomy, with corneoscleral or corneal section; for removal of lesion

66605 Iridectomy, with corneoscleral or corneal section; with cyclectomy

66625 Iridectomy, with corneoscleral or corneal section; peripheral for glaucoma (separate procedure)

66630 Iridectomy, with corneoscleral or corneal section; sector for glaucoma (separate procedure)

66635 Iridectomy, with corneoscleral or corneal section; optical (separate procedure)

66680 Repair of iris, ciliary body (as for iridodialysis)

66682 Suture of iris, ciliary body (separate procedure) with retrieval of suture through small incision (eg, McCannel suture)

66700 Ciliary body destruction; diathermy

66710 Ciliary body destruction; cyclophotocoagulation, transscleral

66711 Ciliary body destruction; cyclophotocoagulation, endoscopic

66720 Ciliary body destruction; cryotherapy

66740 Ciliary body destruction; cyclodialysis

66761 Iridotomy/iridectomy by laser surgery (eg, for glaucoma) (per session)

66762 Iridoplasty by photocoagulation (1 or more sessions) (eg, for improvement of vision, for widening of anterior chamber angle)

66770 Destruction of cyst or lesion iris or ciliary body (nonexcisional procedure)

66820 Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); stab incision technique (Ziegler or Wheeler knife)

66821 Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (eg, YAG laser) (1 or more stages)

66825 Repositioning of intraocular lens prosthesis, requiring an incision (separate procedure)

66830 Removal of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid) with corneo-scleral section, with or without iridectomy (iridocapsulotomy, iridocapsulectomy)

66840 Removal of lens material; aspiration technique, 1 or more stages

66850 Removal of lens material; phacofragmentation technique (mechanical or ultrasonic) (eg, phacoemulsification), with aspiration

66852 Removal of lens material; pars plana approach, with or without vitrectomy

66920 Removal of lens material; intracapsular

66930 Removal of lens material; intracapsular, for dislocated lens

66940 Removal of lens material; extracapsular (other than 66840, 66850, 66852)

66982 Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine

66983 Intracapsular cataract extraction with insertion of intraocular lens prosthesis (1 stage procedure)

66984 Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification)

66985 Insertion of intraocular lens prosthesis (secondary implant), not associated with concurrent cataract removal

66986 Exchange of intraocular lens

66990 Use of ophthalmic endoscope (List separately in addition to code for primary procedure)

66999 Unlisted procedure, anterior segment of eye

67005 Removal of vitreous, anterior approach (open sky technique or limbal incision); partial removal

67010 Removal of vitreous, anterior approach (open sky technique or limbal incision); subtotal removal with mechanical vitrectomy

67015 Aspiration or release of vitreous, subretinal or choroidal fluid, pars plana approach (posterior sclerotomy)

67025 Injection of vitreous substitute, pars plana or limbal approach (fluid-gas exchange), with or without aspiration (separate procedure)

67027 Implantation of intravitreal drug delivery system (eg, ganciclovir implant), includes concomitant removal of vitreous

67028 Intravitreal injection of a pharmacologic agent (separate procedure)

67030 Discission of vitreous strands (without removal), pars plana approach

67031 Severing of vitreous strands, vitreous face adhesions, sheets, membranes or opacities, laser surgery (1 or more stages)

67036 Vitrectomy, mechanical, pars plana approach;

67039 Vitrectomy, mechanical, pars plana approach; with focal endolaser photocoagulation

67040 Vitrectomy, mechanical, pars plana approach; with endolaser panretinal photocoagulation

67041 Vitrectomy, mechanical, pars plana approach; with removal of preretinal cellular membrane (eg, macular pucker)

67042 Vitrectomy, mechanical, pars plana approach; with removal of internal limiting membrane of retina (eg, for repair of macular hole, diabetic macular edema), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil)

67043 Vitrectomy, mechanical, pars plana approach; with removal of subretinal membrane (eg, choroidal neovascularization), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil) and laser photocoagulation

67101 Repair of retinal detachment, including drainage of subretinal fluid when performed; cryotherapy

67105 Repair of retinal detachment, including drainage of subretinal fluid when performed; photocoagulation

67107 Repair of retinal detachment; scleral buckling (such as lamellar scleral dissection, imbrication or encircling procedure), including, when performed, implant, cryotherapy, photocoagulation, and drainage of subretinal fluid

- 67108 Repair of retinal detachment; with vitrectomy, any method, including, when performed, air or gas tamponade, focal endolaser photocoagulation, cryotherapy, drainage of subretinal fluid, scleral buckling, and/or removal of lens by same technique
- 67110 Repair of retinal detachment; by injection of air or other gas (eg, pneumatic retinopexy)
- 67112 Repair of retinal detachment; by scleral buckling or vitrectomy, on patient having previous ipsilateral retinal detachment repair(s) using scleral buckling or vitrectomy techniques
- 67113 Repair of complex retinal detachment (eg, proliferative vitreoretinopathy, stage C-1 or greater, diabetic traction retinal detachment, retinopathy of prematurity, retinal tear of greater than 90 degrees), with vitrectomy and membrane peeling, including, w
- 67115 Release of encircling material (posterior segment)
- 67120 Removal of implanted material, posterior segment; extraocular
- 67121 Removal of implanted material, posterior segment; intraocular
- 67141 Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage, 1 or more sessions; cryotherapy, diathermy
- 67145 Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage, 1 or more sessions; photocoagulation (laser or xenon arc)
- 67208 Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; cryotherapy, diathermy
- 67210 Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; photocoagulation
- 67218 Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; radiation by implantation of source (includes removal of source)
- 67220 Destruction of localized lesion of choroid (eg, choroidal neovascularization); photocoagulation (eg, laser), 1 or more sessions
- 67221 Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy (includes intravenous infusion)
- 67225 Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy, second eye, at single session (List separately in addition to code for primary eye treatment)
- 67227 Destruction of extensive or progressive retinopathy (eg, diabetic retinopathy), cryotherapy, diathermy
- 67228 Treatment of extensive or progressive retinopathy (eg, diabetic retinopathy), photocoagulation
- 67229 Treatment of extensive or progressive retinopathy, 1 or more sessions, preterm infant (less than 37 weeks gestation at birth), performed from birth up to 1 year of age (eg, retinopathy of prematurity), photocoagulation or cryotherapy
- 67250 Scleral reinforcement (separate procedure); without graft
- 67255 Scleral reinforcement (separate procedure); with graft
- 67299 Unlisted procedure, posterior segment
- 67311 Strabismus surgery, recession or resection procedure; 1 horizontal muscle
- 67312 Strabismus surgery, recession or resection procedure; 2 horizontal muscles
- 67314 Strabismus surgery, recession or resection procedure; 1 vertical muscle (excluding superior oblique)
- 67316 Strabismus surgery, recession or resection procedure; 2 or more vertical muscles (excluding superior oblique)
- 67318 Strabismus surgery, any procedure, superior oblique muscle
- 67320 Transposition procedure (eg, for paretic extraocular muscle), any extraocular muscle (specify) (List separately in addition to code for primary procedure)
- 67331 Strabismus surgery on patient with previous eye surgery or injury that did not involve the extraocular muscles (List separately in addition to code for primary procedure)

67332	Strabismus surgery on patient with scarring of extraocular muscles (eg, prior ocular injury, strabismus or retinal detachment surgery) or restrictive myopathy (eg, dysthyroid ophthalmopathy) (List separately in addition to code for primary procedure)	
67334	Strabismus surgery by posterior fixation suture technique, with or without muscle recession (List separately in addition to code for primary procedure)	
67335	Placement of adjustable suture(s) during strabismus surgery, including postoperative adjustment(s) of suture(s) (List separately in addition to code for specific strabismus surgery)	
67340	Strabismus surgery involving exploration and/or repair of detached extraocular muscle(s) (List separately in addition to code for primary procedure)	
67343	Release of extensive scar tissue without detaching extraocular muscle (separate procedure)	
67345	Chemodeneration of extraocular muscle	
67346	Biopsy of extraocular muscle	
67399	Unlisted procedure, extraocular muscle	
67400	Orbitotomy without bone flap (frontal or transconjunctival approach); for exploration, with or without biopsy	
67405	Orbitotomy without bone flap (frontal or transconjunctival approach); with drainage only	
67412	Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of lesion	
67413	Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of foreign body	
67414	Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of bone for decompression	
67415	Fine needle aspiration of orbital contents	
67420	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of lesion	
67430	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of foreign body	
67440	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with drainage	
67445	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of bone for decompression	
67450	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); for exploration, with or without biopsy	
67500	Retrobulbar injection; medication (separate procedure, does not include supply of medication)	
67505	Retrobulbar injection; alcohol	
67515	Injection of medication or other substance into Tenon's capsule	
67550	Orbital implant (implant outside muscle cone); insertion	
67560	Orbital implant (implant outside muscle cone); removal or revision	
67570	Optic nerve decompression (eg, incision or fenestration of optic nerve sheath)	
67599	Unlisted procedure, orbit	
67700	Blepharotomy, drainage of abscess, eyelid	\$1,605.96
67710	Severing of tarsorrhaphy	
67715	Canthotomy (separate procedure)	
67800	Excision of chalazion; single	
67801	Excision of chalazion; multiple, same lid	
67805	Excision of chalazion; multiple, different lids	
67808	Excision of chalazion; under general anesthesia and/or requiring hospitalization, single or multiple	
67810	Incisional biopsy of eyelid skin including lid margin	
67820	Correction of trichiasis; epilation, by forceps only	

67825	Correction of trichiasis; epilation by other than forceps (eg, by electrosurgery, cryotherapy, laser surgery)	
67830	Correction of trichiasis; incision of lid margin	
67835	Correction of trichiasis; incision of lid margin, with free mucous membrane graft	
67840	Excision of lesion of eyelid (except chalazion) without closure or with simple direct closure	
67850	Destruction of lesion of lid margin (up to 1 cm)	
67875	Temporary closure of eyelids by suture (eg, Frost suture)	
67880	Construction of intermarginal adhesions, median tarsorrhaphy, or canthorrhaphy;	
67882	Construction of intermarginal adhesions, median tarsorrhaphy, or canthorrhaphy; with transposition of tarsal plate	
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)	
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)	
67902	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)	
67903	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach	
67904	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach	
67906	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)	
67908	Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type)	
67909	Reduction of overcorrection of ptosis	
67911	Correction of lid retraction	
67912	Correction of lagophthalmos, with implantation of upper eyelid lid load (eg, gold weight)	
67914	Repair of ectropion; suture	
67915	Repair of ectropion; thermocauterization	
67916	Repair of ectropion; excision tarsal wedge	
67917	Repair of ectropion; extensive (eg, tarsal strip operations)	
67921	Repair of entropion; suture	
67922	Repair of entropion; thermocauterization	
67923	Repair of entropion; excision tarsal wedge	
67924	Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation)	
67930	Suture of recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva direct closure; partial thickness	
67935	Suture of recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva direct closure; full thickness	
67938	Removal of embedded foreign body, eyelid	\$1,409.64
67950	Canthoplasty (reconstruction of canthus)	
67961	Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; up to one-fourth of lid margin	
67966	Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; over one-fourth of lid margin	
67971	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; up to two-thirds of eyelid, 1 stage or first stage	
67973	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, lower, 1 stage or first stage	
67974	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, upper, 1 stage or first stage	

67975 Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; second stage

67999 Unlisted procedure, eyelids

68020 Incision of conjunctiva, drainage of cyst

68040 Expression of conjunctival follicles (eg, for trachoma)

68100 Biopsy of conjunctiva

68110 Excision of lesion, conjunctiva; up to 1 cm

68115 Excision of lesion, conjunctiva; over 1 cm

68130 Excision of lesion, conjunctiva; with adjacent sclera

68135 Destruction of lesion, conjunctiva

68200 Subconjunctival injection

68320 Conjunctivoplasty; with conjunctival graft or extensive rearrangement

68325 Conjunctivoplasty; with buccal mucous membrane graft (includes obtaining graft)

68326 Conjunctivoplasty, reconstruction cul-de-sac; with conjunctival graft or extensive rearrangement

68328 Conjunctivoplasty, reconstruction cul-de-sac; with buccal mucous membrane graft (includes obtaining graft)

68330 Repair of symblepharon; conjunctivoplasty, without graft

68335 Repair of symblepharon; with free graft conjunctiva or buccal mucous membrane (includes obtaining graft)

68340 Repair of symblepharon; division of symblepharon, with or without insertion of conformer or contact lens

68360 Conjunctival flap; bridge or partial (separate procedure)

68362 Conjunctival flap; total (such as Gunderson thin flap or purse string flap)

68371 Harvesting conjunctival allograft, living donor

68399 Unlisted procedure, conjunctiva

68400 Incision, drainage of lacrimal gland

68420 Incision, drainage of lacrimal sac (dacryocystotomy or dacryocystostomy)

68440 Snip incision of lacrimal punctum

68500 Excision of lacrimal gland (dacryoadenectomy), except for tumor; total

68505 Excision of lacrimal gland (dacryoadenectomy), except for tumor; partial

68510 Biopsy of lacrimal gland

68520 Excision of lacrimal sac (dacryocystectomy)

68525 Biopsy of lacrimal sac

68530 Removal of foreign body or dacryolith, lacrimal passages

68540 Excision of lacrimal gland tumor; frontal approach

68550 Excision of lacrimal gland tumor; involving osteotomy

68700 Plastic repair of canaliculi

68705 Correction of everted punctum, cautery

68720 Dacryocystorhinostomy (fistulization of lacrimal sac to nasal cavity)

68745 Conjunctivorhinostomy (fistulization of conjunctiva to nasal cavity); without tube

68750 Conjunctivorhinostomy (fistulization of conjunctiva to nasal cavity); with insertion of tube or stent

68760 Closure of the lacrimal punctum; by thermocauterization, ligation, or laser surgery

68761 Closure of the lacrimal punctum; by plug, each

68770 Closure of lacrimal fistula (separate procedure)

68801 Dilation of lacrimal punctum, with or without irrigation

68810 Probing of nasolacrimal duct, with or without irrigation;

68811 Probing of nasolacrimal duct, with or without irrigation; requiring general anesthesia

68815 Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent

68816 Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dilation

68840	Probing of lacrimal canaliculi, with or without irrigation	
68850	Injection of contrast medium for dacryocystography	
68899	Unlisted procedure, lacrimal system	
69000	Drainage external ear, abscess or hematoma; simple	\$3,437.10
69005	Drainage external ear, abscess or hematoma; complicated	
69020	Drainage external auditory canal, abscess	
69090	Ear piercing	
69100	Biopsy external ear	
69105	Biopsy external auditory canal	
69110	Excision external ear; partial, simple repair	
69120	Excision external ear; complete amputation	
69140	Excision exostosis(es), external auditory canal	
69145	Excision soft tissue lesion, external auditory canal	
69150	Radical excision external auditory canal lesion; without neck dissection	
69155	Radical excision external auditory canal lesion; with neck dissection	
69200	Removal foreign body from external auditory canal; without general anesthesia	\$630.24
69205	Removal foreign body from external auditory canal; with general anesthesia	\$581.82
69209	Removal impacted cerumen using irrigation/lavage, unilateral	\$335.76
69210	Removal impacted cerumen requiring instrumentation, unilateral	\$335.76
69220	Debridement, mastoidectomy cavity, simple (eg, routine cleaning)	
69222	Debridement, mastoidectomy cavity, complex (eg, with anesthesia or more than routine cleaning)	
69300	Otoplasty, protruding ear, with or without size reduction	
69310	Reconstruction of external auditory canal (meatoplasty) (eg, for stenosis due to injury, infection) (separate procedure)	
69320	Reconstruction external auditory canal for congenital atresia, single stage	
69399	Unlisted procedure, external ear	
69400	Eustachian tube inflation, transnasal; with catheterization	
69401	Eustachian tube inflation, transnasal; without catheterization	
69405	Eustachian tube catheterization, transtympanic	
69420	Myringotomy including aspiration and/or eustachian tube inflation	
69421	Myringotomy including aspiration and/or eustachian tube inflation requiring general anesthesia	
69424	Ventilating tube removal requiring general anesthesia	
69433	Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia	
69436	Tympanostomy (requiring insertion of ventilating tube), general anesthesia	
69440	Middle ear exploration through postauricular or ear canal incision	
69450	Tympanolysis, transcanal	
69501	Transmastoid antrotomy (simple mastoidectomy)	
69502	Mastoidectomy; complete	
69505	Mastoidectomy; modified radical	
69511	Mastoidectomy; radical	
69530	Petrous apicectomy including radical mastoidectomy	
69535	Resection temporal bone, external approach	
69540	Excision aural polyp	
69550	Excision aural glomus tumor; transcanal	
69552	Excision aural glomus tumor; transmastoid	
69554	Excision aural glomus tumor; extended (extratemporal)	
69601	Revision mastoidectomy; resulting in complete mastoidectomy	
69602	Revision mastoidectomy; resulting in modified radical mastoidectomy	
69603	Revision mastoidectomy; resulting in radical mastoidectomy	
69604	Revision mastoidectomy; resulting in tympanoplasty	
69605	Revision mastoidectomy; with apicectomy	

- 69610 Tympanic membrane repair, with or without site preparation of perforation for closure, with or without patch
- 69620 Myringoplasty (surgery confined to drumhead and donor area)
- 69631 Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; without ossicular chain reconstruction
- 69632 Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; with ossicular chain reconstruction (eg, postfenestration)
- 69633 Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; with ossicular chain reconstruction and synthetic prosthesis (eg, partial ossicular replacement prosthesis [PORP], total ossicular repl
- 69635 Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); without ossicular chain reconstruction
- 69636 Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); with ossicular chain reconstruction
- 69637 Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); with ossicular chain reconstruction and synthetic prosthesis (eg, partial ossicular replacement prosthesis [PORP], total
- 69641 Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); without ossicular chain reconstruction
- 69642 Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with ossicular chain reconstruction
- 69643 Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed wall, without ossicular chain reconstruction
- 69644 Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed canal wall, with ossicular chain reconstruction
- 69645 Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, without ossicular chain reconstruction
- 69646 Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, with ossicular chain reconstruction
- 69650 Stapes mobilization
- 69660 Stapedectomy or stapedotomy with reestablishment of ossicular continuity, with or without use of foreign material;
- 69661 Stapedectomy or stapedotomy with reestablishment of ossicular continuity, with or without use of foreign material; with footplate drill out
- 69662 Revision of stapedectomy or stapedotomy
- 69666 Repair oval window fistula
- 69667 Repair round window fistula
- 69670 Mastoid obliteration (separate procedure)
- 69676 Tympanic neurectomy
- 69700 Closure postauricular fistula, mastoid (separate procedure)
- 69710 Implantation or replacement of electromagnetic bone conduction hearing device in temporal bone
- 69711 Removal or repair of electromagnetic bone conduction hearing device in temporal bone

69714	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy	
69715	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy	
69717	Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy	
69718	Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy	
69720	Decompression facial nerve, intratemporal; lateral to geniculate ganglion	
69725	Decompression facial nerve, intratemporal; including medial to geniculate ganglion	
69740	Suture facial nerve, intratemporal, with or without graft or decompression; lateral to geniculate ganglion	
69745	Suture facial nerve, intratemporal, with or without graft or decompression; including medial to geniculate ganglion	
69799	Unlisted procedure, middle ear	
69801	Labyrinthotomy, with perfusion of vestibuloactive drug(s), transcanal	
69805	Endolymphatic sac operation; without shunt	
69806	Endolymphatic sac operation; with shunt	
69820	Fenestration semicircular canal	
69840	Revision fenestration operation	
69905	Labyrinthectomy; transcanal	
69910	Labyrinthectomy; with mastoidectomy	
69915	Vestibular nerve section, translabyrinthine approach	
69930	Cochlear device implantation, with or without mastoidectomy	
69949	Unlisted procedure, inner ear	
69950	Vestibular nerve section, transcranial approach	
69955	Total facial nerve decompression and/or repair (may include graft)	
69960	Decompression internal auditory canal	
69970	Removal of tumor, temporal bone	
69979	Unlisted procedure, temporal bone, middle fossa approach	
69990	Microsurgical techniques, requiring use of operating microscope (List separately in addition to code for primary procedure)	
70010	Myelography, posterior fossa, radiological supervision and interpretation	
70015	Cisternography, positive contrast, radiological supervision and interpretation	
70030	Radiologic examination, eye, for detection of foreign body	\$372.72
70100	Radiologic examination, mandible; partial, less than 4 views	\$372.72
7010F	Patient information entered into a recall system that includes: target date for the next exam specified and a process to follow up with patients regarding missed or unscheduled appointments (ML)	
70110	Radiologic examination, mandible; complete, minimum of 4 views	\$908.94
70120	Radiologic examination, mastoids; less than 3 views per side	
70130	Radiologic examination, mastoids; complete, minimum of 3 views per side	
70134	Radiologic examination, internal auditory meati, complete	
70140	Radiologic examination, facial bones; less than 3 views	\$372.72
70150	Radiologic examination, facial bones; complete, minimum of 3 views	\$855.49
70160	Radiologic examination, nasal bones, complete, minimum of 3 views	\$1,007.19
70170	Dacryocystography, nasolacrimal duct, radiological supervision and interpretation	
70190	Radiologic examination; optic foramina	
70200	Radiologic examination; orbits, complete, minimum of 4 views	\$910.15

7020F	Mammogram assessment category (eg, Mammography Quality Standards Act [MQSA], Breast Imaging Reporting and Data System [BI-RADS], or FDA approved equivalent categories) entered into an internal database to allow for analysis of abnormal interpretation (rec	
70210	Radiologic examination, sinuses, paranasal, less than 3 views	\$550.35
70220	Radiologic examination, sinuses, paranasal, complete, minimum of 3 views	\$372.72
70240	Radiologic examination, sella turcica	
70250	Radiologic examination, skull; less than 4 views	\$638.96
7025F	Patient information entered into a reminder system with a target due date for the next mammogram (RAD)	
70260	Radiologic examination, skull; complete, minimum of 4 views	\$686.76
70300	Radiologic examination, teeth; single view	
70310	Radiologic examination, teeth; partial examination, less than full mouth	
70320	Radiologic examination, teeth; complete, full mouth	
70328	Radiologic examination, temporomandibular joint, open and closed mouth; unilateral	\$610.88
70330	Radiologic examination, temporomandibular joint, open and closed mouth; bilateral	\$268.26
70332	Temporomandibular joint arthrography, radiological supervision and interpretation	
70336	Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)	
70350	Cephalogram, orthodontic	\$372.72
70355	Orthopantomogram (eg, panoramic x-ray)	
70360	Radiologic examination; neck, soft tissue	\$547.19
70370	Radiologic examination; pharynx or larynx, including fluoroscopy and/or magnification technique	
70371	Complex dynamic pharyngeal and speech evaluation by cine or video recording	
70373	Laryngography, contrast, radiological supervision and interpretation	
70380	Radiologic examination, salivary gland for calculus	\$372.72
70390	Sialography, radiological supervision and interpretation	
70450	Computed tomography, head or brain; without contrast material	\$5,224.29
70460	Computed tomography, head or brain; with contrast material(s)	\$1,516.44
70470	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections	\$4,352.06
70480	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	\$2,845.66
70481	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)	\$3,789.13
70482	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material(s) and further sections	
70486	Computed tomography, maxillofacial area; without contrast material	\$3,628.35
70487	Computed tomography, maxillofacial area; with contrast material(s)	\$4,566.04
70488	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections	\$3,032.88
70490	Computed tomography, soft tissue neck; without contrast material	\$3,506.84
70491	Computed tomography, soft tissue neck; with contrast material(s)	\$4,860.38
70492	Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections	\$3,032.88
70496	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	\$3,831.41
70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	\$3,536.28
70540	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	

70542	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)	
70543	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences	
70544	Magnetic resonance angiography, head; without contrast material(s)	\$1,393.86
70545	Magnetic resonance angiography, head; with contrast material(s)	
70546	Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences	
70547	Magnetic resonance angiography, neck; without contrast material(s)	\$1,393.86
70548	Magnetic resonance angiography, neck; with contrast material(s)	
70549	Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences	
70551	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	\$1,393.86
70552	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)	
70553	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences	\$7,300.62
70554	Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration	
70555	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing	
70557	Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); without contrast material	
70558	Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); with contrast material(s)	
70559	Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); without contrast material(s), followed by contrast material(s) a	
71010	Radiologic examination, chest; single view, frontal	
71015	Radiologic examination, chest; stereo, frontal	
71020	Radiologic examination, chest, 2 views, frontal and lateral;	\$717.36
71021	Radiologic examination, chest, 2 views, frontal and lateral; with apical lordotic procedure	
71022	Radiologic examination, chest, 2 views, frontal and lateral; with oblique projections	
71023	Radiologic examination, chest, 2 views, frontal and lateral; with fluoroscopy	
71030	Radiologic examination, chest, complete, minimum of 4 views;	
71034	Radiologic examination, chest, complete, minimum of 4 views; with fluoroscopy	
71035	Radiologic examination, chest, special views (eg, lateral decubitus, Bucky studies)	
71045	Radiologic examination, chest; single view	\$372.72
71046	Radiologic examination, chest; 2 views	\$783.48
71047	Radiologic examination, chest; 3 views	\$938.02
71048	Radiologic examination, chest; 4 or more views	
71100	Radiologic examination, ribs, unilateral; 2 views	\$744.99
71101	Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of 3 views	\$926.99
71110	Radiologic examination, ribs, bilateral; 3 views	\$686.76
71111	Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views	\$1,628.03

71120	Radiologic examination; sternum, minimum of 2 views	\$372.72
71130	Radiologic examination; sternoclavicular joint or joints, minimum of 3 views	
71250	Computed tomography, thorax; without contrast material	\$3,100.38
71260	Computed tomography, thorax; with contrast material(s)	\$3,771.35
71270	Computed tomography, thorax; without contrast material, followed by contrast material(s) and further sections	\$4,306.23
71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	\$4,756.36
71550	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	\$1,393.86
71551	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)	
71552	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	
71555	Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	
72010	Radiologic examination, spine, entire, survey study, anteroposterior and lateral	
72020	Radiologic examination, spine, single view, specify level	\$372.72
72040	Radiologic examination, spine, cervical; 2 or 3 views	\$740.37
72050	Radiologic examination, spine, cervical; 4 or 5 views	\$986.36
72052	Radiologic examination, spine, cervical; 6 or more views	\$686.76
72069	Radiologic examination, spine, thoracolumbar, standing (scoliosis)	
72070	Radiologic examination, spine; thoracic, 2 views	\$868.97
72072	Radiologic examination, spine; thoracic, 3 views	\$1,031.04
72074	Radiologic examination, spine; thoracic, minimum of 4 views	\$798.07
72080	Radiologic examination, spine; thoracolumbar junction, minimum of 2 views	\$372.72
72081	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view	
72082	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views	
72083	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views	
72084	Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); minimum of 6 views	
72090	Radiologic examination, spine; scoliosis study, including supine and erect studies	
72100	Radiologic examination, spine, lumbosacral; 2 or 3 views	\$830.30
72110	Radiologic examination, spine, lumbosacral; minimum of 4 views	\$1,309.50
72114	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views	\$686.76
72120	Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views	\$686.76
72125	Computed tomography, cervical spine; without contrast material	\$3,735.35
72126	Computed tomography, cervical spine; with contrast material	\$2,738.22
72127	Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections	\$1,516.44
72128	Computed tomography, thoracic spine; without contrast material	\$9,476.85
72129	Computed tomography, thoracic spine; with contrast material	\$1,516.44
72130	Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections	
72131	Computed tomography, lumbar spine; without contrast material	\$7,473.53
72132	Computed tomography, lumbar spine; with contrast material	\$2,738.22
72133	Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections	

72141	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	\$1,393.86
72142	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)	
72146	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	\$1,393.86
72147	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)	
72148	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	\$1,393.86
72149	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)	
72156	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical	\$2,738.22
72157	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic	\$2,738.22
72158	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar	\$2,738.22
72159	Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)	
72170	Radiologic examination, pelvis; 1 or 2 views	\$604.55
72190	Radiologic examination, pelvis; complete, minimum of 3 views	\$686.76
72191	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	\$1,516.44
72192	Computed tomography, pelvis; without contrast material	\$5,452.63
72193	Computed tomography, pelvis; with contrast material(s)	\$3,737.81
72194	Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections	\$3,032.88
72195	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)	\$1,393.86
72196	Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	\$2,738.22
72197	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences	\$2,738.22
72198	Magnetic resonance angiography, pelvis, with or without contrast material(s)	
72200	Radiologic examination, sacroiliac joints; less than 3 views	\$686.76
72202	Radiologic examination, sacroiliac joints; 3 or more views	\$686.76
72220	Radiologic examination, sacrum and coccyx, minimum of 2 views	\$788.01
72240	Myelography, cervical, radiological supervision and interpretation	
72255	Myelography, thoracic, radiological supervision and interpretation	
72265	Myelography, lumbosacral, radiological supervision and interpretation	
72270	Myelography, 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical), radiological supervision and interpretation	
72275	Epidurography, radiological supervision and interpretation	
72285	Discography, cervical or thoracic, radiological supervision and interpretation	
72291	Radiological supervision and interpretation, percutaneous vertebroplasty, vertebral augmentation, or sacral augmentation (sacroplasty), including cavity creation, per vertebral body or sacrum; under fluoroscopic guidance	
72292	Radiological supervision and interpretation, percutaneous vertebroplasty, vertebral augmentation, or sacral augmentation (sacroplasty), including cavity creation, per vertebral body or sacrum; under CT guidance	
72295	Discography, lumbar, radiological supervision and interpretation	
73000	Radiologic examination; clavicle, complete	\$836.30

73010	Radiologic examination; scapula, complete	\$1,131.66
73020	Radiologic examination, shoulder; 1 view	\$372.72
73030	Radiologic examination, shoulder; complete, minimum of 2 views	\$818.58
73040	Radiologic examination, shoulder, arthrography, radiological supervision and interpretation	\$2,738.22
73050	Radiologic examination; acromioclavicular joints, bilateral, with or without weighted distraction	\$372.72
73060	Radiologic examination; humerus, minimum of 2 views	\$744.99
73070	Radiologic examination, elbow; 2 views	\$1,044.85
73080	Radiologic examination, elbow; complete, minimum of 3 views	\$761.78
73085	Radiologic examination, elbow, arthrography, radiological supervision and interpretation	
73090	Radiologic examination; forearm, 2 views	\$675.72
73092	Radiologic examination; upper extremity, infant, minimum of 2 views	\$686.76
73100	Radiologic examination, wrist; 2 views	\$897.24
73110	Radiologic examination, wrist; complete, minimum of 3 views	\$1,020.96
73115	Radiologic examination, wrist, arthrography, radiological supervision and interpretation	
73120	Radiologic examination, hand; 2 views	\$627.38
73130	Radiologic examination, hand; minimum of 3 views	\$841.23
73140	Radiologic examination, finger(s), minimum of 2 views	\$598.71
73200	Computed tomography, upper extremity; without contrast material	\$4,566.91
73201	Computed tomography, upper extremity; with contrast material(s)	\$1,516.44
73202	Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections	
73206	Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	
73218	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)	
73219	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; with contrast material(s)	
73220	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	\$2,738.22
73221	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	\$1,393.86
73222	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s)	
73223	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences	
73225	Magnetic resonance angiography, upper extremity, with or without contrast material(s)	
73500	Radiologic examination, hip, unilateral; 1 view	
73501	Radiologic examination, hip, unilateral, with pelvis when performed; 1 view	\$477.33
73502	Radiologic examination, hip, unilateral, with pelvis when performed; 2-3 views	\$733.97
73503	Radiologic examination, hip, unilateral, with pelvis when performed; minimum of 4 views	\$686.76
73510	Radiologic examination, hip, unilateral; complete, minimum of 2 views	
73520	Radiologic examination, hips, bilateral, minimum of 2 views of each hip, including anteroposterior view of pelvis	
73521	Radiologic examination, hips, bilateral, with pelvis when performed; 2 views	\$1,310.59
73522	Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views	\$686.76
73523	Radiologic examination, hips, bilateral, with pelvis when performed; minimum of 5 views	\$686.76

73525	Radiologic examination, hip, arthrography, radiological supervision and interpretation	
73530	Radiologic examination, hip, during operative procedure	
73540	Radiologic examination, pelvis and hips, infant or child, minimum of 2 views	
73550	Radiologic examination, femur, 2 views	
73551	Radiologic examination, femur; 1 view	\$949.39
73552	Radiologic examination, femur; minimum 2 views	\$1,099.64
73560	Radiologic examination, knee; 1 or 2 views	\$835.78
73562	Radiologic examination, knee; 3 views	\$1,216.83
73564	Radiologic examination, knee; complete, 4 or more views	\$955.26
73565	Radiologic examination, knee; both knees, standing, anteroposterior	
73580	Radiologic examination, knee, arthrography, radiological supervision and interpretation	
73590	Radiologic examination; tibia and fibula, 2 views	\$830.17
73592	Radiologic examination; lower extremity, infant, minimum of 2 views	\$696.07
73600	Radiologic examination, ankle; 2 views	\$1,022.99
73610	Radiologic examination, ankle; complete, minimum of 3 views	\$720.55
73615	Radiologic examination, ankle, arthrography, radiological supervision and interpretation	
73620	Radiologic examination, foot; 2 views	\$372.72
73630	Radiologic examination, foot; complete, minimum of 3 views	\$796.67
73650	Radiologic examination; calcaneus, minimum of 2 views	\$372.72
73660	Radiologic examination; toe(s), minimum of 2 views	\$565.18
73700	Computed tomography, lower extremity; without contrast material	\$3,984.38
73701	Computed tomography, lower extremity; with contrast material(s)	\$4,781.04
73702	Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections	\$1,516.44
73706	Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	\$3,032.88
73718	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)	
73719	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)	
73720	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	
73721	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	\$1,393.86
73722	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s)	\$4,091.28
73723	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences	\$2,738.22
73725	Magnetic resonance angiography, lower extremity, with or without contrast material(s)	\$4,898.10
74000	Radiologic examination, abdomen; single anteroposterior view	
74010	Radiologic examination, abdomen; anteroposterior and additional oblique and cone views	
74018	Radiologic examination, abdomen; 1 view	\$372.72
74019	Radiologic examination, abdomen; 2 views	\$1,337.60
74020	Radiologic examination, abdomen; complete, including decubitus and/or erect views	
74021	Radiologic examination, abdomen; 3 or more views	\$848.43
74022	Radiologic examination, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest	\$1,052.05
74150	Computed tomography, abdomen; without contrast material	\$1,716.90

74160	Computed tomography, abdomen; with contrast material(s)	\$4,691.17
74170	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections	\$3,032.88
74174	Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	\$9,596.68
74175	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	\$3,566.29
74176	Computed tomography, abdomen and pelvis; without contrast material	\$8,937.11
74177	Computed tomography, abdomen and pelvis; with contrast material(s)	\$7,451.76
74178	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	\$7,998.11
74181	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	\$1,393.86
74182	Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)	
74183	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences	\$2,738.22
74185	Magnetic resonance angiography, abdomen, with or without contrast material(s)	
74190	Peritoneogram (eg, after injection of air or contrast), radiological supervision and interpretation	
74210	Radiologic examination; pharynx and/or cervical esophagus	
74220	Radiologic examination; esophagus	
74230	Swallowing function, with cineradiography/videoradiography	
74235	Removal of foreign body(s), esophageal, with use of balloon catheter, radiological supervision and interpretation	
74240	Radiologic examination, gastrointestinal tract, upper; with or without delayed images, without KUB	
74241	Radiologic examination, gastrointestinal tract, upper; with or without delayed images, with KUB	\$1,516.44
74245	Radiologic examination, gastrointestinal tract, upper; with small intestine, includes multiple serial images	
74246	Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed images, without KUB	
74247	Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed images, with KUB	\$1,516.44
74249	Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with small intestine follow-through	
74250	Radiologic examination, small intestine, includes multiple serial images;	
74251	Radiologic examination, small intestine, includes multiple serial images; via enteroclysis tube	
74260	Duodenography, hypotonic	
74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	
74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed	
74263	Computed tomographic (CT) colonography, screening, including image postprocessing	
74270	Radiologic examination, colon; contrast (eg, barium) enema, with or without KUB	
74280	Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon	

74283	Therapeutic enema, contrast or air, for reduction of intussusception or other intraluminal obstruction (eg, meconium ileus)	
74290	Cholecystography, oral contrast	
74291	Cholecystography, oral contrast; additional or repeat examination or multiple day examination	
74300	Cholangiography and/or pancreatography; intraoperative, radiological supervision and interpretation	
74301	Cholangiography and/or pancreatography; additional set intraoperative, radiological supervision and interpretation (List separately in addition to code for primary procedure)	
74305	Cholangiography and/or pancreatography; through existing catheter, radiological supervision and interpretation	
74320	Cholangiography, percutaneous, transhepatic, radiological supervision and interpretation	
74327	Postoperative biliary duct calculus removal, percutaneous via T-tube tract, basket, or snare (eg, Burhenne technique), radiological supervision and interpretation	
74328	Endoscopic catheterization of the biliary ductal system, radiological supervision and interpretation	
74329	Endoscopic catheterization of the pancreatic ductal system, radiological supervision and interpretation	
74330	Combined endoscopic catheterization of the biliary and pancreatic ductal systems, radiological supervision and interpretation	
74340	Introduction of long gastrointestinal tube (eg, Miller-Abbott), including multiple fluoroscopies and images, radiological supervision and interpretation	
74355	Percutaneous placement of enteroclysis tube, radiological supervision and interpretation	
74360	Intraluminal dilation of strictures and/or obstructions (eg, esophagus), radiological supervision and interpretation	
74363	Percutaneous transhepatic dilation of biliary duct stricture with or without placement of stent, radiological supervision and interpretation	
74400	Urography (pyelography), intravenous, with or without KUB, with or without tomography	\$1,516.44
74410	Urography, infusion, drip technique and/or bolus technique;	
74415	Urography, infusion, drip technique and/or bolus technique; with nephrotomography	
74420	Urography, retrograde, with or without KUB	
74425	Urography, antegrade (pyelostogram, nephrostogram, loopogram), radiological supervision and interpretation	
74430	Cystography, minimum of 3 views, radiological supervision and interpretation	
74440	Vasography, vesiculography, or epididymography, radiological supervision and interpretation	
74445	Corpora cavernosography, radiological supervision and interpretation	
74450	Urethrocystography, retrograde, radiological supervision and interpretation	
74455	Urethrocystography, voiding, radiological supervision and interpretation	
74470	Radiologic examination, renal cyst study, translumbar, contrast visualization, radiological supervision and interpretation	
74475	Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation	
74480	Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation	
74485	Dilation of nephrostomy, ureters, or urethra, radiological supervision and interpretation	
74710	Pelvimetry, with or without placental localization	

74712	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation	
74713	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; each additional gestation (List separately in addition to code for primary procedure)	
74740	Hysterosalpingography, radiological supervision and interpretation	
74742	Transcervical catheterization of fallopian tube, radiological supervision and interpretation	
74775	Perineogram (eg, vaginogram, for sex determination or extent of anomalies)	
75557	Cardiac magnetic resonance imaging for morphology and function without contrast material;	
75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging	
75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;	
75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging	
75565	Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	
75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	
75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	
75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of LV cardiac function, RV structure and function and evaluati	
75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluatio	
75600	Aortography, thoracic, without serialography, radiological supervision and interpretation	
75605	Aortography, thoracic, by serialography, radiological supervision and interpretation	
75625	Aortography, abdominal, by serialography, radiological supervision and interpretation	
75630	Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by serialography, radiological supervision and interpretation	
75635	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	\$2,928.25
75658	Angiography, brachial, retrograde, radiological supervision and interpretation	
75705	Angiography, spinal, selective, radiological supervision and interpretation	
75710	Angiography, extremity, unilateral, radiological supervision and interpretation	
75716	Angiography, extremity, bilateral, radiological supervision and interpretation	
75726	Angiography, visceral, selective or supraseductive (with or without flush aortogram), radiological supervision and interpretation	
75731	Angiography, adrenal, unilateral, selective, radiological supervision and interpretation	
75733	Angiography, adrenal, bilateral, selective, radiological supervision and interpretation	

75736	Angiography, pelvic, selective or supraseductive, radiological supervision and interpretation	
75741	Angiography, pulmonary, unilateral, selective, radiological supervision and interpretation	
75743	Angiography, pulmonary, bilateral, selective, radiological supervision and interpretation	
75746	Angiography, pulmonary, by nonselective catheter or venous injection, radiological supervision and interpretation	
75756	Angiography, internal mammary, radiological supervision and interpretation	
75774	Angiography, selective, each additional vessel studied after basic examination, radiological supervision and interpretation (List separately in addition to code for primary procedure)	
75791	Angiography, arteriovenous shunt (eg, dialysis patient fistula/graft), complete evaluation of dialysis access, including fluoroscopy, image documentation and report (includes injections of contrast and all necessary imaging from the arterial anastomosis a	
75801	Lymphangiography, extremity only, unilateral, radiological supervision and interpretation	
75803	Lymphangiography, extremity only, bilateral, radiological supervision and interpretation	
75805	Lymphangiography, pelvic/abdominal, unilateral, radiological supervision and interpretation	
75807	Lymphangiography, pelvic/abdominal, bilateral, radiological supervision and interpretation	
75809	Shuntogram for investigation of previously placed indwelling nonvascular shunt (eg, LeVeene shunt, ventriculoperitoneal shunt, indwelling infusion pump), radiological supervision and interpretation	\$686.76
75810	Splenoportography, radiological supervision and interpretation	
75820	Venography, extremity, unilateral, radiological supervision and interpretation	
75822	Venography, extremity, bilateral, radiological supervision and interpretation	
75825	Venography, caval, inferior, with serialography, radiological supervision and interpretation	
75827	Venography, caval, superior, with serialography, radiological supervision and interpretation	
75831	Venography, renal, unilateral, selective, radiological supervision and interpretation	
75833	Venography, renal, bilateral, selective, radiological supervision and interpretation	
75840	Venography, adrenal, unilateral, selective, radiological supervision and interpretation	
75842	Venography, adrenal, bilateral, selective, radiological supervision and interpretation	
75860	Venography, venous sinus (eg, petrosal and inferior sagittal) or jugular, catheter, radiological supervision and interpretation	
75870	Venography, superior sagittal sinus, radiological supervision and interpretation	
75872	Venography, epidural, radiological supervision and interpretation	
75880	Venography, orbital, radiological supervision and interpretation	
75885	Percutaneous transhepatic portography with hemodynamic evaluation, radiological supervision and interpretation	
75887	Percutaneous transhepatic portography without hemodynamic evaluation, radiological supervision and interpretation	
75889	Hepatic venography, wedged or free, with hemodynamic evaluation, radiological supervision and interpretation	
75891	Hepatic venography, wedged or free, without hemodynamic evaluation, radiological supervision and interpretation	

- 75893 Venous sampling through catheter, with or without angiography (eg, for parathyroid hormone, renin), radiological supervision and interpretation
- 75894 Transcatheter therapy, embolization, any method, radiological supervision and interpretation
- 75896 Transcatheter therapy, infusion, other than for thrombolysis, radiological supervision and interpretation
- 75898 Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion, other than for thrombolysis
- 75901 Mechanical removal of pericatheter obstructive material (eg, fibrin sheath) from central venous device via separate venous access, radiologic supervision and interpretation
- 75902 Mechanical removal of intraluminal (intracatheter) obstructive material from central venous device through device lumen, radiologic supervision and interpretation
- 75945 Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation; initial vessel
- 75946 Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation; each additional non-coronary vessel (List separately in addition to code for primary procedure)
- 75952 Endovascular repair of infrarenal abdominal aortic aneurysm or dissection, radiological supervision and interpretation
- 75953 Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal aortic or iliac artery aneurysm, pseudoaneurysm, or dissection, radiological supervision and interpretation
- 75954 Endovascular repair of iliac artery aneurysm, pseudoaneurysm, arteriovenous malformation, or trauma, using ilio-iliac tube endoprosthesis, radiological supervision and interpretation
- 75956 Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thora
- 75957 Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending t
- 75958 Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption), radiological supervision and interpretation
- 75959 Placement of distal extension prosthesis(s) (delayed) after endovascular repair of descending thoracic aorta, as needed, to level of celiac origin, radiological supervision and interpretation
- 75962 Transluminal balloon angioplasty, peripheral artery other than renal, or other visceral artery, iliac or lower extremity, radiological supervision and interpretation
- 75964 Transluminal balloon angioplasty, each additional peripheral artery other than renal or other visceral artery, iliac or lower extremity, radiological supervision and interpretation (List separately in addition to code for primary procedure)
- 75966 Transluminal balloon angioplasty, renal or other visceral artery, radiological supervision and interpretation
- 75968 Transluminal balloon angioplasty, each additional visceral artery, radiological supervision and interpretation (List separately in addition to code for primary procedure)
- 75970 Transcatheter biopsy, radiological supervision and interpretation

75978	Transluminal balloon angioplasty, venous (eg, subclavian stenosis), radiological supervision and interpretation	
75980	Percutaneous transhepatic biliary drainage with contrast monitoring, radiological supervision and interpretation	
75982	Percutaneous placement of drainage catheter for combined internal and external biliary drainage or of a drainage stent for internal biliary drainage in patients with an inoperable mechanical biliary obstruction, radiological supervision and interpretation	
75984	Change of percutaneous tube or drainage catheter with contrast monitoring (eg, genitourinary system, abscess), radiological supervision and interpretation	
75989	Radiological guidance (ie, fluoroscopy, ultrasound, or computed tomography), for percutaneous drainage (eg, abscess, specimen collection), with placement of catheter, radiological supervision and interpretation	
76000	Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time	
76001	Fluoroscopy, physician or other qualified health care professional time more than 1 hour, assisting a nonradiologic physician or other qualified health care professional (eg, nephrostolithotomy, ERCP, bronchoscopy, transbronchial biopsy)	
76010	Radiologic examination from nose to rectum for foreign body, single view, child	\$372.72
76080	Radiologic examination, abscess, fistula or sinus tract study, radiological supervision and interpretation	
76098	Radiological examination, surgical specimen	
76100	Radiologic examination, single plane body section (eg, tomography), other than with urography	
76101	Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; unilateral	
76102	Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; bilateral	
76120	Cineradiography/videoradiography, except where specifically included	
76125	Cineradiography/videoradiography to complement routine examination (List separately in addition to code for primary procedure)	
76140	Consultation on X-ray examination made elsewhere, written report	\$185.29
76376	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; not requiring image postprocessing on an independent works	\$841.86
76377	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; requiring image postprocessing on an independent workstati	
76380	Computed tomography, limited or localized follow-up study	\$2,635.30
76390	Magnetic resonance spectroscopy	
76496	Unlisted fluoroscopic procedure (eg, diagnostic, interventional)	
76497	Unlisted computed tomography procedure (eg, diagnostic, interventional)	
76498	Unlisted magnetic resonance procedure (eg, diagnostic, interventional)	
76499	Unlisted diagnostic radiographic procedure	\$372.72
76506	Echoencephalography, real time with image documentation (gray scale) (for determination of ventricular size, delineation of cerebral contents, and detection of fluid masses or other intracranial abnormalities), including A-mode encephalography as secondar	
76510	Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter	\$630.24
76511	Ophthalmic ultrasound, diagnostic; quantitative A-scan only	

76512	Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)	\$432.12
76513	Ophthalmic ultrasound, diagnostic; anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy	
76514	Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness)	
76516	Ophthalmic biometry by ultrasound echography, A-scan;	
76519	Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation	
76529	Ophthalmic ultrasonic foreign body localization	
76536	Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation	\$686.76
76604	Ultrasound, chest (includes mediastinum), real time with image documentation	\$686.76
76641	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete	\$1,580.80
76642	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited	\$372.72
76645	Ultrasound, breast(s) (unilateral or bilateral), real time with image documentation	
76700	Ultrasound, abdominal, real time with image documentation; complete	\$2,081.77
76705	Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)	\$1,543.50
76706	Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm (AAA)	\$686.76
76770	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete	\$1,316.81
76775	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; limited	\$1,027.05
76776	Ultrasound, transplanted kidney, real time and duplex Doppler with image documentation	
76800	Ultrasound, spinal canal and contents	
76801	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; single or first gestation	\$2,244.41
76802	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)	\$404.82
76805	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; single or first gestation	\$1,427.29
76810	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)	\$589.32
76811	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; single or first gestation	
76812	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)	
76813	Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; single or first gestation	\$686.76

76814	Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; each additional gestation (List separately in addition to code for primary procedure)	
76815	Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), 1 or more fetuses	\$686.76
76816	Ultrasound, pregnant uterus, real time with image documentation, follow-up (eg, re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a prev	\$686.76
76817	Ultrasound, pregnant uterus, real time with image documentation, transvaginal	\$1,949.03
76818	Fetal biophysical profile; with non-stress testing	\$686.76
76819	Fetal biophysical profile; without non-stress testing	
76820	Doppler velocimetry, fetal; umbilical artery	
76821	Doppler velocimetry, fetal; middle cerebral artery	
76825	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording;	\$2,920.14
76826	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording; follow-up or repeat study	
76827	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; complete	
76828	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; follow-up or repeat study	
76830	Ultrasound, transvaginal	\$1,323.27
76831	Saline infusion sonohysterography (SIS), including color flow Doppler, when performed	
76856	Ultrasound, pelvic (nonobstetric), real time with image documentation; complete	\$1,515.41
76857	Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)	\$686.76
76870	Ultrasound, scrotum and contents	\$1,303.85
76872	Ultrasound, transrectal;	
76873	Ultrasound, transrectal; prostate volume study for brachytherapy treatment planning (separate procedure)	
76881	Ultrasound, complete joint (ie, joint space and peri-articular soft tissue structures) real-time with image documentation	\$686.76
76882	Ultrasound, limited, joint or other nonvascular extremity structure(s) (eg, joint space, peri-articular tendon[s], muscle[s], nerve[s], other soft tissue structure[s], or soft tissue mass[es]), real-time with image documentation	\$686.76
76885	Ultrasound, infant hips, real time with imaging documentation; dynamic (requiring physician or other qualified health care professional manipulation)	
76886	Ultrasound, infant hips, real time with imaging documentation; limited, static (not requiring physician or other qualified health care professional manipulation)	
76930	Ultrasonic guidance for pericardiocentesis, imaging supervision and interpretation	
76932	Ultrasonic guidance for endomyocardial biopsy, imaging supervision and interpretation	
76936	Ultrasound guided compression repair of arterial pseudoaneurysm or arteriovenous fistulae (includes diagnostic ultrasound evaluation, compression of lesion and imaging)	

76937	Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (Lis	\$150.00
76940	Ultrasound guidance for, and monitoring of, parenchymal tissue ablation	
76941	Ultrasonic guidance for intrauterine fetal transfusion or cordocentesis, imaging supervision and interpretation	
76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation	\$6.60
76945	Ultrasonic guidance for chorionic villus sampling, imaging supervision and interpretation	
76946	Ultrasonic guidance for amniocentesis, imaging supervision and interpretation	
76948	Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation	
76950	Ultrasonic guidance for placement of radiation therapy fields	
76965	Ultrasonic guidance for interstitial radioelement application	
76970	Ultrasound study follow-up (specify)	
76975	Gastrointestinal endoscopic ultrasound, supervision and interpretation	
76977	Ultrasound bone density measurement and interpretation, peripheral site(s), any method	
76998	Ultrasonic guidance, intraoperative	
76999	Unlisted ultrasound procedure (eg, diagnostic, interventional)	
77001	Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, any necessary contrast injections through access site or c	
77002	Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)	
77003	Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid) (List separately in addition to code for primary procedure)	
77011	Computed tomography guidance for stereotactic localization	
77012	Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation	
77013	Computed tomography guidance for, and monitoring of, parenchymal tissue ablation	
77014	Computed tomography guidance for placement of radiation therapy fields	
77021	Magnetic resonance guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation	
77022	Magnetic resonance guidance for, and monitoring of, parenchymal tissue ablation	
77051	Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further review for interpretation, with or without digitization of film radiographic images; diagnostic mammography (List separately in addition to code	
77052	Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further review for interpretation, with or without digitization of film radiographic images; screening mammography (List separately in addition to code	
77053	Mammary ductogram or galactogram, single duct, radiological supervision and interpretation	
77054	Mammary ductogram or galactogram, multiple ducts, radiological supervision and interpretation	
77055	Mammography; unilateral	
77056	Mammography; bilateral	

77057	Screening mammography, bilateral (2-view film study of each breast)	
77058	Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral	
77059	Magnetic resonance imaging, breast, without and/or with contrast material(s); bilateral	
77061	Digital breast tomosynthesis; unilateral	
77062	Digital breast tomosynthesis; bilateral	
77063	Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure)	
77065	Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral	
77066	Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral	
77067	Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed	
77071	Manual application of stress performed by physician or other qualified health care professional for joint radiography, including contralateral joint if indicated	
77072	Bone age studies	\$686.76
77073	Bone length studies (orthoroentgenogram, scanogram)	
77074	Radiologic examination, osseous survey; limited (eg, for metastases)	
77075	Radiologic examination, osseous survey; complete (axial and appendicular skeleton)	
77076	Radiologic examination, osseous survey, infant	
77077	Joint survey, single view, 2 or more joints (specify)	
77078	Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine)	
77080	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)	
77081	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)	
77082	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; vertebral fracture assessment	
77084	Magnetic resonance (eg, proton) imaging, bone marrow blood supply	
77085	Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment	
77086	Vertebral fracture assessment via dual-energy X-ray absorptiometry (DXA)	
77261	Therapeutic radiology treatment planning; simple	
77262	Therapeutic radiology treatment planning; intermediate	
77263	Therapeutic radiology treatment planning; complex	
77280	Therapeutic radiology simulation-aided field setting; simple	
77285	Therapeutic radiology simulation-aided field setting; intermediate	
77290	Therapeutic radiology simulation-aided field setting; complex	
77293	Respiratory motion management simulation (List separately in addition to code for primary procedure)	
77295	3-dimensional radiotherapy plan, including dose-volume histograms	
77299	Unlisted procedure, therapeutic radiology clinical treatment planning	
77300	Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, onl	
77301	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications	
77305	Teletherapy, isodose plan (whether hand or computer calculated); simple (1 or 2 parallel opposed unmodified ports directed to a single area of interest)	

- 77306 Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)
- 77307 Teletherapy isodose plan; complex (multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s)
- 77310 Teletherapy, isodose plan (whether hand or computer calculated); intermediate (3 or more treatment ports directed to a single area of interest)
- 77315 Teletherapy, isodose plan (whether hand or computer calculated); complex (mantle or inverted Y, tangential ports, the use of wedges, compensators, complex blocking, rotational beam, or special beam considerations)
- 77316 Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)
- 77317 Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)
- 77318 Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)
- 77321 Special teletherapy port plan, particles, hemibody, total body
- 77326 Brachytherapy isodose plan; simple (calculation made from single plane, 1 to 4 sources/ribbon application, remote afterloading brachytherapy, 1 to 8 sources)
- 77327 Brachytherapy isodose plan; intermediate (multiplane dosage calculations, application involving 5 to 10 sources/ribbons, remote afterloading brachytherapy, 9 to 12 sources)
- 77328 Brachytherapy isodose plan; complex (multiplane isodose plan, volume implant calculations, over 10 sources/ribbons used, special spatial reconstruction, remote afterloading brachytherapy, over 12 sources)
- 77331 Special dosimetry (eg, TLD, microdosimetry) (specify), only when prescribed by the treating physician
- 77332 Treatment devices, design and construction; simple (simple block, simple bolus)
- 77333 Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)
- 77334 Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)
- 77336 Continuing medical physics consultation, including assessment of treatment parameters, quality assurance of dose delivery, and review of patient treatment documentation in support of the radiation oncologist, reported per week of therapy
- 77338 Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan
- 77370 Special medical radiation physics consultation
- 77371 Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based
- 77372 Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based
- 77373 Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions
- 77385 Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple
- 77386 Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex
- 77387 Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking, when performed

77399 Unlisted procedure, medical radiation physics, dosimetry and treatment devices, and special services

77401 Radiation treatment delivery, superficial and/or ortho voltage, per day

77402 Radiation treatment delivery, ≥ 1 MeV; simple

77403 Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 6-10 MeV

77404 Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 11-19 MeV

77406 Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 20 MeV or greater

77407 Radiation treatment delivery, ≥ 1 MeV; intermediate

77408 Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 6-10 MeV

77409 Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 11-19 MeV

77411 Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 20 MeV or greater

77412 Radiation treatment delivery, ≥ 1 MeV; complex

77413 Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 MeV

77414 Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 MeV

77416 Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 MeV or greater

77417 Therapeutic radiology port image(s)

77418 Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session

77421 Stereoscopic X-ray guidance for localization of target volume for the delivery of radiation therapy

77422 High energy neutron radiation treatment delivery; single treatment area using a single port or parallel-opposed ports with no blocks or simple blocking

77423 High energy neutron radiation treatment delivery, 1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s)

77424 Intraoperative radiation treatment delivery, x-ray, single treatment session

77425 Intraoperative radiation treatment delivery, electrons, single treatment session

77427 Radiation treatment management, 5 treatments

77431 Radiation therapy management with complete course of therapy consisting of 1 or 2 fractions only

77432 Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)

77435 Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions

77469 Intraoperative radiation treatment management

77470 Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)

77499 Unlisted procedure, therapeutic radiology treatment management

77520 Proton treatment delivery; simple, without compensation

77522 Proton treatment delivery; simple, with compensation

77523 Proton treatment delivery; intermediate

77525 Proton treatment delivery; complex

77600 Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less)

77605 Hyperthermia, externally generated; deep (ie, heating to depths greater than 4 cm)

77610 Hyperthermia generated by interstitial probe(s); 5 or fewer interstitial applicators

77615 Hyperthermia generated by interstitial probe(s); more than 5 interstitial applicators

77620 Hyperthermia generated by intracavitary probe(s)

77750 Infusion or instillation of radioelement solution (includes 3-month follow-up care)

77761 Intracavitary radiation source application; simple

77762 Intracavitary radiation source application; intermediate

77763 Intracavitary radiation source application; complex

77767 Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel

77768 Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions

77770 Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel

77771 Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels

77772 Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels

77776 Interstitial radiation source application; simple

77777 Interstitial radiation source application; intermediate

77778 Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source, when performed

77785 Remote afterloading high dose rate radionuclide brachytherapy; 1 channel

77786 Remote afterloading high dose rate radionuclide brachytherapy; 2-12 channels

77787 Remote afterloading high dose rate radionuclide brachytherapy; over 12 channels

77789 Surface application of low dose rate radionuclide source

77790 Supervision, handling, loading of radiation source

77799 Unlisted procedure, clinical brachytherapy

78012 Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)

78013 Thyroid imaging (including vascular flow, when performed);

78014 Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)

78015 Thyroid carcinoma metastases imaging; limited area (eg, neck and chest only)

78016 Thyroid carcinoma metastases imaging; with additional studies (eg, urinary recovery)

78018 Thyroid carcinoma metastases imaging; whole body

78020 Thyroid carcinoma metastases uptake (List separately in addition to code for primary procedure)

78070 Parathyroid planar imaging (including subtraction, when performed);

78071 Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)

78072 Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization

78075	Adrenal imaging, cortex and/or medulla	\$7,216.08
78099	Unlisted endocrine procedure, diagnostic nuclear medicine	
78102	Bone marrow imaging; limited area	
78103	Bone marrow imaging; multiple areas	
78104	Bone marrow imaging; whole body	
78110	Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); single sampling	
78111	Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); multiple samplings	
78120	Red cell volume determination (separate procedure); single sampling	
78121	Red cell volume determination (separate procedure); multiple samplings	
78122	Whole blood volume determination, including separate measurement of plasma volume and red cell volume (radiopharmaceutical volume-dilution technique)	
78130	Red cell survival study;	
78135	Red cell survival study; differential organ/tissue kinetics (eg, splenic and/or hepatic sequestration)	
78140	Labeled red cell sequestration, differential organ/tissue (eg, splenic and/or hepatic)	
78185	Spleen imaging only, with or without vascular flow	
78190	Kinetics, study of platelet survival, with or without differential organ/tissue localization	
78191	Platelet survival study	
78195	Lymphatics and lymph nodes imaging	
78199	Unlisted hematopoietic, reticuloendothelial and lymphatic procedure, diagnostic nuclear medicine	
78201	Liver imaging; static only	
78202	Liver imaging; with vascular flow	
78205	Liver imaging (SPECT);	
78206	Liver imaging (SPECT); with vascular flow	
78215	Liver and spleen imaging; static only	
78216	Liver and spleen imaging; with vascular flow	
78226	Hepatobiliary system imaging, including gallbladder when present;	
78227	Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed	
78230	Salivary gland imaging;	
78231	Salivary gland imaging; with serial images	
78232	Salivary gland function study	
78258	Esophageal motility	
78261	Gastric mucosa imaging	
78262	Gastroesophageal reflux study	
78264	Gastric emptying imaging study (eg, solid, liquid, or both);	
78265	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit	
78266	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel and colon transit, multiple days	
78267	Urea breath test, C-14 (isotopic); acquisition for analysis	
78268	Urea breath test, C-14 (isotopic); analysis	
78270	Vitamin B-12 absorption study (eg, Schilling test); without intrinsic factor	
78271	Vitamin B-12 absorption study (eg, Schilling test); with intrinsic factor	
78272	Vitamin B-12 absorption studies combined, with and without intrinsic factor	
78278	Acute gastrointestinal blood loss imaging	
78282	Gastrointestinal protein loss	
78290	Intestine imaging (eg, ectopic gastric mucosa, Meckel's localization, volvulus)	
78291	Peritoneal-venous shunt patency test (eg, for LeVein, Denver shunt)	

78299	Unlisted gastrointestinal procedure, diagnostic nuclear medicine	
78300	Bone and/or joint imaging; limited area	
78305	Bone and/or joint imaging; multiple areas	
78306	Bone and/or joint imaging; whole body	\$2,096.64
78315	Bone and/or joint imaging; 3 phase study	\$2,096.64
78320	Bone and/or joint imaging; tomographic (SPECT)	\$2,718.48
78350	Bone density (bone mineral content) study, 1 or more sites; single photon absorptiometry	
78351	Bone density (bone mineral content) study, 1 or more sites; dual photon absorptiometry, 1 or more sites	
78399	Unlisted musculoskeletal procedure, diagnostic nuclear medicine	
78414	Determination of central c-v hemodynamics (non-imaging) (eg, ejection fraction with probe technique) with or without pharmacologic intervention or exercise, single or multiple determinations	
78428	Cardiac shunt detection	
78445	Non-cardiac vascular flow imaging (ie, angiography, venography)	
78451	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (
78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or	
78453	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	
78454	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) an	
78456	Acute venous thrombosis imaging, peptide	
78457	Venous thrombosis imaging, venogram; unilateral	
78458	Venous thrombosis imaging, venogram; bilateral	
78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation	
78466	Myocardial imaging, infarct avid, planar; qualitative or quantitative	
78468	Myocardial imaging, infarct avid, planar; with ejection fraction by first pass technique	
78469	Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification	
78472	Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	\$2,096.64
78473	Cardiac blood pool imaging, gated equilibrium; multiple studies, wall motion study plus ejection fraction, at rest and stress (exercise and/or pharmacologic), with or without additional quantification	
78481	Cardiac blood pool imaging (planar), first pass technique; single study, at rest or with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification	
78483	Cardiac blood pool imaging (planar), first pass technique; multiple studies, at rest and with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification	
78491	Myocardial imaging, positron emission tomography (PET), perfusion; single study at rest or stress	

78492 Myocardial imaging, positron emission tomography (PET), perfusion; multiple studies at rest and/or stress

78494 Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing

78496 Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right ventricular ejection fraction by first pass technique (List separately in addition to code for primary procedure)

78499 Unlisted cardiovascular procedure, diagnostic nuclear medicine

78579 Pulmonary ventilation imaging (eg, aerosol or gas)

78580 Pulmonary perfusion imaging (eg, particulate)

78582 Pulmonary ventilation (eg, aerosol or gas) and perfusion imaging

78597 Quantitative differential pulmonary perfusion, including imaging when performed

78598 Quantitative differential pulmonary perfusion and ventilation (eg, aerosol or gas), including imaging when performed

78599 Unlisted respiratory procedure, diagnostic nuclear medicine

78600 Brain imaging, less than 4 static views;

78601 Brain imaging, less than 4 static views; with vascular flow

78605 Brain imaging, minimum 4 static views;

78606 Brain imaging, minimum 4 static views; with vascular flow

78607 Brain imaging, tomographic (SPECT)

78608 Brain imaging, positron emission tomography (PET); metabolic evaluation

78609 Brain imaging, positron emission tomography (PET); perfusion evaluation

78610 Brain imaging, vascular flow only

78630 Cerebrospinal fluid flow, imaging (not including introduction of material); cisternography

78635 Cerebrospinal fluid flow, imaging (not including introduction of material); ventriculography

78645 Cerebrospinal fluid flow, imaging (not including introduction of material); shunt evaluation

78647 Cerebrospinal fluid flow, imaging (not including introduction of material); tomographic (SPECT)

78650 Cerebrospinal fluid leakage detection and localization

78660 Radiopharmaceutical dacryocystography

78699 Unlisted nervous system procedure, diagnostic nuclear medicine

78700 Kidney imaging morphology;

78701 Kidney imaging morphology; with vascular flow

78707 Kidney imaging morphology; with vascular flow and function, single study without pharmacological intervention

78708 Kidney imaging morphology; with vascular flow and function, single study, with pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)

78709 Kidney imaging morphology; with vascular flow and function, multiple studies, with and without pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic)

78710 Kidney imaging morphology; tomographic (SPECT)

78725 Kidney function study, non-imaging radioisotopic study

78730 Urinary bladder residual study (List separately in addition to code for primary procedure)

78740 Ureteral reflux study (radiopharmaceutical voiding cystogram)

78761 Testicular imaging with vascular flow

78799 Unlisted genitourinary procedure, diagnostic nuclear medicine

78800 Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); limited area

78801	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); multiple areas	
78802	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); whole body, single day imaging	
78803	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); tomographic (SPECT)	
78804	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); whole body, requiring 2 or more days imaging	
78805	Radiopharmaceutical localization of inflammatory process; limited area	
78806	Radiopharmaceutical localization of inflammatory process; whole body	
78807	Radiopharmaceutical localization of inflammatory process; tomographic (SPECT)	
78808	Injection procedure for radiopharmaceutical localization by non-imaging probe study, intravenous (eg, parathyroid adenoma)	
78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)	
78812	Positron emission tomography (PET) imaging; skull base to mid-thigh	
78813	Positron emission tomography (PET) imaging; whole body	
78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)	
78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh	
78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	
78999	Unlisted miscellaneous procedure, diagnostic nuclear medicine	
79005	Radiopharmaceutical therapy, by oral administration	
79101	Radiopharmaceutical therapy, by intravenous administration	
79200	Radiopharmaceutical therapy, by intracavitary administration	
79300	Radiopharmaceutical therapy, by interstitial radioactive colloid administration	
79403	Radiopharmaceutical therapy, radiolabeled monoclonal antibody by intravenous infusion	
79440	Radiopharmaceutical therapy, by intra-articular administration	
79445	Radiopharmaceutical therapy, by intra-arterial particulate administration	
79999	Radiopharmaceutical therapy, unlisted procedure	
80047	Basic metabolic panel (Calcium, ionized) This panel must include the following: Calcium, ionized (82330) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Potassium (84132) Sodium (84295) Urea Nitrogen (BUN) (84520)	\$334.44
80048	Basic metabolic panel (Calcium, total) This panel must include the following: Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Potassium (84132) Sodium (84295) Urea nitrogen (BUN) (84520)	\$353.58
80050	General health panel This panel must include the following: Comprehensive metabolic panel (80053) Blood count, complete (CBC), automated and automated differential WBC count (85025 or 85027 and 85004) OR Blood count, complete (CBC), automated (85027) and	
80051	Electrolyte panel This panel must include the following: Carbon dioxide (bicarbonate) (82374) Chloride (82435) Potassium (84132) Sodium (84295)	\$364.74
80053	Comprehensive metabolic panel This panel must include the following: Albumin (82040) Bilirubin, total (82247) Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Phosphatase, alkaline (84075) Pot	\$713.28

80055	Obstetric panel This panel must include the following: Blood count, complete (CBC), automated and automated differential WBC count (85025 or 85027 and 85004) OR Blood count, complete (CBC), automated (85027) and appropriate manual differential WBC count (
80061	Lipid panel This panel must include the following: Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478)	\$363.54
80069	Renal function panel This panel must include the following: Albumin (82040) Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Phosphorus inorganic (phosphate) (84100) Potassium (84132) Sodium (
80074	Acute hepatitis panel This panel must include the following: Hepatitis A antibody (HAAb), IgM antibody (86709) Hepatitis B core antibody (HBcAb), IgM antibody (86705) Hepatitis B surface antigen (HBsAg) (87340) Hepatitis C antibody (86803)	\$722.46
80076	Hepatic function panel This panel must include the following: Albumin (82040) Bilirubin, total (82247) Bilirubin, direct (82248) Phosphatase, alkaline (84075) Protein, total (84155) Transferase, alanine amino (ALT) (SGPT) (84460) Transferase, aspartate am	\$372.36
80081	Obstetric panel (includes HIV testing) This panel must include the following: Blood count, complete (CBC), and automated differential WBC count (85025 or 85027 and 85004) OR Blood count, complete (CBC), automated (85027) and appropriate manual differentia	
80100	Drug screen, qualitative; multiple drug classes chromatographic method, each procedure	
80101	Drug screen, qualitative; single drug class method (eg, immunoassay, enzyme assay), each drug class	
80102	Drug confirmation, each procedure	
80103	Tissue preparation for drug analysis	
80104	Drug screen, qualitative; multiple drug classes other than chromatographic method, each procedure	
80150	Amikacin	
80152	Amitriptyline	
80154	Benzodiazepines	
80155	Caffeine	
80156	Carbamazepine; total	
80157	Carbamazepine; free	
80158	Cyclosporine	
80159	Clozapine	
80160	Desipramine	
80162	Digoxin; total	
80163	Digoxin; free	
80164	Valproic acid (dipropylacetic acid); total	\$202.86
80165	Valproic acid (dipropylacetic acid); free	
80166	Doxepin	
80168	Ethosuximide	
80169	Everolimus	
80170	Gentamicin	
80171	Gabapentin, whole blood, serum, or plasma	
80172	Gold	
80173	Haloperidol	
80174	Imipramine	
80175	Lamotrigine	
80176	Lidocaine	
80177	Levetiracetam	
80178	Lithium	\$77.46

80180	Mycophenolate (mycophenolic acid)	
80182	Nortriptyline	
80183	Oxcarbazepine	
80184	Phenobarbital	
80185	Phenytoin; total	\$115.44
80186	Phenytoin; free	
80188	Primidone	
80190	Procainamide;	
80192	Procainamide; with metabolites (eg, n-acetyl procainamide)	
80194	Quinidine	
80195	Sirolimus	
80196	Salicylate	
80197	Tacrolimus	\$459.18
80198	Theophylline	
80199	Tiagabine	
80200	Tobramycin	
80201	Topiramate	
80202	Vancomycin	\$300.00
80203	Zonisamide	
80299	Acetaminophen Level	\$338.75
80305	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; capable of being read by direct optical observation only (eg, utilizing immunoassay [eg, dipsticks, cups, cards, or cartridges]), includes sample validation when p	\$366.12
80306	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; read by instrument assisted direct optical observation (eg, utilizing immunoassay [eg, dipsticks, cups, cards, or cartridges]), includes sample validation when per	
80307	Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; by instrument chemistry analyzers (eg, utilizing immunoassay [eg, EIA, ELISA, EMIT, FPIA, IA, KIMS, RIA]), chromatography (eg, GC, HPLC), and mass spectrometry eit	\$366.12
80320	Alcohols	\$264.78
80321	Alcohol biomarkers; 1 or 2	
80322	Alcohol biomarkers; 3 or more	
80323	Alkaloids, not otherwise specified	
80324	Amphetamines; 1 or 2	
80325	Amphetamines; 3 or 4	
80326	Amphetamines; 5 or more	
80327	Anabolic steroids; 1 or 2	
80328	Anabolic steroids; 3 or more	
80329	Analgesics, non-opioid; 1 or 2	\$264.78
80330	Analgesics, non-opioid; 3-5	
80331	Analgesics, non-opioid; 6 or more	
80332	Antidepressants, serotonergic class; 1 or 2	
80333	Antidepressants, serotonergic class; 3-5	
80334	Antidepressants, serotonergic class; 6 or more	
80335	Antidepressants, tricyclic and other cyclicals; 1 or 2	
80336	Antidepressants, tricyclic and other cyclicals; 3-5	
80337	Antidepressants, tricyclic and other cyclicals; 6 or more	
80338	Antidepressants, not otherwise specified	
80339	Antiepileptics, not otherwise specified; 1-3	
80340	Antiepileptics, not otherwise specified; 4-6	
80341	Antiepileptics, not otherwise specified; 7 or more	
80342	Antipsychotics, not otherwise specified; 1-3	

80343 Antipsychotics, not otherwise specified; 4-6
80344 Antipsychotics, not otherwise specified; 7 or more
80345 Barbiturates
80346 Benzodiazepines; 1-12
80347 Benzodiazepines; 13 or more
80348 Buprenorphine
80349 Cannabinoids, natural
80350 Cannabinoids, synthetic; 1-3
80351 Cannabinoids, synthetic; 4-6
80352 Cannabinoids, synthetic; 7 or more
80353 Cocaine
80354 Fentanyl
80355 Gabapentin, non-blood
80356 Heroin metabolite
80357 Ketamine and norketamine
80358 Methadone
80359 Methylenedioxyamphetamines (MDA, MDEA, MDMA)
80360 Methylphenidate
80361 Opiates, 1 or more
80362 Opioids and opiate analogs; 1 or 2
80363 Opioids and Opiate analogs; 3 or 4
80364 Opioids and Opiate analogs; 5 or more
80365 Oxycodone
80366 Pregabalin
80367 Propoxyphene
80368 Sedative hypnotics (non-benzodiazepines)
80369 Skeletal muscle relaxants; 1 or 2
80370 Skeletal muscle relaxants; 3 or more
80371 Stimulants, synthetic
80372 Tapentadol
80373 Tramadol
80374 Stereoisomer (enantiomer) analysis, single drug class
80375 Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 1-3

80376 Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 4-6

80377 Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 7 or more
80400 ACTH stimulation panel; for adrenal insufficiency This panel must include the following:
Cortisol (82533 x 2)
80402 ACTH stimulation panel; for 21 hydroxylase deficiency This panel must include the following:
Cortisol (82533 x 2) 17 hydroxyprogesterone (83498 x 2)
80406 ACTH stimulation panel; for 3 beta-hydroxydehydrogenase deficiency This panel must
include the following: Cortisol (82533 x 2) 17 hydroxypregnenolone (84143 x 2)

80408 Aldosterone suppression evaluation panel (eg, saline infusion) This panel must include the
following: Aldosterone (82088 x 2) Renin (84244 x 2)
80410 Calcitonin stimulation panel (eg, calcium, pentagastrin) This panel must include the
following: Calcitonin (82308 x 3)
80412 Corticotrophic releasing hormone (CRH) stimulation panel This panel must include the
following: Cortisol (82533 x 6) Adrenocorticotrophic hormone (ACTH) (82024 x 6)

80414 Chorionic gonadotropin stimulation panel; testosterone response This panel must include
the following: Testosterone (84403 x 2 on 3 pooled blood samples)

80415	Chorionic gonadotropin stimulation panel; estradiol response This panel must include the following: Estradiol (82670 x 2 on 3 pooled blood samples)	
80416	Renal vein renin stimulation panel (eg, captopril) This panel must include the following: Renin (84244 x 6)	
80417	Peripheral vein renin stimulation panel (eg, captopril) This panel must include the following: Renin (84244 x 2)	
80418	Combined rapid anterior pituitary evaluation panel This panel must include the following: Adrenocorticotrophic hormone (ACTH) (82024 x 4) Luteinizing hormone (LH) (83002 x 4) Follicle stimulating hormone (FSH) (83001 x 4) Prolactin (84146 x 4) Human growth	
80420	Dexamethasone suppression panel, 48 hour This panel must include the following: Free cortisol, urine (82530 x 2) Cortisol (82533 x 2) Volume measurement for timed collection (81050 x 2)	
80422	Glucagon tolerance panel; for insulinoma This panel must include the following: Glucose (82947 x 3) Insulin (83525 x 3)	
80424	Glucagon tolerance panel; for pheochromocytoma This panel must include the following: Catecholamines, fractionated (82384 x 2)	
80426	Gonadotropin releasing hormone stimulation panel This panel must include the following: Follicle stimulating hormone (FSH) (83001 x 4) Luteinizing hormone (LH) (83002 x 4)	
80428	Growth hormone stimulation panel (eg, arginine infusion, l-dopa administration) This panel must include the following: Human growth hormone (HGH) (83003 x 4)	
80430	Growth hormone suppression panel (glucose administration) This panel must include the following: Glucose (82947 x 3) Human growth hormone (HGH) (83003 x 4)	
80432	Insulin-induced C-peptide suppression panel This panel must include the following: Insulin (83525) C-peptide (84681 x 5) Glucose (82947 x 5)	
80434	Insulin tolerance panel; for ACTH insufficiency This panel must include the following: Cortisol (82533 x 5) Glucose (82947 x 5)	
80435	Insulin tolerance panel; for growth hormone deficiency This panel must include the following: Glucose (82947 x 5) Human growth hormone (HGH) (83003 x 5)	
80436	Metyrapone panel This panel must include the following: Cortisol (82533 x 2) 11 deoxycortisol (82634 x 2)	
80438	Thyrotropin releasing hormone (TRH) stimulation panel; 1 hour This panel must include the following: Thyroid stimulating hormone (TSH) (84443 x 3)	
80439	Thyrotropin releasing hormone (TRH) stimulation panel; 2 hour This panel must include the following: Thyroid stimulating hormone (TSH) (84443 x 4)	
80440	Thyrotropin releasing hormone (TRH) stimulation panel; for hyperprolactinemia This panel must include the following: Prolactin (84146 x 3)	
80500	Clinical pathology consultation; limited, without review of patient's history and medical records	
80502	Clinical pathology consultation; comprehensive, for a complex diagnostic problem, with review of patient's history and medical records	
81000	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, with microscopy	\$168.36
81001	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, with microscopy	\$111.72
81002	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, without microscopy	\$168.36
81003	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, without microscopy	\$168.36

81005	Urinalysis; qualitative or semiquantitative, except immunoassays	\$12.06
81007	Urinalysis; bacteriuria screen, except by culture or dipstick	
81015	Urinalysis; microscopic only	\$101.04
81020	Urinalysis; 2 or 3 glass test	\$20.58
81025	Urine pregnancy test, by visual color comparison methods	\$124.14
81050	Volume measurement for timed collection, each	
81099	Unlisted urinalysis procedure	
81105	Human Platelet Antigen 1 genotyping (HPA-1), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-1a/b (L33P)	
81106	Human Platelet Antigen 2 genotyping (HPA-2), GP1BA (glycoprotein Ib [platelet], alpha polypeptide [GPIba]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-2a/b (T145M)	
81107	Human Platelet Antigen 3 genotyping (HPA-3), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa complex], antigen CD41 [GPIIb]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-	
81108	Human Platelet Antigen 4 genotyping (HPA-4), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-4a/b (R143Q)	
81109	Human Platelet Antigen 5 genotyping (HPA-5), ITGA2 (integrin, alpha 2 [CD49B, alpha 2 subunit of VLA-2 receptor] [GPIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant (eg, HPA-5a/b (K505E))	
81110	Human Platelet Antigen 6 genotyping (HPA-6w), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa, antigen CD61] [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-6a/b (R489Q)	
81111	Human Platelet Antigen 9 genotyping (HPA-9w), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa complex, antigen CD41] [GPIIb]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA	
81112	Human Platelet Antigen 15 genotyping (HPA-15), CD109 (CD109 molecule) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-15a/b (S682Y)	
81120	IDH1 (isocitrate dehydrogenase 1 [NADP+], soluble) (eg, glioma), common variants (eg, R132H, R132C)	
81121	IDH2 (isocitrate dehydrogenase 2 [NADP+], mitochondrial) (eg, glioma), common variants (eg, R140W, R172M)	
81161	DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis, if performed	
81162	BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis	
81170	ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib tyrosine kinase inhibitor resistance), gene analysis, variants in the kinase domain	
81175	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; full gene sequence	
81176	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; targeted sequence analysis (eg, exon 12)	

81200 ASPA (aspartoacylase) (eg, Canavan disease) gene analysis, common variants (eg, E285A, Y231X)

81201 APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequence

81202 APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; known familial variants

81203 APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants

81205 BCKDHB (branched-chain keto acid dehydrogenase E1, beta polypeptide) (eg, maple syrup urine disease) gene analysis, common variants (eg, R183P, G278S, E422X)

81206 BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; major breakpoint, qualitative or quantitative

81207 BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; minor breakpoint, qualitative or quantitative

81208 BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; other breakpoint, qualitative or quantitative

81209 BLM (Bloom syndrome, RecQ helicase-like) (eg, Bloom syndrome) gene analysis, 2281delGins7 variant

81210 BRAF (B-Raf proto-oncogene, serine/threonine kinase) (eg, colon cancer, melanoma), gene analysis, V600 variant(s)

81211 BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and common duplication/deletion variants in BRCA1 (ie, exon 13 del 3.835kb, exon 13 dup 6kb, exon 14-20 del 26kb, exon 22 del 510bp, exon 13 del 3.835kb, exon 13 dup 6kb, exon 14-20 del 26kb, exon 22 del 510bp, exon 22 del 510bp, exon 8-9 del 7.1kb)

81212 BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; 185delAG, 5385insC, 6174delT variants

81213 BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; uncommon duplication/deletion variants

81214 BRCA1 (breast cancer 1) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and common duplication/deletion variants (ie, exon 13 del 3.835kb, exon 13 dup 6kb, exon 14-20 del 26kb, exon 22 del 510bp, exon 8-9 del 7.1kb)

81215 BRCA1 (breast cancer 1) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant

81216 BRCA2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis

81217 BRCA2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant

81218 CEBPA (CCAAT/enhancer binding protein [C/EBP], alpha) (eg, acute myeloid leukemia), gene analysis, full gene sequence

81219 CALR (calreticulin) (eg, myeloproliferative disorders), gene analysis, common variants in exon 9

81220 CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; common variants (eg, ACMG/ACOG guidelines)

81221 CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; known familial variants

81222 CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; duplication/deletion variants

81223 CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; full gene sequence

81224 CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; intron 8 poly-T analysis (eg, male infertility)

81225 CYP2C19 (cytochrome P450, family 2, subfamily C, polypeptide 19) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *8, *17)

- 81226 CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *9, *10, *17, *19, *29, *35, *41, *1XN, *2XN, *4XN)
- 81227 CYP2C9 (cytochrome P450, family 2, subfamily C, polypeptide 9) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *5, *6)
- 81228 Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number variants (eg, bacterial artificial chromosome [BAC] or oligo-based comparative genomic hybridization [CGH] microarray analysis)
- 81229 Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants for chromosomal abnormalities
- 81230 CYP3A4 (cytochrome P450 family 3 subfamily A member 4) (eg, drug metabolism), gene analysis, common variant(s) (eg, *2, *22)
- 81231 CYP3A5 (cytochrome P450 family 3 subfamily A member 5) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *7)
- 81232 DPYD (dihydropyrimidine dehydrogenase) (eg, 5-fluorouracil/5-FU and capecitabine drug metabolism), gene analysis, common variant(s) (eg, *2A, *4, *5, *6)
- 81235 EGFR (epidermal growth factor receptor) (eg, non-small cell lung cancer) gene analysis, common variants (eg, exon 19 LREA deletion, L858R, T790M, G719A, G719S, L861Q)
- 81238 F9 (coagulation factor IX) (eg, hemophilia B), full gene sequence
- 81240 F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis, 20210G>A variant
- 81241 F5 (coagulation factor V) (eg, hereditary hypercoagulability) gene analysis, Leiden variant
- 81242 FANCC (Fanconi anemia, complementation group C) (eg, Fanconi anemia, type C) gene analysis, common variant (eg, IVS4+4A>T)
- 81243 FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; evaluation to detect abnormal (eg, expanded) alleles
- 81244 FMR1 (Fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; characterization of alleles (eg, expanded size and methylation status)
- 81245 FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; internal tandem duplication (ITD) variants (ie, exons 14, 15)
- 81246 FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; tyrosine kinase domain (TKD) variants (eg, D835, I836)
- 81247 G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; common variant(s) (eg, A, A-)
- 81248 G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; known familial variant(s)
- 81249 G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; full gene sequence
- 81250 G6PC (glucose-6-phosphatase, catalytic subunit) (eg, Glycogen storage disease, type 1a, von Gierke disease) gene analysis, common variants (eg, R83C, Q347X)
- 81251 GBA (glucosidase, beta, acid) (eg, Gaucher disease) gene analysis, common variants (eg, N370S, 84GG, L444P, IVS2+1G>A)
- 81252 GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence
- 81253 GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; known familial variants
- 81254 GJB6 (gap junction protein, beta 6, 30kDa, connexin 30) (eg, nonsyndromic hearing loss) gene analysis, common variants (eg, 309kb [del(GJB6-D13S1830)] and 232kb [del(GJB6-D13S1854)])

- 81255 HEXA (hexosaminidase A [alpha polypeptide]) (eg, Tay-Sachs disease) gene analysis, common variants (eg, 1278insTATC, 1421+1G>C, G269S)
- 81256 HFE (hemochromatosis) (eg, hereditary hemochromatosis) gene analysis, common variants (eg, C282Y, H63D)
- 81257 HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; common deletions or variant (eg, Southeast Asian, Thai, Filipino, Mediterranean, alpha3.7, alpha4.2, alpha20.5, Constant S)
- 81258 HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; known familial variant
- 81259 HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; full gene sequence
- 81260 IKBKAP (inhibitor of kappa light polypeptide gene enhancer in B-cells, kinase complex-associated protein) (eg, familial dysautonomia) gene analysis, common variants (eg, 2507+6T>C, R696P)
- 81261 IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); amplified methodology (eg, polymerase chain reaction)
- 81262 IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); direct probe methodology (eg, Southern blot)
- 81263 IGH@ (Immunoglobulin heavy chain locus) (eg, leukemia and lymphoma, B-cell), variable region somatic mutation analysis
- 81264 IGK@ (Immunoglobulin kappa light chain locus) (eg, leukemia and lymphoma, B-cell), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)
- 81265 Comparative analysis using Short Tandem Repeat (STR) markers; patient and comparative specimen (eg, pre-transplant recipient and donor germline testing, post-transplant non-hematopoietic recipient germline [eg, buccal swab or other germline tissue sample])
- 81266 Comparative analysis using Short Tandem Repeat (STR) markers; each additional specimen (eg, additional cord blood donor, additional fetal samples from different cultures, or additional zygosity in multiple birth pregnancies) (List separately in addition to)
- 81267 Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; without cell selection
- 81268 Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; with cell selection (eg, CD3, CD33), each cell type
- 81269 HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; duplication/deletion variants
- 81270 JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, p.Val617Phe (V617F) variant
- 81272 KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, gastrointestinal stromal tumor [GIST], acute myeloid leukemia, melanoma), gene analysis, targeted sequence analysis (eg, exons 8, 11, 13, 17, 18)
- 81273 KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, mastocytosis), gene analysis, D816 variant(s)
- 81275 KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; variants in exon 2 (eg, codons 12 and 13)
- 81276 KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; additional variant(s) (eg, codon 61, codon 146)

- 81280 Long QT syndrome gene analyses (eg, KCNQ1, KCNH2, SCN5A, KCNE1, KCNE2, KCNJ2, CACNA1C, CAV3, SCN4B, AKAP, SNTA1, and ANK2); full sequence analysis
- 81281 Long QT syndrome gene analyses (eg, KCNQ1, KCNH2, SCN5A, KCNE1, KCNE2, KCNJ2, CACNA1C, CAV3, SCN4B, AKAP, SNTA1, and ANK2); known familial sequence variant
- 81282 Long QT syndrome gene analyses (eg, KCNQ1, KCNH2, SCN5A, KCNE1, KCNE2, KCNJ2, CACNA1C, CAV3, SCN4B, AKAP, SNTA1, and ANK2); duplication/deletion variants
- 81283 IFNL3 (interferon, lambda 3) (eg, drug response), gene analysis, rs12979860 variant
- 81287 MGMT (O-6-methylguanine-DNA methyltransferase) (eg, glioblastoma multiforme), methylation analysis
- 81288 MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; promoter methylation analysis
- 81290 MCOLN1 (mucolipin 1) (eg, Mucopolipidosis, type IV) gene analysis, common variants (eg, IVS3-2A>G, del6.4kb)
- 81291 MTHFR (5,10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoagulability) gene analysis, common variants (eg, 677T, 1298C)
- 81292 MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis
- 81293 MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants
- 81294 MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants
- 81295 MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis
- 81296 MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants
- 81297 MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants
- 81298 MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis
- 81299 MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants
- 81300 MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants
- 81301 Microsatellite instability analysis (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) of markers for mismatch repair deficiency (eg, BAT25, BAT26), includes comparison of neoplastic and normal tissue, if performed
- 81302 MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; full sequence analysis
- 81303 MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; known familial variant
- 81304 MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; duplication/deletion variants
- 81310 NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, exon 12 variants

- 81311 NRAS (neuroblastoma RAS viral [v-ras] oncogene homolog) (eg, colorectal carcinoma), gene analysis, variants in exon 2 (eg, codons 12 and 13) and exon 3 (eg, codon 61)
- 81313 PCA3/KLK3 (prostate cancer antigen 3 [non-protein coding]/kallikrein-related peptidase 3 [prostate specific antigen]) ratio (eg, prostate cancer)
- 81314 PDGFRA (platelet-derived growth factor receptor, alpha polypeptide) (eg, gastrointestinal stromal tumor [GIST]), gene analysis, targeted sequence analysis (eg, exons 12, 18)
- 81315 PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; common breakpoints (eg, intron 3 and intron 6), qualitative or quantitative
- 81316 PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; single breakpoint (eg, intron 3, intron 6 or exon 6), qualitative or quantitative
- 81317 PMS2 (postmeiotic segregation increased 2 [*S. cerevisiae*]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis
- 81318 PMS2 (postmeiotic segregation increased 2 [*S. cerevisiae*]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants
- 81319 PMS2 (postmeiotic segregation increased 2 [*S. cerevisiae*]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants
- 81321 PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis
- 81322 PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant
- 81323 PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant
- 81324 PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; duplication/deletion analysis
- 81325 PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; full sequence analysis
- 81326 PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; known familial variant
- 81327 SEPT9 (Septin9) (eg, colorectal cancer) methylation analysis
- 81328 SLC01B1 (solute carrier organic anion transporter family, member 1B1) (eg, adverse drug reaction), gene analysis, common variant(s) (eg, *5)
- 81330 SMPD1(sphingomyelin phosphodiesterase 1, acid lysosomal) (eg, Niemann-Pick disease, Type A) gene analysis, common variants (eg, R496L, L302P, fsP330)
- 81331 SNRPN/UBE3A (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A) (eg, Prader-Willi syndrome and/or Angelman syndrome), methylation analysis
- 81332 SERPINA1 (serpin peptidase inhibitor, clade A, alpha-1 antiproteinase, antitrypsin, member 1) (eg, alpha-1-antitrypsin deficiency), gene analysis, common variants (eg, *S and *Z)
- 81334 RUNX1 (runt related transcription factor 1) (eg, acute myeloid leukemia, familial platelet disorder with associated myeloid malignancy), gene analysis, targeted sequence analysis (eg, exons 3-8)
- 81335 TPMT (thiopurine S-methyltransferase) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3)

- 81340 TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using amplification methodology (eg, polymerase chain reaction)
- 81341 TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using direct probe methodology (eg, Southern blot)
- 81342 TRG@ (T cell antigen receptor, gamma) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)
- 81346 TYMS (thymidylate synthetase) (eg, 5-fluorouracil/5-FU drug metabolism), gene analysis, common variant(s) (eg, tandem repeat variant)
- 81350 UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (eg, irinotecan metabolism), gene analysis, common variants (eg, *28, *36, *37)
- 81355 VKORC1 (vitamin K epoxide reductase complex, subunit 1) (eg, warfarin metabolism), gene analysis, common variant(s) (eg, -1639G>A, c.173+1000C>T)
- 81361 HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); common variant(s) (eg, HbS, HbC, HbE)
- 81362 HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); known familial variant(s)
- 81363 HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); duplication/deletion variant(s)
- 81364 HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); full gene sequence
- 81370 HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, -C, -DRB1/3/4/5, and -DQB1
- 81371 HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, and -DRB1 (eg, verification typing)
- 81372 HLA Class I typing, low resolution (eg, antigen equivalents); complete (ie, HLA-A, -B, and -C)
- 81373 HLA Class I typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-A, -B, or -C), each
- 81374 HLA Class I typing, low resolution (eg, antigen equivalents); one antigen equivalent (eg, B*27), each
- 81375 HLA Class II typing, low resolution (eg, antigen equivalents); HLA-DRB1/3/4/5 and -DQB1
- 81376 HLA Class II typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each
- 81377 HLA Class II typing, low resolution (eg, antigen equivalents); one antigen equivalent, each
- 81378 HLA Class I and II typing, high resolution (ie, alleles or allele groups), HLA-A, -B, -C, and -DRB1
- 81379 HLA Class I typing, high resolution (ie, alleles or allele groups); complete (ie, HLA-A, -B, and -C)
- 81380 HLA Class I typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-A, -B, or -C), each
- 81381 HLA Class I typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, B*57:01P), each
- 81382 HLA Class II typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each
- 81383 HLA Class II typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, HLA-DQB1*06:02P), each
- 81400 Molecular pathology procedure, Level 1 (eg, identification of single germline variant [eg, SNP] by techniques such as restriction enzyme digestion or melt curve analysis)

- 81401 Molecular pathology procedure, Level 2 (eg, 2-10 SNPs, 1 methylated variant, or 1 somatic variant [typically using nonsequencing target variant analysis], or detection of a dynamic mutation disorder/triplet repeat)
- 81402 Molecular pathology procedure, Level 3 (eg, >10 SNPs, 2-10 methylated variants, or 2-10 somatic variants [typically using non-sequencing target variant analysis], immunoglobulin and T-cell receptor gene rearrangements, duplication/deletion variants of 1 e
- 81403 Molecular pathology procedure, Level 4 (eg, analysis of single exon by DNA sequence analysis, analysis of >10 amplicons using multiplex PCR in 2 or more independent reactions, mutation scanning or duplication/deletion variants of 2-5 exons)
- 81404 Molecular pathology procedure, Level 5 (eg, analysis of 2-5 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 6-10 exons, or characterization of a dynamic mutation disorder/triplet repeat by Southern blot analysis)
- 81405 Molecular pathology procedure, Level 6 (eg, analysis of 6-10 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 11-25 exons, regionally targeted cytogenomic array analysis)
- 81406 Molecular pathology procedure, Level 7 (eg, analysis of 11-25 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 26-50 exons, cytogenomic array analysis for neoplasia)
- 81407 Molecular pathology procedure, Level 8 (eg, analysis of 26-50 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of >50 exons, sequence analysis of multiple genes on one platform)
- 81408 Molecular pathology procedure, Level 9 (eg, analysis of >50 exons in a single gene by DNA sequence analysis)
- 81410 Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); genomic sequence analysis panel, must include sequencing of at least 9 genes, including FBN1, TGFB1, TGFB2, COL3A1,
- 81411 Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); duplication/deletion analysis panel, must include analyses for TGFB1, TGFB2, MYH11, and COL3A1
- 81412 Ashkenazi Jewish associated disorders (eg, Bloom syndrome, Canavan disease, cystic fibrosis, familial dysautonomia, Fanconi anemia group C, Gaucher disease, Tay-Sachs disease), genomic sequence analysis panel, must include sequencing of at least 9 genes,
- 81413 Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); genomic sequence analysis panel, must include sequencing of at least 10 genes, including ANK2, CASQ2, CAV3, KCN
- 81414 Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); duplication/deletion gene analysis panel, must include analysis of at least 2 genes, including KCNH2 and KCNQ1
- 81415 Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis
- 81416 Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator exome (eg, parents, siblings) (List separately in addition to code for primary procedure)
- 81417 Exome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained exome sequence (eg, updated knowledge or unrelated condition/syndrome)

- 81420 Fetal chromosomal aneuploidy (eg, trisomy 21, monosomy X) genomic sequence analysis panel, circulating cell-free fetal DNA in maternal blood, must include analysis of chromosomes 13, 18, and 21
- 81422 Fetal chromosomal microdeletion(s) genomic sequence analysis (eg, DiGeorge syndrome, Cri-du-chat syndrome), circulating cell-free fetal DNA in maternal blood
- 81425 Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis
- 81426 Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator genome (eg, parents, siblings) (List separately in addition to code for primary procedure)
- 81427 Genome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained genome sequence (eg, updated knowledge or unrelated condition/syndrome)
- 81430 Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); genomic sequence analysis panel, must include sequencing of at least 60 genes, including CDH23, CLRN1, GJB2, GPR98, MTRNR1, MYO7A, MYO15A, PCDH15, OTOF, SLC26A4, TMC1, TMPRSS3
- 81431 Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); duplication/deletion analysis panel, must include copy number analyses for STRC and DFNB1 deletions in GJB2 and GJB6 genes
- 81432 Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); genomic sequence analysis panel, must include sequencing of at least 10 genes, always including BRCA1, BRCA2, CDH1, MLH1,
- 81433 Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); duplication/deletion analysis panel, must include analyses for BRCA1, BRCA2, MLH1, MSH2, and STK11
- 81434 Hereditary retinal disorders (eg, retinitis pigmentosa, Leber congenital amaurosis, cone-rod dystrophy), genomic sequence analysis panel, must include sequencing of at least 15 genes, including ABCA4, CNGA1, CRB1, EYS, PDE6A, PDE6B, PRPF31, PRPH2, RDH12,
- 81435 Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis); genomic sequence analysis panel, must include sequencing of at least 10 genes, including APC, BMPR1A, CDH1, MLH1, MSH2, MSH6
- 81436 Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis); duplication/deletion analysis panel, must include analysis of at least 5 genes, including MLH1, MSH2, EPCAM, SMAD4, and STK11
- 81437 Hereditary neuroendocrine tumor disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma); genomic sequence analysis panel, must include sequencing of at least 6 genes, including MAX, SDHB, SDHC, SDHD,
- 81438 Hereditary neuroendocrine tumor disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma); duplication/deletion analysis panel, must include analyses for SDHB, SDHC, SDHD, and VHL
- 81439 Hereditary cardiomyopathy (eg, hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy), genomic sequence analysis panel, must include sequencing of at least 5 cardiomyopathy-related genes (eg, DSG2, MYBPC3, MY

- 81440 Nuclear encoded mitochondrial genes (eg, neurologic or myopathic phenotypes), genomic sequence panel, must include analysis of at least 100 genes, including BCS1L, C10orf2, COQ2, COX10, DGUOK, MPV17, OPA1, PDSS2, POLG, POLG2, RRM2B, SCO1, SCO2, SLC25A4, S
- 81442 Noonan spectrum disorders (eg, Noonan syndrome, cardio-facio-cutaneous syndrome, Costello syndrome, LEOPARD syndrome, Noonan-like syndrome), genomic sequence analysis panel, must include sequencing of at least 12 genes, including BRAF, CBL, HRAS, KRAS, MA
- 81445 Targeted genomic sequence analysis panel, solid organ neoplasm, DNA analysis, and RNA analysis when performed, 5-50 genes (eg, ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, NRAS, MET, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence varian
- 81448 Hereditary peripheral neuropathies (eg, Charcot-Marie-Tooth, spastic paraplegia), genomic sequence analysis panel, must include sequencing of at least 5 peripheral neuropathy-related genes (eg, BSCL2, GJB1, MFN2, MPZ, REEP1, SPAST, SPG11, SPTLC1)
- 81450 Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, DNA analysis, and RNA analysis when performed, 5-50 genes (eg, BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, JAK2, KRAS, KIT, MLL, NRAS, NPM1, NOTCH1), interrogation for sequenc
- 81455 Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm, DNA analysis, and RNA analysis when performed, 51 or greater genes (eg, ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MLL, NPM1, NR
- 81460 Whole mitochondrial genome (eg, Leigh syndrome, mitochondrial encephalomyopathy, lactic acidosis, and stroke-like episodes [MELAS], myoclonic epilepsy with ragged-red fibers [MERFF], neuropathy, ataxia, and retinitis pigmentosa [NARP], Leber hereditary op
- 81465 Whole mitochondrial genome large deletion analysis panel (eg, Kearns-Sayre syndrome, chronic progressive external ophthalmoplegia), including heteroplasmy detection, if performed
- 81470 X-linked intellectual disability (XLID) (eg, syndromic and non-syndromic XLID); genomic sequence analysis panel, must include sequencing of at least 60 genes, including ARX, ATRX, CDKL5, FGD1, FMR1, HUWE1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL,
- 81471 X-linked intellectual disability (XLID) (eg, syndromic and non-syndromic XLID); duplication/deletion gene analysis, must include analysis of at least 60 genes, including ARX, ATRX, CDKL5, FGD1, FMR1, HUWE1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL,
- 81479 Unlisted molecular pathology procedure
- 81490 Autoimmune (rheumatoid arthritis), analysis of 12 biomarkers using immunoassays, utilizing serum, prognostic algorithm reported as a disease activity score
- 81493 Coronary artery disease, mRNA, gene expression profiling by real-time RT-PCR of 23 genes, utilizing whole peripheral blood, algorithm reported as a risk score
- 81500 Oncology (ovarian), biochemical assays of two proteins (CA-125 and HE4), utilizing serum, with menopausal status, algorithm reported as a risk score
- 81503 Oncology (ovarian), biochemical assays of five proteins (CA-125, apolipoprotein A1, beta-2 microglobulin, transferrin, and pre-albumin), utilizing serum, algorithm reported as a risk score
- 81504 Oncology (tissue of origin), microarray gene expression profiling of > 2000 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as tissue similarity scores

- 81506 Endocrinology (type 2 diabetes), biochemical assays of seven analytes (glucose, HbA1c, insulin, hs-CRP, adiponectin, ferritin, interleukin 2-receptor alpha), utilizing serum or plasma, algorithm reporting a risk score
- 81507 Fetal aneuploidy (trisomy 21, 18, and 13) DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy
- 81508 Fetal congenital abnormalities, biochemical assays of two proteins (PAPP-A, hCG [any form]), utilizing maternal serum, algorithm reported as a risk score
- 81509 Fetal congenital abnormalities, biochemical assays of three proteins (PAPP-A, hCG [any form], DIA), utilizing maternal serum, algorithm reported as a risk score
- 81510 Fetal congenital abnormalities, biochemical assays of three analytes (AFP, uE3, hCG [any form]), utilizing maternal serum, algorithm reported as a risk score
- 81511 Fetal congenital abnormalities, biochemical assays of four analytes (AFP, uE3, hCG [any form], DIA) utilizing maternal serum, algorithm reported as a risk score (may include additional results from previous biochemical testing)
- 81512 Fetal congenital abnormalities, biochemical assays of five analytes (AFP, uE3, total hCG, hyperglycosylated hCG, DIA) utilizing maternal serum, algorithm reported as a risk score
- 81519 Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 21 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence score
- 81520 Oncology (breast), mRNA gene expression profiling by hybrid capture of 58 genes (50 content and 8 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence risk score
- 81521 Oncology (breast), mRNA, microarray gene expression profiling of 70 content genes and 465 housekeeping genes, utilizing fresh frozen or formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk of distant metastasis
- 81525 Oncology (colon), mRNA, gene expression profiling by real-time RT-PCR of 12 genes (7 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence score
- 81528 Oncology (colorectal) screening, quantitative real-time target and signal amplification of 10 DNA markers (KRAS mutations, promoter methylation of NDRG4 and BMP3) and fecal hemoglobin, utilizing stool, algorithm reported as a positive or negative result
- 81535 Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by DAPI stain and morphology, predictive algorithm reported as a drug response score; first single drug or drug combination
- 81536 Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by DAPI stain and morphology, predictive algorithm reported as a drug response score; each additional single drug or drug combination (List separately in addition to code for pr
- 81538 Oncology (lung), mass spectrometric 8-protein signature, including amyloid A, utilizing serum, prognostic and predictive algorithm reported as good versus poor overall survival
- 81539 Oncology (high-grade prostate cancer), biochemical assay of four proteins (Total PSA, Free PSA, Intact PSA, and human kallikrein-2 [hK2]), utilizing plasma or serum, prognostic algorithm reported as a probability score
- 81540 Oncology (tumor of unknown origin), mRNA, gene expression profiling by real-time RT-PCR of 92 genes (87 content and 5 housekeeping) to classify tumor into main cancer type and subtype, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported
- 81541 Oncology (prostate), mRNA gene expression profiling by real-time RT-PCR of 46 genes (31 content and 15 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a disease-specific mortality risk score

81545	Oncology (thyroid), gene expression analysis of 142 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (eg, benign or suspicious)	
81551	Oncology (prostate), promoter methylation profiling by real-time PCR of 3 genes (GSTP1, APC, RASSF1), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a likelihood of prostate cancer detection on repeat biopsy	
81595	Cardiology (heart transplant), mRNA, gene expression profiling by real-time quantitative PCR of 20 genes (11 content and 9 housekeeping), utilizing subfraction of peripheral blood, algorithm reported as a rejection risk score	
81599	Unlisted multianalyte assay with algorithmic analysis	
82000	Acetaldehyde, blood	
82003	Acetaminophen	
82009	Ketone body(s) (eg, acetone, acetoacetic acid, beta-hydroxybutyrate); qualitative	\$34.14
82010	Ketone body(s) (eg, acetone, acetoacetic acid, beta-hydroxybutyrate); quantitative	\$162.90
82013	Acetylcholinesterase	
82016	Acylcarnitines; qualitative, each specimen	
82017	Acylcarnitines; quantitative, each specimen	
82024	Adrenocorticotrophic hormone (ACTH)	
82030	Adenosine, 5-monophosphate, cyclic (cyclic AMP)	
82040	Albumin; serum, plasma or whole blood	\$42.90
82042	Albumin; other source, quantitative, each specimen	
82043	Albumin; urine (eg, microalbumin), quantitative	
82044	Albumin; urine (eg, microalbumin), semiquantitative (eg, reagent strip assay)	
82045	Albumin; ischemia modified	
82055	Alcohol (ethanol); any specimen except breath	
82075	Alcohol (ethanol), breath	\$132.12
82085	Aldolase	
82088	Aldosterone	
82101	Alkaloids, urine, quantitative	
82103	Alpha-1-antitrypsin; total	
82104	Alpha-1-antitrypsin; phenotype	
82105	Alpha-fetoprotein (AFP); serum	\$131.70
82106	Alpha-fetoprotein (AFP); amniotic fluid	
82107	Alpha-fetoprotein (AFP); AFP-L3 fraction isoform and total AFP (including ratio)	
82108	Aluminum	
82120	Amines, vaginal fluid, qualitative	
82127	Amino acids; single, qualitative, each specimen	
82128	Amino acids; multiple, qualitative, each specimen	
82131	Amino acids; single, quantitative, each specimen	
82135	Aminolevulinic acid, delta (ALA)	
82136	Amino acids, 2 to 5 amino acids, quantitative, each specimen	
82139	Amino acids, 6 or more amino acids, quantitative, each specimen	
82140	Ammonia	\$131.70
82143	Amniotic fluid scan (spectrophotometric)	
82145	Amphetamine or methamphetamine	
82150	Amylase	\$275.52
82154	Androstanediol glucuronide	
82157	Androstenedione	
82160	Androsterone	
82163	Angiotensin II	
82164	Angiotensin I - converting enzyme (ACE)	\$79.20
82172	Apolipoprotein, each	
82175	Arsenic	
82180	Ascorbic acid (Vitamin C), blood	
82190	Atomic absorption spectroscopy, each analyte	

82205	Barbiturates, not elsewhere specified	
82232	Beta-2 microglobulin	
82239	Bile acids; total	
82240	Bile acids; cholyglycine	
82247	Bilirubin; total	\$102.18
82248	Bilirubin; direct	\$139.01
82252	Bilirubin; feces, qualitative	
82261	Biotinidase, each specimen	
82270	Blood, occult, by peroxidase activity (eg, guaiac), qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening (ie, patient was provided 3 cards or single triple card for consecutive collection)	\$265.32
82271	Blood, occult, by peroxidase activity (eg, guaiac), qualitative; other sources	\$25.74
82272	Blood, occult, by peroxidase activity (eg, guaiac), qualitative, feces, 1-3 simultaneous determinations, performed for other than colorectal neoplasm screening	\$153.06
82274	Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous determinations	\$102.78
82286	Bradykinin	
82300	Cadmium	
82306	Vitamin D; 25 hydroxy, includes fraction(s), if performed	\$36.66
82308	Calcitonin	
82310	Calcium; total	\$116.16
82330	Calcium; ionized	\$100.80
82331	Calcium; after calcium infusion test	
82340	Calcium; urine quantitative, timed specimen	
82355	Calculus; qualitative analysis	
82360	Calculus; quantitative analysis, chemical	\$170.40
82365	Calculus; infrared spectroscopy	\$129.00
82370	Calculus; X-ray diffraction	
82373	Carbohydrate deficient transferrin	
82374	Carbon dioxide (bicarbonate)	\$116.16
82375	Carboxyhemoglobin; quantitative	\$184.98
82376	Carboxyhemoglobin; qualitative	\$33.42
82378	Carcinoembryonic antigen (CEA)	
82379	Carnitine (total and free), quantitative, each specimen	
82380	Carotene	
82382	Catecholamines; total urine	
82383	Catecholamines; blood	
82384	Catecholamines; fractionated	
82387	Cathepsin-D	
82390	Ceruloplasmin	
82397	Chemiluminescent assay	
82415	Chloramphenicol	
82435	Chloride; blood	\$127.98
82436	Chloride; urine	
82438	Chloride; other source	
82441	Chlorinated hydrocarbons, screen	
82465	Cholesterol, serum or whole blood, total	\$139.08
82480	Cholinesterase; serum	
82482	Cholinesterase; RBC	
82485	Chondroitin B sulfate, quantitative	
82486	Chromatography, qualitative; column (eg, gas liquid or HPLC), analyte not elsewhere specified	

82487	Chromatography, qualitative; paper, 1-dimensional, analyte not elsewhere specified	
82488	Chromatography, qualitative; paper, 2-dimensional, analyte not elsewhere specified	
82489	Chromatography, qualitative; thin layer, analyte not elsewhere specified	
82491	Chromatography, quantitative, column (eg, gas liquid or HPLC); single analyte not elsewhere specified, single stationary and mobile phase	
82492	Chromatography, quantitative, column (eg, gas liquid or HPLC); multiple analytes, single stationary and mobile phase	
82495	Chromium	
82507	Citrate	
82520	Cocaine or metabolite	
82523	Collagen cross links, any method	
82525	Copper	
82528	Corticosterone	
82530	Cortisol; free	
82533	Cortisol; total	\$220.02
82540	Creatine	\$89.58
82541	Column chromatography/mass spectrometry (eg, GC/MS, or HPLC/MS), analyte not elsewhere specified; qualitative, single stationary and mobile phase	
82542	Column chromatography, includes mass spectrometry, if performed (eg, HPLC, LC, LC/MS, LC/MS-MS, GC, GC/MS-MS, GC/MS, HPLC/MS), non-drug analyte(s) not elsewhere specified, qualitative or quantitative, each specimen	
82543	Column chromatography/mass spectrometry (eg, GC/MS, or HPLC/MS), analyte not elsewhere specified; stable isotope dilution, single analyte, quantitative, single stationary and mobile phase	
82544	Column chromatography/mass spectrometry (eg, GC/MS, or HPLC/MS), analyte not elsewhere specified; stable isotope dilution, multiple analytes, quantitative, single stationary and mobile phase	
82550	Creatine kinase (CK), (CPK); total	\$229.62
82552	Creatine kinase (CK), (CPK); isoenzymes	
82553	Creatine kinase (CK), (CPK); MB fraction only	\$344.40
82554	Creatine kinase (CK), (CPK); isoforms	\$267.72
82565	Creatinine; blood	\$191.34
82570	Creatinine; other source	\$105.36
82575	Creatinine; clearance	
82585	Cryofibrinogen	
82595	Cryoglobulin, qualitative or semi-quantitative (eg, cryocrit)	
82600	Cyanide	
82607	Cyanocobalamin (Vitamin B-12);	\$96.42
82608	Cyanocobalamin (Vitamin B-12); unsaturated binding capacity	\$250.50
82610	Cystatin C	
82615	Cystine and homocystine, urine, qualitative	
82626	Dehydroepiandrosterone (DHEA)	
82627	Dehydroepiandrosterone-sulfate (DHEA-S)	
82633	Desoxycorticosterone, 11-	
82634	Deoxycortisol, 11-	
82638	Dibucaine number	
82646	Dihydrocodeinone	
82649	Dihydromorphinone	
82651	Dihydrotestosterone (DHT)	
82652	Vitamin D; 1, 25 dihydroxy, includes fraction(s), if performed	
82654	Dimethadione	
82656	Elastase, pancreatic (EL-1), fecal, qualitative or semi-quantitative	

82657	Enzyme activity in blood cells, cultured cells, or tissue, not elsewhere specified; nonradioactive substrate, each specimen	\$126.00
82658	Enzyme activity in blood cells, cultured cells, or tissue, not elsewhere specified; radioactive substrate, each specimen	
82664	Electrophoretic technique, not elsewhere specified	
82666	Epiandrosterone	
82668	Erythropoietin	
82670	Estradiol	
82671	Estrogens; fractionated	
82672	Estrogens; total	
82677	Estriol	\$178.68
82679	Estrone	
82690	Ethchlorvynol	
82693	Ethylene glycol	
82696	Etiocholanolone	
82705	Fat or lipids, feces; qualitative	\$48.12
82710	Fat or lipids, feces; quantitative	
82715	Fat differential, feces, quantitative	
82725	Fatty acids, nonesterified	
82726	Very long chain fatty acids	
82728	Ferritin	
82731	Fetal fibronectin, cervicovaginal secretions, semi-quantitative	
82735	Fluoride	
82742	Flurazepam	
82746	Folic acid; serum	
82747	Folic acid; RBC	
82757	Fructose, semen	
82759	Galactokinase, RBC	
82760	Galactose	
82775	Galactose-1-phosphate uridyl transferase; quantitative	
82776	Galactose-1-phosphate uridyl transferase; screen	
82777	Galectin-3	
82784	Gammaglobulin (immunoglobulin); IgA, IgD, IgG, IgM, each	\$112.20
82785	Gammaglobulin (immunoglobulin); IgE	
82787	Gammaglobulin (immunoglobulin); immunoglobulin subclasses (eg, IgG1, 2, 3, or 4), each	\$91.86
82800	Gases, blood, pH only	\$170.70
82803	Gases, blood, any combination of pH, pCO ₂ , pO ₂ , CO ₂ , HCO ₃ (including calculated O ₂ saturation);	\$501.66
82805	Gases, blood, any combination of pH, pCO ₂ , pO ₂ , CO ₂ , HCO ₃ (including calculated O ₂ saturation); with O ₂ saturation, by direct measurement, except pulse oximetry	\$257.46
82810	Gases, blood, O ₂ saturation only, by direct measurement, except pulse oximetry	\$47.52
82820	Hemoglobin-oxygen affinity (pO ₂ for 50% hemoglobin saturation with oxygen)	
82930	Gastric acid analysis, includes pH if performed, each specimen	
82938	Gastrin after secretin stimulation	
82941	Gastrin	
82943	Glucagon	
82945	Glucose, body fluid, other than blood	\$189.24
82946	Glucagon tolerance test	
82947	Glucose; quantitative, blood (except reagent strip)	\$144.24
82948	Glucose; blood, reagent strip	\$101.28
82950	Glucose; post glucose dose (includes glucose)	
82951	Glucose; tolerance test (GTT), 3 specimens (includes glucose)	

82952	Glucose; tolerance test, each additional beyond 3 specimens (List separately in addition to code for primary procedure)	
82953	Glucose; tolbutamide tolerance test	
82955	Glucose-6-phosphate dehydrogenase (G6PD); quantitative	
82960	Glucose-6-phosphate dehydrogenase (G6PD); screen	
82962	Glucose, blood by glucose monitoring device(s) cleared by the FDA specifically for home use	\$90.30
82963	Glucosidase, beta	
82965	Glutamate dehydrogenase	\$40.50
82975	Glutamine (glutamic acid amide)	
82977	Glutamyltransferase, gamma (GGT)	\$101.28
82978	Glutathione	
82979	Glutathione reductase, RBC	
82980	Glutethimide	
82985	Glycated protein	
83001	Gonadotropin; follicle stimulating hormone (FSH)	
83002	Gonadotropin; luteinizing hormone (LH)	
83003	Growth hormone, human (HGH) (somatotropin)	
83006	Growth stimulation expressed gene 2 (ST2, Interleukin 1 receptor like-1)	
83008	Guanosine monophosphate (GMP), cyclic	
83009	Helicobacter pylori, blood test analysis for urease activity, non-radioactive isotope (eg, C-13)	\$1,399.56
83010	Haptoglobin; quantitative	
83012	Haptoglobin; phenotypes	
83013	Helicobacter pylori; breath test analysis for urease activity, non-radioactive isotope (eg, C-13)	
83014	Helicobacter pylori; drug administration	
83015	Heavy metal (eg, arsenic, barium, beryllium, bismuth, antimony, mercury); qualitative, any number of analytes	
83018	Heavy metal (eg, arsenic, barium, beryllium, bismuth, antimony, mercury); quantitative, each, not elsewhere specified	
83020	Hemoglobin fractionation and quantitation; electrophoresis (eg, A2, S, C, and/or F)	
83021	Hemoglobin fractionation and quantitation; chromatography (eg, A2, S, C, and/or F)	
83026	Hemoglobin; by copper sulfate method, non-automated	
83030	Hemoglobin; F (fetal), chemical	
83033	Hemoglobin; F (fetal), qualitative	
83036	Hemoglobin; glycosylated (A1C)	\$84.36
83037	Hemoglobin; glycosylated (A1C) by device cleared by FDA for home use	
83045	Hemoglobin; methemoglobin, qualitative	
83050	Hemoglobin; methemoglobin, quantitative	\$74.22
83051	Hemoglobin; plasma	
83055	Hemoglobin; sulfhemoglobin, qualitative	
83060	Hemoglobin; sulfhemoglobin, quantitative	
83065	Hemoglobin; thermolabile	\$165.00
83068	Hemoglobin; unstable, screen	
83069	Hemoglobin; urine	
83070	Hemosiderin, qualitative	
83071	Hemosiderin; quantitative	
83080	b-Hexosaminidase, each assay	
83088	Histamine	
83090	Homocysteine	
83150	Homovanillic acid (HVA)	
83491	Hydroxycorticosteroids, 17- (17-OHCS)	

83497	Hydroxyindolacetic acid, 5-(HIAA)	
83498	Hydroxyprogesterone, 17-d	
83499	Hydroxyprogesterone, 20-	
83500	Hydroxyproline; free	
83505	Hydroxyproline; total	
83516	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; qualitative or semiquantitative, multiple step method	
83518	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; qualitative or semiquantitative, single step method (eg, reagent strip)	
83519	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; quantitative, by radioimmunoassay (eg, RIA)	
83520	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; quantitative, not otherwise specified	\$188.10
83525	Insulin; total	
83527	Insulin; free	
83528	Intrinsic factor	
83540	Iron	\$165.00
83550	Iron binding capacity	
83570	Isocitric dehydrogenase (IDH)	
83582	Ketogenic steroids, fractionation	
83586	Ketosteroids, 17- (17-KS); total	
83593	Ketosteroids, 17- (17-KS); fractionation	
83605	Lactate (lactic acid)	\$116.16
83615	Lactate dehydrogenase (LD), (LDH);	\$53.94
83625	Lactate dehydrogenase (LD), (LDH); isoenzymes, separation and quantitation	
83630	Lactoferrin, fecal; qualitative	
83631	Lactoferrin, fecal; quantitative	
83632	Lactogen, human placental (HPL) human chorionic somatomammotropin	
83633	Lactose, urine, qualitative	
83634	Lactose, urine; quantitative	
83655	Lead	\$236.58
83661	Fetal lung maturity assessment; lecithin sphingomyelin (L/S) ratio	
83662	Fetal lung maturity assessment; foam stability test	
83663	Fetal lung maturity assessment; fluorescence polarization	
83664	Fetal lung maturity assessment; lamellar body density	
83670	Leucine aminopeptidase (LAP)	
83690	Lipase	\$191.34
83695	Lipoprotein (a)	
83698	Lipoprotein-associated phospholipase A2 (Lp-PLA2)	
83700	Lipoprotein, blood; electrophoretic separation and quantitation	
83701	Lipoprotein, blood; high resolution fractionation and quantitation of lipoproteins including lipoprotein subclasses when performed (eg, electrophoresis, ultracentrifugation)	
83704	Lipoprotein, blood; quantitation of lipoprotein particle number(s) (eg, by nuclear magnetic resonance spectroscopy), includes lipoprotein particle subclass(es), when performed	
83718	Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol)	
83719	Lipoprotein, direct measurement; VLDL cholesterol	
83721	Lipoprotein, direct measurement; LDL cholesterol	
83727	Luteinizing releasing factor (LRH)	
83735	Magnesium	\$206.64
83775	Malate dehydrogenase	
83785	Manganese	

83788	Mass spectrometry and tandem mass spectrometry (MS, MS/MS), analyte not elsewhere specified; qualitative, each specimen	
83789	Mass spectrometry and tandem mass spectrometry (eg, MS, MS/MS, MALDI, MS-TOF, QTOF), non-drug analyte(s) not elsewhere specified, qualitative or quantitative, each specimen	
83805	Meprobamate	
83825	Mercury, quantitative	
83835	Metanephrines	
83840	Methadone	
83857	Methemalbumin	
83858	Methsuximide	
83861	Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolarity	
83864	Mucopolysaccharides, acid, quantitative	
83866	Mucopolysaccharides, acid; screen	
83872	Mucin, synovial fluid (Ropes test)	
83873	Myelin basic protein, cerebrospinal fluid	\$219.18
83874	Myoglobin	\$225.00
83876	Myeloperoxidase (MPO)	
83880	Natriuretic peptide	\$420.96
83883	Nephelometry, each analyte not elsewhere specified	
83885	Nickel	
83887	Nicotine	
83915	Nucleotidase 5'-	
83916	Oligoclonal immune (oligoclonal bands)	
83918	Organic acids; total, quantitative, each specimen	
83919	Organic acids; qualitative, each specimen	
83921	Organic acid, single, quantitative	
83925	Opiate(s), drug and metabolites, each procedure	
83930	Osmolality; blood	\$425.03
83935	Osmolality; urine	
83937	Osteocalcin (bone g1a protein)	
83945	Oxalate	
83950	Oncoprotein; HER-2/neu	
83951	Oncoprotein; des-gamma-carboxy-prothrombin (DCP)	
83970	Parathormone (parathyroid hormone)	
83986	pH; body fluid, not otherwise specified	\$60.51
83987	pH; exhaled breath condensate	
83992	Phencyclidine (PCP)	
83993	Calprotectin, fecal	
84022	Phenothiazine	
84030	Phenylalanine (PKU), blood	
84035	Phenylketones, qualitative	
84060	Phosphatase, acid; total	
84061	Phosphatase, acid; forensic examination	
84066	Phosphatase, acid; prostatic	
84075	Phosphatase, alkaline;	\$44.58
84078	Phosphatase, alkaline; heat stable (total not included)	
84080	Phosphatase, alkaline; isoenzymes	
84081	Phosphatidylglycerol	
84085	Phosphogluconate, 6-, dehydrogenase, RBC	
84087	Phosphohexose isomerase	
84100	Phosphorus inorganic (phosphate);	\$34.98
84105	Phosphorus inorganic (phosphate); urine	
84106	Porphobilinogen, urine; qualitative	

84110	Porphobilinogen, urine; quantitative	
84112	Evaluation of cervicovaginal fluid for specific amniotic fluid protein(s) (eg, placental alpha microglobulin-1 [PAMG-1], placental protein 12 [PP12], alpha-fetoprotein), qualitative, each specimen	
84119	Porphyrins, urine; qualitative	
84120	Porphyrins, urine; quantitation and fractionation	
84126	Porphyrins, feces, quantitative	
84127	Porphyrins, feces; qualitative	
84132	Potassium; serum, plasma or whole blood	\$199.32
84133	Potassium; urine	
84134	Prealbumin	
84135	Pregnanediol	
84138	Pregnanetriol	
84140	Pregnenolone	
84143	17-hydroxypregnenolone	
84144	Progesterone	\$199.32
84145	Procalcitonin (PCT)	\$198.66
84146	Prolactin	\$143.70
84150	Prostaglandin, each	
84152	Prostate specific antigen (PSA); complexed (direct measurement)	\$102.54
84153	Prostate specific antigen (PSA); total	\$203.58
84154	Prostate specific antigen (PSA); free	\$118.02
84155	Protein, total, except by refractometry; serum, plasma or whole blood	\$38.28
84156	Protein, total, except by refractometry; urine	
84157	Protein, total, except by refractometry; other source (eg, synovial fluid, cerebrospinal fluid)	\$34.08
84160	Protein, total, by refractometry, any source	
84163	Pregnancy-associated plasma protein-A (PAPP-A)	
84165	Protein; electrophoretic fractionation and quantitation, serum	
84166	Protein; electrophoretic fractionation and quantitation, other fluids with concentration (eg, urine, CSF)	
84181	Protein; Western Blot, with interpretation and report, blood or other body fluid	
84182	Protein; Western Blot, with interpretation and report, blood or other body fluid, immunological probe for band identification, each	
84202	Protoporphyrin, RBC; quantitative	
84203	Protoporphyrin, RBC; screen	
84206	Proinsulin	
84207	Pyridoxal phosphate (Vitamin B-6)	
84210	Pyruvate	
84220	Pyruvate kinase	
84228	Quinine	
84233	Receptor assay; estrogen	
84234	Receptor assay; progesterone	
84235	Receptor assay; endocrine, other than estrogen or progesterone (specify hormone)	
84238	Receptor assay; non-endocrine (specify receptor)	
84244	Renin	
84252	Riboflavin (Vitamin B-2)	
84255	Selenium	
84260	Serotonin	
84270	Sex hormone binding globulin (SHBG)	
84275	Sialic acid	
84285	Silica	
84295	Sodium; serum, plasma or whole blood	\$133.80
84300	Sodium; urine	

84302	Sodium; other source	
84305	Somatomedin	\$157.68
84307	Somatostatin	
84311	Spectrophotometry, analyte not elsewhere specified	
84315	Specific gravity (except urine)	
84375	Sugars, chromatographic, TLC or paper chromatography	
84376	Sugars (mono-, di-, and oligosaccharides); single qualitative, each specimen	
84377	Sugars (mono-, di-, and oligosaccharides); multiple qualitative, each specimen	
84378	Sugars (mono-, di-, and oligosaccharides); single quantitative, each specimen	
84379	Sugars (mono-, di-, and oligosaccharides); multiple quantitative, each specimen	
84392	Sulfate, urine	
84402	Testosterone; free	
84403	Testosterone; total	\$341.88
84410	Testosterone; bioavailable, direct measurement (eg, differential precipitation)	
84425	Thiamine (Vitamin B-1)	
84430	Thiocyanate	
84431	Thromboxane metabolite(s), including thromboxane if performed, urine	
84432	Thyroglobulin	
84436	Thyroxine; total	\$217.80
84437	Thyroxine; requiring elution (eg, neonatal)	
84439	Thyroxine; free	\$209.70
84442	Thyroxine binding globulin (TBG)	
84443	Thyroid stimulating hormone (TSH)	\$344.40
84445	Thyroid stimulating immune globulins (TSI)	
84446	Tocopherol alpha (Vitamin E)	
84449	Transcortin (cortisol binding globulin)	
84450	Transferase; aspartate amino (AST) (SGOT)	\$195.84
84460	Transferase; alanine amino (ALT) (SGPT)	\$195.84
84466	Transferrin	
84478	Triglycerides	
84479	Thyroid hormone (T3 or T4) uptake or thyroid hormone binding ratio (THBR)	\$285.66
84480	Triiodothyronine T3; total (TT-3)	\$187.74
84481	Triiodothyronine T3; free	\$267.90
84482	Triiodothyronine T3; reverse	
84484	Troponin, quantitative	\$344.40
84485	Trypsin; duodenal fluid	
84488	Trypsin; feces, qualitative	
84490	Trypsin; feces, quantitative, 24-hour collection	
84510	Tyrosine	
84512	Troponin, qualitative	\$202.44
84520	Urea nitrogen; quantitative	\$166.86
84525	Urea nitrogen; semiquantitative (eg, reagent strip test)	
84540	Urea nitrogen, urine	
84545	Urea nitrogen, clearance	
84550	Uric acid; blood	\$197.46
84560	Uric acid; other source	\$179.52
84577	Urobilinogen, feces, quantitative	
84578	Urobilinogen, urine; qualitative	
84580	Urobilinogen, urine; quantitative, timed specimen	
84583	Urobilinogen, urine; semiquantitative	
84585	Vanillylmandelic acid (VMA), urine	
84586	Vasoactive intestinal peptide (VIP)	
84588	Vasopressin (antidiuretic hormone, ADH)	
84590	Vitamin A	
84591	Vitamin, not otherwise specified	

84597	Vitamin K	
84600	Volatiles (eg, acetic anhydride, diethylether)	
84620	Xylose absorption test, blood and/or urine	
84630	Zinc	
84681	C-peptide	
84702	Gonadotropin, chorionic (hCG); quantitative	\$273.78
84703	Gonadotropin, chorionic (hCG); qualitative	\$278.58
84704	Gonadotropin, chorionic (hCG); free beta chain	\$130.38
84830	Ovulation tests, by visual color comparison methods for human luteinizing hormone	
84999	Unlisted chemistry procedure	
85002	Bleeding time	
85004	Blood count; automated differential WBC count	
85007	Blood count; blood smear, microscopic examination with manual differential WBC count	
85008	Blood count; blood smear, microscopic examination without manual differential WBC count	
85009	Blood count; manual differential WBC count, buffy coat	
85013	Blood count; spun microhematocrit	
85014	Blood count; hematocrit (Hct)	\$133.62
85018	Blood count; hemoglobin (Hgb)	\$133.62
85025	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	\$267.90
85027	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)	\$194.40
85032	Blood count; manual cell count (erythrocyte, leukocyte, or platelet) each	\$199.86
85041	Blood count; red blood cell (RBC), automated	
85044	Blood count; reticulocyte, manual	\$131.16
85045	Blood count; reticulocyte, automated	\$131.16
85046	Blood count; reticulocytes, automated, including 1 or more cellular parameters (eg, reticulocyte hemoglobin content [CHR], immature reticulocyte fraction [IRF], reticulocyte volume [MRV], RNA content), direct measurement	\$42.18
85048	Blood count; leukocyte (WBC), automated	
85049	Blood count; platelet, automated	
85055	Reticulated platelet assay	
85060	Blood smear, peripheral, interpretation by physician with written report	\$91.08
85097	Bone marrow, smear interpretation	
85130	Chromogenic substrate assay	
85170	Clot retraction	
85175	Clot lysis time, whole blood dilution	
85210	Clotting; factor II, prothrombin, specific	
85220	Clotting; factor V (AcG or proaccelerin), labile factor	
85230	Clotting; factor VII (proconvertin, stable factor)	
85240	Clotting; factor VIII (AHG), 1-stage	
85244	Clotting; factor VIII related antigen	
85245	Clotting; factor VIII, VW factor, ristocetin cofactor	
85246	Clotting; factor VIII, VW factor antigen	
85247	Clotting; factor VIII, von Willebrand factor, multimetric analysis	
85250	Clotting; factor IX (PTC or Christmas)	\$1,055.22
85260	Clotting; factor X (Stuart-Prower)	
85270	Clotting; factor XI (PTA)	
85280	Clotting; factor XII (Hageman)	
85290	Clotting; factor XIII (fibrin stabilizing)	
85291	Clotting; factor XIII (fibrin stabilizing), screen solubility	
85292	Clotting; prekallikrein assay (Fletcher factor assay)	
85293	Clotting; high molecular weight kininogen assay (Fitzgerald factor assay)	

85300	Clotting inhibitors or anticoagulants; antithrombin III, activity	
85301	Clotting inhibitors or anticoagulants; antithrombin III, antigen assay	
85302	Clotting inhibitors or anticoagulants; protein C, antigen	
85303	Clotting inhibitors or anticoagulants; protein C, activity	
85305	Clotting inhibitors or anticoagulants; protein S, total	
85306	Clotting inhibitors or anticoagulants; protein S, free	
85307	Activated Protein C (APC) resistance assay	
85335	Factor inhibitor test	
85337	Thrombomodulin	
85345	Coagulation time; Lee and White	
85347	Coagulation time; activated	\$46.32
85348	Coagulation time; other methods	
85360	Euglobulin lysis	
85362	Fibrin(ogen) degradation (split) products (FDP) (FSP); agglutination slide, semiquantitative	\$197.16
85366	Fibrin(ogen) degradation (split) products (FDP) (FSP); paracoagulation	
85370	Fibrin(ogen) degradation (split) products (FDP) (FSP); quantitative	
85378	Fibrin degradation products, D-dimer; qualitative or semiquantitative	\$197.16
85379	Fibrin degradation products, D-dimer; quantitative	\$413.70
85380	Fibrin degradation products, D-dimer; ultrasensitive (eg, for evaluation for venous thromboembolism), qualitative or semiquantitative	\$427.50
85384	Fibrinogen; activity	
85385	Fibrinogen; antigen	
85390	Fibrinolytics or coagulopathy screen, interpretation and report	
85396	Coagulation/fibrinolysis assay, whole blood (eg, viscoelastic clot assessment), including use of any pharmacologic additive(s), as indicated, including interpretation and written report, per day	
85397	Coagulation and fibrinolysis, functional activity, not otherwise specified (eg, ADAMTS-13), each analyte	
85400	Fibrinolytic factors and inhibitors; plasmin	
85410	Fibrinolytic factors and inhibitors; alpha-2 antiplasmin	
85415	Fibrinolytic factors and inhibitors; plasminogen activator	\$91.08
85420	Fibrinolytic factors and inhibitors; plasminogen, except antigenic assay	
85421	Fibrinolytic factors and inhibitors; plasminogen, antigenic assay	
85441	Heinz bodies; direct	
85445	Heinz bodies; induced, acetyl phenylhydrazine	
85460	Hemoglobin or RBCs, fetal, for fetomaternal hemorrhage; differential lysis (Kleihauer-Betke)	
85461	Hemoglobin or RBCs, fetal, for fetomaternal hemorrhage; rosette	
85475	Hemolysin, acid	
85520	Heparin assay	
85525	Heparin neutralization	
85530	Heparin-protamine tolerance test	
85536	Iron stain, peripheral blood	
85540	Leukocyte alkaline phosphatase with count	
85547	Mechanical fragility, RBC	
85549	Muramidase	
85555	Osmotic fragility, RBC; uncubated	
85557	Osmotic fragility, RBC; incubated	
85576	Platelet, aggregation (in vitro), each agent	
85597	Phospholipid neutralization; platelet	
85598	Phospholipid neutralization; hexagonal phospholipid	
85610	Prothrombin time;	\$225.00
85611	Prothrombin time; substitution, plasma fractions, each	
85612	Russell viper venom time (includes venom); undiluted	

85613	Russell viper venom time (includes venom); diluted	
85635	Reptilase test	
85651	Sedimentation rate, erythrocyte; non-automated	\$191.34
85652	Sedimentation rate, erythrocyte; automated	\$122.40
85660	Sickling of RBC, reduction	
85670	Thrombin time; plasma	
85675	Thrombin time; titer	
85705	Thromboplastin inhibition, tissue	
85730	Thromboplastin time, partial (PTT); plasma or whole blood	\$212.28
85732	Thromboplastin time, partial (PTT); substitution, plasma fractions, each	
85810	Viscosity	
85999	Unlisted hematology and coagulation procedure	
86000	Agglutinins, febrile (eg, Brucella, Francisella, Murine typhus, Q fever, Rocky Mountain spotted fever, scrub typhus), each antigen	
86001	Allergen specific IgG quantitative or semiquantitative, each allergen	
86003	Allergen specific IgE; quantitative or semiquantitative, crude allergen extract, each	
86005	Allergen specific IgE; qualitative, multiallergen screen (eg, disk, sponge, card)	\$75.18
86008	Allergen specific IgE; quantitative or semiquantitative, recombinant or purified component, each	
86021	Antibody identification; leukocyte antibodies	
86022	Antibody identification; platelet antibodies	
86023	Antibody identification; platelet associated immunoglobulin assay	
86038	Antinuclear antibodies (ANA);	\$139.08
86039	Antinuclear antibodies (ANA); titer	\$75.18
86060	Antistreptolysin O; titer	
86063	Antistreptolysin O; screen	
86077	Blood bank physician services; difficult cross match and/or evaluation of irregular antibody(s), interpretation and written report	
86078	Blood bank physician services; investigation of transfusion reaction including suspicion of transmissible disease, interpretation and written report	
86079	Blood bank physician services; authorization for deviation from standard blood banking procedures (eg, use of outdated blood, transfusion of Rh incompatible units), with written report	
86140	C-reactive protein;	\$28.98
86141	C-reactive protein; high sensitivity (hsCRP)	
86146	Beta 2 Glycoprotein I antibody, each	
86147	Cardiolipin (phospholipid) antibody, each Ig class	\$154.67
86148	Anti-phosphatidylserine (phospholipid) antibody	
86152	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood);	
86153	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood); physician interpretation and report, when required	
86155	Chemotaxis assay, specify method	
86156	Cold agglutinin; screen	
86157	Cold agglutinin; titer	
86160	Complement; antigen, each component	\$129.50
86161	Complement; functional activity, each component	
86162	Complement; total hemolytic (CH50)	
86171	Complement fixation tests, each antigen	
86185	Counterimmunoelectrophoresis, each antigen	
86200	Cyclic citrullinated peptide (CCP), antibody	\$126.18
86215	Deoxyribonuclease, antibody	
86225	Deoxyribonucleic acid (DNA) antibody; native or double stranded	

86226	Deoxyribonucleic acid (DNA) antibody; single stranded	
86235	Extractable nuclear antigen, antibody to, any method (eg, nRNP, SS-A, SS-B, Sm, RNP, Sc170, JO1), each antibody	
86243	Fc receptor	
86255	Fluorescent noninfectious agent antibody; screen, each antibody	
86256	Fluorescent noninfectious agent antibody; titer, each antibody	
86277	Growth hormone, human (HGH), antibody	
86280	Hemagglutination inhibition test (HAI)	
86294	Immunoassay for tumor antigen, qualitative or semiquantitative (eg, bladder tumor antigen)	
86300	Immunoassay for tumor antigen, quantitative; CA 15-3 (27.29)	
86301	Immunoassay for tumor antigen, quantitative; CA 19-9	
86304	Immunoassay for tumor antigen, quantitative; CA 125	\$212.94
86305	Human epididymis protein 4 (HE4)	
86308	Heterophile antibodies; screening	\$139.08
86309	Heterophile antibodies; titer	
86310	Heterophile antibodies; titers after absorption with beef cells and guinea pig kidney	
86316	Immunoassay for tumor antigen, other antigen, quantitative (eg, CA 50, 72-4, 549), each	
86317	Immunoassay for infectious agent antibody, quantitative, not otherwise specified	
86318	Immunoassay for infectious agent antibody, qualitative or semiquantitative, single step method (eg, reagent strip)	
86320	Immuno-electrophoresis; serum	
86325	Immuno-electrophoresis; other fluids (eg, urine, cerebrospinal fluid) with concentration	\$244.92
86327	Immuno-electrophoresis; crossed (2-dimensional assay)	
86328	Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method (eg, reagent strip); severe acute respiratory	\$94.58
86329	Immunodiffusion; not elsewhere specified	
86331	Immunodiffusion; gel diffusion, qualitative (Ouchterlony), each antigen or antibody	
86332	Immune complex assay	
86334	Immunofixation electrophoresis; serum	
86335	Immunofixation electrophoresis; other fluids with concentration (eg, urine, CSF)	
86336	Inhibin A	
86337	Insulin antibodies	
86340	Intrinsic factor antibodies	
86341	Islet cell antibody	
86343	Leukocyte histamine release test (LHR)	
86344	Leukocyte phagocytosis	
86352	Cellular function assay involving stimulation (eg, mitogen or antigen) and detection of biomarker (eg, ATP)	
86353	Lymphocyte transformation, mitogen (phytomitogen) or antigen induced blastogenesis	
86355	B cells, total count	
86356	Mononuclear cell antigen, quantitative (eg, flow cytometry), not otherwise specified, each antigen	
86357	Natural killer (NK) cells, total count	
86359	T cells; total count	
86360	T cells; absolute CD4 and CD8 count, including ratio	
86361	T cells; absolute CD4 count	
86367	Stem cells (ie, CD34), total count	
86376	Microsomal antibodies (eg, thyroid or liver-kidney), each	

86378	Migration inhibitory factor test (MIF)	
86382	Neutralization test, viral	
86384	Nitroblue tetrazolium dye test (NTD)	
86386	Nuclear Matrix Protein 22 (NMP22), qualitative	
86403	Particle agglutination; screen, each antibody	\$174.84
86406	Particle agglutination; titer, each antibody	
86430	Rheumatoid factor; qualitative	\$96.84
86431	Rheumatoid factor; quantitative	\$96.84
86480	Tuberculosis test, cell mediated immunity antigen response measurement; gamma interferon	\$208.20
86481	Tuberculosis test, cell mediated immunity antigen response measurement; enumeration of gamma interferon-producing T-cells in cell suspension	
86485	Skin test; candida	
86486	Skin test; unlisted antigen, each	\$104.82
86490	Skin test; coccidioidomycosis	
86510	Skin test; histoplasmosis	
86580	Skin test; tuberculosis, intradermal	\$104.82
86590	Streptokinase, antibody	
86592	Syphilis test, non-treponemal antibody; qualitative (eg, VDRL, RPR, ART)	\$46.02
86593	Syphilis test, non-treponemal antibody; quantitative	\$229.62
86602	Antibody; actinomyces	
86603	Antibody; adenovirus	
86606	Antibody; Aspergillus	
86609	Antibody; bacterium, not elsewhere specified	
86611	Antibody; Bartonella	\$43.56
86612	Antibody; Blastomyces	
86615	Antibody; Bordetella	
86617	Antibody; Borrelia burgdorferi (Lyme disease) confirmatory test (eg, Western Blot or immunoblot)	\$98.22
86618	Antibody; Borrelia burgdorferi (Lyme disease)	\$195.99
86619	Antibody; Borrelia (relapsing fever)	
86622	Antibody; Brucella	
86625	Antibody; Campylobacter	
86628	Antibody; Candida	\$170.76
86631	Antibody; Chlamydia	\$170.76
86632	Antibody; Chlamydia, IgM	
86635	Antibody; Coccidioides	
86638	Antibody; Coxiella burnetii (Q fever)	
86641	Antibody; Cryptococcus	
86644	Antibody; cytomegalovirus (CMV)	\$154.99
86645	Antibody; cytomegalovirus (CMV), IgM	
86648	Antibody; Diphtheria	
86651	Antibody; encephalitis, California (La Crosse)	
86652	Antibody; encephalitis, Eastern equine	
86653	Antibody; encephalitis, St. Louis	
86654	Antibody; encephalitis, Western equine	
86658	Antibody; enterovirus (eg, coxsackie, echo, polio)	
86663	Antibody; Epstein-Barr (EB) virus, early antigen (EA)	\$322.14
86664	Antibody; Epstein-Barr (EB) virus, nuclear antigen (EBNA)	
86665	Antibody; Epstein-Barr (EB) virus, viral capsid (VCA)	
86666	Antibody; Ehrlichia	\$75.48
86668	Antibody; Francisella tularensis	\$77.10
86671	Antibody; fungus, not elsewhere specified	
86674	Antibody; Giardia lamblia	
86677	Antibody; Helicobacter pylori	\$126.18

86682	Antibody; helminth, not elsewhere specified	
86684	Antibody; Haemophilus influenza	
86687	Antibody; HTLV-I	
86688	Antibody; HTLV-II	
86689	Antibody; HTLV or HIV antibody, confirmatory test (eg, Western Blot)	\$281.64
86692	Antibody; hepatitis, delta agent	
86694	Antibody; herpes simplex, non-specific type test	\$82.80
86695	Antibody; herpes simplex, type 1	\$99.72
86696	Antibody; herpes simplex, type 2	\$99.72
86698	Antibody; histoplasma	
86701	Antibody; HIV-1	\$189.78
86702	Antibody; HIV-2	\$231.00
86703	Antibody; HIV-1 and HIV-2, single result	\$75.24
86704	Hepatitis B core antibody (HBcAb); total	\$224.70
86705	Hepatitis B core antibody (HBcAb); IgM antibody	\$87.30
86706	Hepatitis B surface antibody (HBsAb)	\$334.62
86707	Hepatitis Be antibody (HBeAb)	
86708	Hepatitis A antibody (HAAb)	\$334.62
86709	Hepatitis A antibody (HAAb), IgM antibody	\$74.00
86710	Antibody; influenza virus	\$187.50
86711	Antibody; JC (John Cunningham) virus	
86713	Antibody; Legionella	
86717	Antibody; Leishmania	
86720	Antibody; Leptospira	
86723	Antibody; Listeria monocytogenes	
86727	Antibody; lymphocytic choriomeningitis	
86729	Antibody; lymphogranuloma venereum	
86732	Antibody; mucormycosis	
86735	Antibody; mumps	\$75.24
86738	Antibody; mycoplasma	
86741	Antibody; Neisseria meningitidis	\$196.86
86744	Antibody; Nocardia	
86747	Antibody; parvovirus	
86750	Antibody; Plasmodium (malaria)	
86753	Antibody; protozoa, not elsewhere specified	
86756	Antibody; respiratory syncytial virus	\$187.50
86757	Antibody; Rickettsia	
86759	Antibody; rotavirus	\$264.90
86762	Antibody; rubella	
86765	Antibody; rubeola	\$375.24
86768	Antibody; Salmonella	
86769	Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])	\$327.31
86771	Antibody; Shigella	
86774	Antibody; tetanus	
86777	Antibody; Toxoplasma	
86778	Antibody; Toxoplasma, IgM	
86780	Antibody; Treponema pallidum	\$98.16
86784	Antibody; Trichinella	
86787	Antibody; varicella-zoster	\$172.92
86788	Antibody; West Nile virus, IgM	\$229.02
86789	Antibody; West Nile virus	\$134.58
86790	Antibody; virus, not elsewhere specified	\$95.52
86793	Antibody; Yersinia	
86794	Antibody; Zika virus, IgM	

86800	Thyroglobulin antibody	
86803	Hepatitis C antibody;	\$140.70
86804	Hepatitis C antibody; confirmatory test (eg, immunoblot)	
86805	Lymphocytotoxicity assay, visual crossmatch; with titration	
86806	Lymphocytotoxicity assay, visual crossmatch; without titration	
86807	Serum screening for cytotoxic percent reactive antibody (PRA); standard method	
86808	Serum screening for cytotoxic percent reactive antibody (PRA); quick method	
86812	HLA typing; A, B, or C (eg, A10, B7, B27), single antigen	
86813	HLA typing; A, B, or C, multiple antigens	
86816	HLA typing; DR/DQ, single antigen	
86817	HLA typing; DR/DQ, multiple antigens	
86821	HLA typing; lymphocyte culture, mixed (MLC)	
86822	HLA typing; lymphocyte culture, primed (PLC)	
86825	Human leukocyte antigen (HLA) crossmatch, non-cytotoxic (eg, using flow cytometry); first serum sample or dilution	
86826	Human leukocyte antigen (HLA) crossmatch, non-cytotoxic (eg, using flow cytometry); each additional serum sample or sample dilution (List separately in addition to primary procedure)	
86828	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, flow cytometry); qualitative assessment of the presence or absence of antibody(ies) to HLA Class I and Class II HLA antigens	
86829	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); qualitative assessment of the presence or absence of antibody(ies) to HLA Class I or Class II HLA antigens	
86830	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); antibody identification by qualitative panel using complete HLA phenotypes, HLA Class I	
86831	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); antibody identification by qualitative panel using complete HLA phenotypes, HLA Class II	
86832	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); high definition qualitative panel for identification of antibody specificities (eg, individual antigen per bead methodology), HLA Class I	
86833	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); high definition qualitative panel for identification of antibody specificities (eg, individual antigen per bead methodology), HLA Class II	
86834	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); semi-quantitative panel (eg, titer), HLA Class I	
86835	Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); semi-quantitative panel (eg, titer), HLA Class II	
86849	Unlisted immunology procedure	
86850	Antibody screen, RBC, each serum technique	\$268.20
86860	Antibody elution (RBC), each elution	
86870	Antibody identification, RBC antibodies, each panel for each serum technique	
86880	Antihuman globulin test (Coombs test); direct, each antiserum	
86885	Antihuman globulin test (Coombs test); indirect, qualitative, each reagent red cell	
86886	Antihuman globulin test (Coombs test); indirect, each antibody titer	
86890	Autologous blood or component, collection processing and storage; predeposited	

86891	Autologous blood or component, collection processing and storage; intra- or postoperative salvage	
86900	Blood typing, serologic; ABO	\$630.24
86901	Blood typing, serologic; Rh (D)	\$190.80
86902	Blood typing, serologic; antigen testing of donor blood using reagent serum, each antigen test	
86904	Blood typing, serologic; antigen screening for compatible unit using patient serum, per unit screened	
86905	Blood typing, serologic; RBC antigens, other than ABO or Rh (D), each	
86906	Blood typing, serologic; Rh phenotyping, complete	\$190.80
86910	Blood typing, for paternity testing, per individual; ABO, Rh and MN	
86911	Blood typing, for paternity testing, per individual; each additional antigen system	
86920	Compatibility test each unit; immediate spin technique	
86921	Compatibility test each unit; incubation technique	
86922	Compatibility test each unit; antiglobulin technique	
86923	Compatibility test each unit; electronic	
86927	Fresh frozen plasma, thawing, each unit	
86930	Frozen blood, each unit; freezing (includes preparation)	
86931	Frozen blood, each unit; thawing	
86932	Frozen blood, each unit; freezing (includes preparation) and thawing	
86940	Hemolysins and agglutinins; auto, screen, each	
86941	Hemolysins and agglutinins; incubated	
86945	Irradiation of blood product, each unit	
86950	Leukocyte transfusion	
86960	Volume reduction of blood or blood product (eg, red blood cells or platelets), each unit	
86965	Pooling of platelets or other blood products	
86970	Pretreatment of RBCs for use in RBC antibody detection, identification, and/or compatibility testing; incubation with chemical agents or drugs, each	
86971	Pretreatment of RBCs for use in RBC antibody detection, identification, and/or compatibility testing; incubation with enzymes, each	
86972	Pretreatment of RBCs for use in RBC antibody detection, identification, and/or compatibility testing; by density gradient separation	
86975	Pretreatment of serum for use in RBC antibody identification; incubation with drugs, each	
86976	Pretreatment of serum for use in RBC antibody identification; by dilution	
86977	Pretreatment of serum for use in RBC antibody identification; incubation with inhibitors, each	
86978	Pretreatment of serum for use in RBC antibody identification; by differential red cell absorption using patient RBCs or RBCs of known phenotype, each absorption	
86985	Splitting of blood or blood products, each unit	
86999	Unlisted transfusion medicine procedure	
87001	Animal inoculation, small animal; with observation	
87003	Animal inoculation, small animal, with observation and dissection	
87015	Concentration (any type), for infectious agents	\$49.50
87040	Culture, bacterial; blood, aerobic, with isolation and presumptive identification of isolates (includes anaerobic culture, if appropriate)	\$344.40
87045	Culture, bacterial; stool, aerobic, with isolation and preliminary examination (eg, KIA, LIA), Salmonella and Shigella species	\$336.72
87046	Culture, bacterial; stool, aerobic, additional pathogens, isolation and presumptive identification of isolates, each plate	\$184.14
87070	Culture, bacterial; any other source except urine, blood or stool, aerobic, with isolation and presumptive identification of isolates	\$250.08
87071	Culture, bacterial; quantitative, aerobic with isolation and presumptive identification of isolates, any source except urine, blood or stool	\$250.02

87073	Culture, bacterial; quantitative, anaerobic with isolation and presumptive identification of isolates, any source except urine, blood or stool	\$118.14
87075	Culture, bacterial; any source, except blood, anaerobic with isolation and presumptive identification of isolates	\$375.00
87076	Culture, bacterial; anaerobic isolate, additional methods required for definitive identification, each isolate	\$118.14
87077	Culture, bacterial; aerobic isolate, additional methods required for definitive identification, each isolate	\$73.32
87081	Culture, presumptive, pathogenic organisms, screening only;	\$265.26
87084	Culture, presumptive, pathogenic organisms, screening only; with colony estimation from density chart	
87086	Culture, bacterial; quantitative colony count, urine	\$252.90
87088	Culture, bacterial; with isolation and presumptive identification of each isolate, urine	\$52.38
87101	Culture, fungi (mold or yeast) isolation, with presumptive identification of isolates; skin, hair, or nail	
87102	Culture, fungi (mold or yeast) isolation, with presumptive identification of isolates; other source (except blood)	
87103	Culture, fungi (mold or yeast) isolation, with presumptive identification of isolates; blood	
87106	Culture, fungi, definitive identification, each organism; yeast	\$207.96
87107	Culture, fungi, definitive identification, each organism; mold	
87109	Culture, mycoplasma, any source	
87110	Culture, chlamydia, any source	\$339.72
87116	Culture, tubercle or other acid-fast bacilli (eg, TB, AFB, mycobacteria) any source, with isolation and presumptive identification of isolates	
87118	Culture, mycobacterial, definitive identification, each isolate	
87140	Culture, typing; immunofluorescent method, each antiserum	
87143	Culture, typing; gas liquid chromatography (GLC) or high pressure liquid chromatography (HPLC) method	
87147	Culture, typing; immunologic method, other than immunofluorescence (eg, agglutination grouping), per antiserum	
87149	Culture, typing; identification by nucleic acid (DNA or RNA) probe, direct probe technique, per culture or isolate, each organism probed	
87150	Culture, typing; identification by nucleic acid (DNA or RNA) probe, amplified probe technique, per culture or isolate, each organism probed	
87152	Culture, typing; identification by pulse field gel typing	
87153	Culture, typing; identification by nucleic acid sequencing method, each isolate (eg, sequencing of the 16S rRNA gene)	
87158	Culture, typing; other methods	
87164	Dark field examination, any source (eg, penile, vaginal, oral, skin); includes specimen collection	
87166	Dark field examination, any source (eg, penile, vaginal, oral, skin); without collection	
87168	Macroscopic examination; arthropod	
87169	Macroscopic examination; parasite	
87172	Pinworm exam (eg, cellophane tape prep)	
87176	Homogenization, tissue, for culture	
87177	Ova and parasites, direct smears, concentration and identification	\$84.96
87181	Susceptibility studies, antimicrobial agent; agar dilution method, per agent (eg, antibiotic gradient strip)	\$82.68
87184	Susceptibility studies, antimicrobial agent; disk method, per plate (12 or fewer agents)	\$108.66
87185	Susceptibility studies, antimicrobial agent; enzyme detection (eg, beta lactamase), per enzyme	

87186	Susceptibility studies, antimicrobial agent; microdilution or agar dilution (minimum inhibitory concentration [MIC] or breakpoint), each multi-antimicrobial, per plate	
87187	Susceptibility studies, antimicrobial agent; microdilution or agar dilution, minimum lethal concentration (MLC), each plate (List separately in addition to code for primary procedure)	
87188	Susceptibility studies, antimicrobial agent; macrobroth dilution method, each agent	
87190	Susceptibility studies, antimicrobial agent; mycobacteria, proportion method, each agent	
87197	Serum bactericidal titer (Schlichter test)	
87205	Smear, primary source with interpretation; Gram or Giemsa stain for bacteria, fungi, or cell types	\$191.40
87206	Smear, primary source with interpretation; fluorescent and/or acid fast stain for bacteria, fungi, parasites, viruses or cell types	\$76.14
87207	Smear, primary source with interpretation; special stain for inclusion bodies or parasites (eg, malaria, coccidia, microsporidia, trypanosomes, herpes viruses)	\$133.98
87209	Smear, primary source with interpretation; complex special stain (eg, trichrome, iron hemotoxylin) for ova and parasites	\$133.98
87210	Smear, primary source with interpretation; wet mount for infectious agents (eg, saline, India ink, KOH preps)	\$120.60
87220	Tissue examination by KOH slide of samples from skin, hair, or nails for fungi or ectoparasite ova or mites (eg, scabies)	
87230	Toxin or antitoxin assay, tissue culture (eg, Clostridium difficile toxin)	
87250	Virus isolation; inoculation of embryonated eggs, or small animal, includes observation and dissection	
87252	Virus isolation; tissue culture inoculation, observation, and presumptive identification by cytopathic effect	\$86.58
87253	Virus isolation; tissue culture, additional studies or definitive identification (eg, hemabsorption, neutralization, immunofluorescence stain), each isolate	
87254	Virus isolation; centrifuge enhanced (shell vial) technique, includes identification with immunofluorescence stain, each virus	
87255	Virus isolation; including identification by non-immunologic method, other than by cytopathic effect (eg, virus specific enzymatic activity)	\$337.32
87260	Infectious agent antigen detection by immunofluorescent technique; adenovirus	
87265	Infectious agent antigen detection by immunofluorescent technique; Bordetella pertussis/parapertussis	\$88.80
87267	Infectious agent antigen detection by immunofluorescent technique; Enterovirus, direct fluorescent antibody (DFA)	
87269	Infectious agent antigen detection by immunofluorescent technique; giardia	
87270	Infectious agent antigen detection by immunofluorescent technique; Chlamydia trachomatis	
87271	Infectious agent antigen detection by immunofluorescent technique; Cytomegalovirus, direct fluorescent antibody (DFA)	
87272	Infectious agent antigen detection by immunofluorescent technique; cryptosporidium	
87273	Infectious agent antigen detection by immunofluorescent technique; Herpes simplex virus type 2	\$99.54
87274	Infectious agent antigen detection by immunofluorescent technique; Herpes simplex virus type 1	\$99.54
87275	Infectious agent antigen detection by immunofluorescent technique; influenza B virus	
87276	Infectious agent antigen detection by immunofluorescent technique; influenza A virus	

87277	Infectious agent antigen detection by immunofluorescent technique; Legionella micdadei	
87278	Infectious agent antigen detection by immunofluorescent technique; Legionella pneumophila	
87279	Infectious agent antigen detection by immunofluorescent technique; Parainfluenza virus, each type	
87280	Infectious agent antigen detection by immunofluorescent technique; respiratory syncytial virus	
87281	Infectious agent antigen detection by immunofluorescent technique; Pneumocystis carinii	
87283	Infectious agent antigen detection by immunofluorescent technique; Rubeola	\$394.66
87285	Infectious agent antigen detection by immunofluorescent technique; Treponema pallidum	
87290	Infectious agent antigen detection by immunofluorescent technique; Varicella zoster virus	
87299	Infectious agent antigen detection by immunofluorescent technique; not otherwise specified, each organism	
87300	Infectious agent antigen detection by immunofluorescent technique, polyvalent for multiple organisms, each polyvalent antiserum	
87301	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; adenovirus enteric types 40	
87305	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; Aspergillus	
87320	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; Chlamydia trachomatis	
87324	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; Clostridium difficile toxin	\$310.50
87327	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; Cryptococcus neoformans	
87328	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; cryptosporidium	
87329	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; giardia	
87332	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; cytomegalovirus	\$192.06
87335	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; Escherichia coli O157	

87336	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; Entamoeba histolytica dispa	
87337	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; Entamoeba histolytica group	
87338	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; Helicobacter pylori, stool	
87339	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; Helicobacter pylori	\$229.02
87340	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; hepatitis B surface antigen	\$140.70
87341	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; hepatitis B surface antigen	
87350	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; hepatitis Be antigen (HBeAg)	
87380	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; hepatitis, delta agent	
87385	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; Histoplasma capsulatum	
87389	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; HIV-1 antigen(s), with HIV-	\$204.00
87390	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; HIV-1	\$163.86
87391	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; HIV-2	
87400	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; Influenza, A or B, each	\$228.06
87400A	Infectious agent antigen detection by enzyme immunoassay technique, Influenza A	\$228.06

87400B	Infectious agent antigen detection by enzyme immunoassay technique, Influenza B	\$228.06
87420	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; respiratory syncytial virus	\$129.18
87425	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; rotavirus	\$264.90
87427	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; Shiga-like toxin	
87430	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; Streptococcus, group A	\$307.20
87449	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; multiple-step method, not otherwise specified, e	
87450	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; single step method, not otherwise specified, eac	
87451	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; multiple step method, polyvalent for multiple or	
87470	Infectious agent detection by nucleic acid (DNA or RNA); Bartonella henselae and Bartonella quintana, direct probe technique	
87471	Infectious agent detection by nucleic acid (DNA or RNA); Bartonella henselae and Bartonella quintana, amplified probe technique	
87472	Infectious agent detection by nucleic acid (DNA or RNA); Bartonella henselae and Bartonella quintana, quantification	
87475	Infectious agent detection by nucleic acid (DNA or RNA); Borrelia burgdorferi, direct probe technique	
87476	Infectious agent detection by nucleic acid (DNA or RNA); Borrelia burgdorferi, amplified probe technique	
87477	Infectious agent detection by nucleic acid (DNA or RNA); Borrelia burgdorferi, quantification	
87480	Infectious agent detection by nucleic acid (DNA or RNA); Candida species, direct probe technique	
87481	Infectious agent detection by nucleic acid (DNA or RNA); Candida species, amplified probe technique	\$258.66
87482	Infectious agent detection by nucleic acid (DNA or RNA); Candida species, quantification	
87483	Infectious agent detection by nucleic acid (DNA or RNA); central nervous system pathogen (eg, Neisseria meningitidis, Streptococcus pneumoniae, Listeria, Haemophilus influenzae, E. coli, Streptococcus agalactiae, enterovirus, human parechovirus, herpes si	
87485	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia pneumoniae, direct probe technique	

87486	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia pneumoniae, amplified probe technique	\$422.88
87487	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia pneumoniae, quantification	
87490	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique	\$152.28
87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique	\$258.66
87492	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, quantification	
87493	Infectious agent detection by nucleic acid (DNA or RNA); Clostridium difficile, toxin gene(s), amplified probe technique	\$258.66
87495	Infectious agent detection by nucleic acid (DNA or RNA); cytomegalovirus, direct probe technique	
87496	Infectious agent detection by nucleic acid (DNA or RNA); cytomegalovirus, amplified probe technique	
87497	Infectious agent detection by nucleic acid (DNA or RNA); cytomegalovirus, quantification	
87498	Infectious agent detection by nucleic acid (DNA or RNA); enterovirus, amplified probe technique, includes reverse transcription when performed	
87500	Infectious agent detection by nucleic acid (DNA or RNA); vancomycin resistance (eg, enterococcus species van A, van B), amplified probe technique	
87501	Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, includes reverse transcription, when performed, and amplified probe technique, each type or subtype	
87502	Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, for multiple types or sub-types, includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, first 2 types or sub-types	
87503	Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, for multiple types or sub-types, includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, each additional influenza virus type or sub-type	
87505	Infectious agent detection by nucleic acid (DNA or RNA); gastrointestinal pathogen (eg, Clostridium difficile, E. coli, Salmonella, Shigella, norovirus, Giardia), includes multiplex reverse transcription, when performed, and multiplex amplified probe tech	\$237.00
87506	Infectious agent detection by nucleic acid (DNA or RNA); gastrointestinal pathogen (eg, Clostridium difficile, E. coli, Salmonella, Shigella, norovirus, Giardia), includes multiplex reverse transcription, when performed, and multiplex amplified probe tech	
87507	Infectious agent detection by nucleic acid (DNA or RNA)	
87510	Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, direct probe technique	
87511	Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, amplified probe technique	
87512	Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, quantification	
87515	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis B virus, direct probe technique	
87516	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis B virus, amplified probe technique	
87517	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis B virus, quantification	
87520	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, direct probe technique	

87521	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique, includes reverse transcription when performed	
87522	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, quantification, includes reverse transcription when performed	\$792.99
87525	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis G, direct probe technique	
87526	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis G, amplified probe technique	
87527	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis G, quantification	
87528	Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, direct probe technique	\$315.12
87529	Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, amplified probe technique	\$315.12
87530	Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, quantification	\$322.20
87531	Infectious agent detection by nucleic acid (DNA or RNA); Herpes virus-6, direct probe technique	
87532	Infectious agent detection by nucleic acid (DNA or RNA); Herpes virus-6, amplified probe technique	
87533	Infectious agent detection by nucleic acid (DNA or RNA); Herpes virus-6, quantification	
87534	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, direct probe technique	
87535	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, amplified probe technique, includes reverse transcription when performed	\$614.60
87536	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, quantification, includes reverse transcription when performed	
87537	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, direct probe technique	
87538	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, amplified probe technique, includes reverse transcription when performed	
87539	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, quantification, includes reverse transcription when performed	
87540	Infectious agent detection by nucleic acid (DNA or RNA); Legionella pneumophila, direct probe technique	
87541	Infectious agent detection by nucleic acid (DNA or RNA); Legionella pneumophila, amplified probe technique	
87542	Infectious agent detection by nucleic acid (DNA or RNA); Legionella pneumophila, quantification	
87550	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria species, direct probe technique	
87551	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria species, amplified probe technique	
87552	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria species, quantification	
87555	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria tuberculosis, direct probe technique	
87556	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria tuberculosis, amplified probe technique	
87557	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria tuberculosis, quantification	
87560	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria avium-intracellulare, direct probe technique	

87561	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria avium-intracellulare, amplified probe technique	
87562	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria avium-intracellulare, quantification	
87580	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma pneumoniae, direct probe technique	
87581	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma pneumoniae, amplified probe technique	
87582	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma pneumoniae, quantification	
87590	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, direct probe technique	\$152.28
87591	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique	\$237.00
87592	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, quantification	
87620	Infectious agent detection by nucleic acid (DNA or RNA); papillomavirus, human, direct probe technique	
87621	Infectious agent detection by nucleic acid (DNA or RNA); papillomavirus, human, amplified probe technique	
87622	Infectious agent detection by nucleic acid (DNA or RNA); papillomavirus, human, quantification	
87623	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), low-risk types (eg, 6, 11, 42, 43, 44)	
87624	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), high-risk types (eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68)	
87625	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), types 16 and 18 only, includes type 45, if performed	
87631	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when perfor	\$565.85
87632	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when perfor	
87633	Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when perfor	
87634	Infectious agent detection by nucleic acid (DNA or RNA); respiratory syncytial virus, amplified probe technique	
87635	COVID-19	\$427.31
87640	Infectious agent detection by nucleic acid (DNA or RNA); Staphylococcus aureus, amplified probe technique	
87641	Infectious agent detection by nucleic acid (DNA or RNA); Staphylococcus aureus, methicillin resistant, amplified probe technique	
87650	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, direct probe technique	
87651	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, amplified probe technique	
87652	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, quantification	
87653	Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group B, amplified probe technique	\$904.59

87660	Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, direct probe technique	\$237.00
87661	Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, amplified probe technique	\$422.88
87662	Infectious agent detection by nucleic acid (DNA or RNA); Zika virus, amplified probe technique	
87797	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; direct probe technique, each organism	
87798	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; amplified probe technique, each organism	\$198.96
87799	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; quantification, each organism	\$550.29
87807	Infectious agent antigen detection by immunoassay with direct optical observation; respiratory syncytial virus	\$199.81
87880	Infectious agent antigen detection by immunoassay with direct optical observation; Streptococcus, group A	\$201.53
89051	Cell count, miscellaneous body fluids (eg, cerebrospinal fluid, joint fluid), except blood; with differential count	\$306.65
89055	Leukocyte assessment, fecal, qualitative or semiquantitative	\$203.25
89220	Sputum, obtaining specimen, aerosol induced technique	\$127.81
9001F	Aortic aneurysm less than 5.0 cm maximum diameter on centerline formatted CT or minor diameter on axial formatted CT (NMA-No Measure Associated)	
9002F	Aortic aneurysm 5.0 - 5.4 cm maximum diameter on centerline formatted CT or minor diameter on axial formatted CT (NMA-No Measure Associated)	
9003F	Aortic aneurysm 5.5 - 5.9 cm maximum diameter on centerline formatted CT or minor diameter on axial formatted CT (NMA-No Measure Associated)	
9004F	Aortic aneurysm 6.0 cm or greater maximum diameter on centerline formatted CT or minor diameter on axial formatted CT (NMA-No Measure Associated)	
9005F	Asymptomatic carotid stenosis: No history of any transient ischemic attack or stroke in any carotid or vertebrobasilar territory (NMA-No Measure Associated)	
9006F	Symptomatic carotid stenosis: Ipsilateral carotid territory TIA or stroke less than 120 days prior to procedure (NMA-No Measure Associated)	
9007F	Other carotid stenosis: Ipsilateral TIA or stroke 120 days or greater prior to procedure or any prior contralateral carotid territory or vertebrobasilar TIA or stroke (NMA-No Measure Associated)	
90281	Immune globulin (Ig), human, for intramuscular use	
90283	Immune globulin (IgIV), human, for intravenous use	
90284	Immune globulin (SCIg), human, for use in subcutaneous infusions, 100 mg, each	
90287	Botulinum antitoxin, equine, any route	
90288	Botulism immune globulin, human, for intravenous use	
90291	Cytomegalovirus immune globulin (CMV-IgIV), human, for intravenous use	
90296	Diphtheria antitoxin, equine, any route	
90371	Hepatitis B immune globulin (HBIG), human, for intramuscular use	
90375	Rabies immune globulin (RIG), human, for intramuscular and/or subcutaneous use	
90376	Rabies immune globulin, heat-treated (RIG-HT), human, for intramuscular and/or subcutaneous use	
90378	Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each	
90384	Rho(D) immune globulin (RhIG), human, full-dose, for intramuscular use	
90385	Rho(D) immune globulin (RhIG), human, mini-dose, for intramuscular use	
90386	Rho(D) immune globulin (RhIGIV), human, for intravenous use	
90389	Tetanus immune globulin (TIG), human, for intramuscular use	
90393	Vaccinia immune globulin, human, for intramuscular use	
90396	Varicella-zoster immune globulin, human, for intramuscular use	

90399	Unlisted immune globulin	
90460	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered	
90461	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine or toxoid component administered (List separately in addition to code fo	
90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)	\$349.20
90472	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)	\$5.76
90473	Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid)	
90474	Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)	
90476	Adenovirus vaccine, type 4, live, for oral use	
90477	Adenovirus vaccine, type 7, live, for oral use	
90581	Anthrax vaccine, for subcutaneous or intramuscular use	
90585	Bacillus Calmette-Guerin vaccine (BCG) for tuberculosis, live, for percutaneous use	
90586	Bacillus Calmette-Guerin vaccine (BCG) for bladder cancer, live, for intravesical use	
90587	Dengue vaccine, quadrivalent, live, 3 dose schedule, for subcutaneous use	
90620	Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB-4C), 2 dose schedule, for intramuscular use	
90621	Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB-FHbp), 2 or 3 dose schedule, for intramuscular use	
90625	Cholera vaccine, live, adult dosage, 1 dose schedule, for oral use	
90630	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use	
90632	Hepatitis A vaccine (HepA), adult dosage, for intramuscular use	
90633	Hepatitis A vaccine (HepA), pediatric/adolescent dosage-2 dose schedule, for intramuscular use	
90634	Hepatitis A vaccine (HepA), pediatric/adolescent dosage-3 dose schedule, for intramuscular use	
90636	Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use	
90644	Meningococcal conjugate vaccine, serogroups C & Y and Haemophilus influenzae type b vaccine (Hib-MenCY), 4 dose schedule, when administered to children 6 weeks-18 months of age, for intramuscular use	
90645	Haemophilus influenzae b vaccine (Hib), HbOC conjugate (4 dose schedule), for intramuscular use	
90646	Haemophilus influenzae b vaccine (Hib), PRP-D conjugate, for booster use only, intramuscular use	
90647	Haemophilus influenzae type b vaccine (Hib), PRP-OMP conjugate, 3 dose schedule, for intramuscular use	
90648	Haemophilus influenzae type b vaccine (Hib), PRP-T conjugate, 4 dose schedule, for intramuscular use	
90649	Human Papillomavirus vaccine, types 6, 11, 16, 18, quadrivalent (4vHPV), 3 dose schedule, for intramuscular use	

90650	Human Papillomavirus vaccine, types 16, 18, bivalent (2vHPV), 3 dose schedule, for intramuscular use	
90651	Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 2 or 3 dose schedule, for intramuscular use	
90653	Influenza vaccine, inactivated (IIV), subunit, adjuvanted, for intramuscular use	
90654	Influenza virus vaccine, trivalent (IIV3), split virus, preservative-free, for intradermal use	
90655	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.25 mL dosage, for intramuscular use	
90656	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.5 mL dosage, for intramuscular use	
90657	Influenza virus vaccine, trivalent (IIV3), split virus, 0.25 mL dosage, for intramuscular use	
90658	Influenza virus vaccine, trivalent (IIV3), split virus, 0.5 mL dosage, for intramuscular use	\$177.12
90660	Influenza virus vaccine, trivalent, live (LAIV3), for intranasal use	\$91.86
90661	Influenza virus vaccine, trivalent (cclIV3), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use	
90662	Influenza virus vaccine (IIV), split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use	\$79.20
90664	Influenza virus vaccine, live (LAIV), pandemic formulation, for intranasal use	
90666	Influenza virus vaccine (IIV), pandemic formulation, split virus, preservative free, for intramuscular use	
90667	Influenza virus vaccine (IIV), pandemic formulation, split virus, adjuvanted, for intramuscular use	
90668	Influenza virus vaccine (IIV), pandemic formulation, split virus, for intramuscular use	
90669	Pneumococcal conjugate vaccine, 7 valent, for intramuscular use	
90670	Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use	
90672	Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use	
90673	Influenza virus vaccine, trivalent (RIV3), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use	
90674	Influenza virus vaccine, quadrivalent (cclIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use	
90675	Rabies vaccine, for intramuscular use	\$1,709.88
90676	Rabies vaccine, for intradermal use	
90680	Rotavirus vaccine, pentavalent (RV5), 3 dose schedule, live, for oral use	
90681	Rotavirus vaccine, human, attenuated (RV1), 2 dose schedule, live, for oral use	
90682	Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use	
90685	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.25 mL dosage, for intramuscular use	
90686	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use	
90687	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.25 mL dosage, for intramuscular use	
90688	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use	
90690	Typhoid vaccine, live, oral	
90691	Typhoid vaccine, Vi capsular polysaccharide (ViCPs), for intramuscular use	
90692	Typhoid vaccine, heat- and phenol-inactivated (H-P), for subcutaneous or intradermal use	
90693	Typhoid vaccine, acetone-killed, dried (AKD), for subcutaneous use (U.S. military)	

90696	Diphtheria, tetanus toxoids, acellular pertussis vaccine and inactivated poliovirus vaccine (DTaP-IPV), when administered to children 4 through 6 years of age, for intramuscular use	
90697	Diphtheria, tetanus toxoids, acellular pertussis vaccine, inactivated poliovirus vaccine, Haemophilus influenzae type b PRP-OMP conjugate vaccine, and hepatitis B vaccine (DTaP-IPV-Hib-HepB), for intramuscular use	
90698	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Haemophilus influenzae type b, and inactivated poliovirus vaccine, (DTaP-IPV/Hib), for intramuscular use	
90700	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than 7 years, for intramuscular use	
90702	Diphtheria and tetanus toxoids adsorbed (DT) when administered to individuals younger than 7 years, for intramuscular use	\$93.78
90703	Tetanus toxoid adsorbed, for intramuscular use	
90704	Mumps virus vaccine, live, for subcutaneous use	
90705	Measles virus vaccine, live, for subcutaneous use	
90706	Rubella virus vaccine, live, for subcutaneous use	
90707	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use	\$249.12
90708	Measles and rubella virus vaccine, live, for subcutaneous use	
90710	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use	
90712	Poliovirus vaccine, (any type[s]) (OPV), live, for oral use	
90713	Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use	
90714	Tetanus and diphtheria toxoids adsorbed (Td), preservative free, when administered to individuals 7 years or older, for intramuscular use	\$188.46
90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use	\$193.32
90716	Varicella virus vaccine (VAR), live, for subcutaneous use	\$85.80
90717	Yellow fever vaccine, live, for subcutaneous use	
90719	Diphtheria toxoid, for intramuscular use	
90720	Diphtheria, tetanus toxoids, and whole cell pertussis vaccine and Hemophilus influenza B vaccine (DTP-Hib), for intramuscular use	
90721	Diphtheria, tetanus toxoids, and acellular pertussis vaccine and Hemophilus influenza B vaccine (DTaP-Hib), for intramuscular use	
90723	Diphtheria, tetanus toxoids, acellular pertussis vaccine, hepatitis B, and inactivated poliovirus vaccine (DTaP-HepB-IPV), for intramuscular use	
90725	Cholera vaccine for injectable use	
90727	Plague vaccine, for intramuscular use	
90732	Pneumococcal polysaccharide vaccine, 23-valent (PPSV23), adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use	
90733	Meningococcal polysaccharide vaccine, serogroups A, C, Y, W-135, quadrivalent (MPSV4), for subcutaneous use	
90734	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135, quadrivalent (MCV4 or MenACWY), for intramuscular use	
90735	Japanese encephalitis virus vaccine, for subcutaneous use	
90736	Zoster (shingles) vaccine (HZV), live, for subcutaneous injection	
90738	Japanese encephalitis virus vaccine, inactivated, for intramuscular use	
90739	Hepatitis B vaccine (HepB), adult dosage, 2 dose schedule, for intramuscular use	
90740	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 3 dose schedule, for intramuscular use	
90743	Hepatitis B vaccine (HepB), adolescent, 2 dose schedule, for intramuscular use	
90744	Hepatitis B vaccine (HepB), pediatric/adolescent dosage, 3 dose schedule, for intramuscular use	
90746	Hepatitis B vaccine (HepB), adult dosage, 3 dose schedule, for intramuscular use	\$104.04

90747 Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 4 dose schedule, for intramuscular use

90748 Hepatitis B and Haemophilus influenzae type b vaccine (Hib-HepB), for intramuscular use

90749 Unlisted vaccine/toxoid

90750 Zoster (shingles) vaccine (HZV), recombinant, subunit, adjuvanted, for intramuscular use

90756 Influenza virus vaccine, quadrivalent (cclIV4), derived from cell cultures, subunit, antibiotic free, 0.5 mL dosage, for intramuscular use

90785 Interactive complexity (List separately in addition to the code for primary procedure)

90791 Psychiatric diagnostic evaluation

90792 Psychiatric diagnostic evaluation with medical services

90832 Psychotherapy, 30 minutes with patient

90833 Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)

90834 Psychotherapy, 45 minutes with patient

90836 Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)

90837 Psychotherapy, 60 minutes with patient

90838 Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)

90839 Psychotherapy for crisis; first 60 minutes

90840 Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary service)

90845 Psychoanalysis

90846 Family psychotherapy (without the patient present), 50 minutes

90847 Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes

90849 Multiple-family group psychotherapy

90853 Group psychotherapy (other than of a multiple-family group)

90863 Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (List separately in addition to the code for primary procedure)

90865 Narcosynthesis for psychiatric diagnostic and therapeutic purposes (eg, sodium amobarbital (Amytal) interview)

90867 Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management

90868 Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session

90869 Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management

90870 Electroconvulsive therapy (includes necessary monitoring)

90875 Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); 30 minutes

90876 Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); 45 minutes

90880 Hypnotherapy

- 90882 Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions
- 90885 Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes
- 90887 Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient
- 90889 Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purposes) for other individuals, agencies, or insurance carriers
- 90899 Unlisted psychiatric service or procedure
- 90901 Biofeedback training by any modality
- 90911 Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry
- 90935 Hemodialysis procedure with single evaluation by a physician or other qualified health care professional
- 90937 Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription
- 90940 Hemodialysis access flow study to determine blood flow in grafts and arteriovenous fistulae by an indicator method
- 90945 Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), with single evaluation by a physician or other qualified health care professional
- 90947 Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies) requiring repeated evaluations by a physician or other qualified health care professional, with or without substantial re
- 90951 End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a
- 90952 End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physi
- 90953 End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physicia
- 90954 End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician
- 90955 End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or ot
- 90956 End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other

90957	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physicia	
90958	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or o	
90959	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or othe	
90960	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 4 or more face-to-face visits by a physician or other qualified health care professional per month	
90961	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 2-3 face-to-face visits by a physician or other qualified health care professional per month	
90962	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 1 face-to-face visit by a physician or other qualified health care professional per month	
90963	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	
90964	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	
90965	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	
90966	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 20 years of age and older	
90967	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients younger than 2 years of age	
90968	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 2-11 years of age	
90969	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 12-19 years of age	
90970	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 20 years of age and older	
90989	Dialysis training, patient, including helper where applicable, any mode, completed course	
90993	Dialysis training, patient, including helper where applicable, any mode, course not completed, per training session	
90997	Hemoperfusion (eg, with activated charcoal or resin)	\$535.74
90999	Unlisted dialysis procedure, inpatient or outpatient	
91010	Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study with interpretation and report;	
91013	Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study with interpretation and report; with stimulation or perfusion (eg, stimulant, acid or alkali perfusion) (List separately in addition to code for primary procedu	
91020	Gastric motility (manometric) studies	
91022	Duodenal motility (manometric) study	
91030	Esophagus, acid perfusion (Bernstein) test for esophagitis	

- 91034 Esophagus, gastroesophageal reflux test; with nasal catheter pH electrode(s) placement, recording, analysis and interpretation
- 91035 Esophagus, gastroesophageal reflux test; with mucosal attached telemetry pH electrode placement, recording, analysis and interpretation
- 91037 Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation;
- 91038 Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation; prolonged (greater than 1 hour, up to 24 hours)
- 91040 Esophageal balloon distension study, diagnostic, with provocation when performed
- 91065 Breath hydrogen or methane test (eg, for detection of lactase deficiency, fructose intolerance, bacterial overgrowth, or oro-cecal gastrointestinal transit)
- 91110 Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report
- 91111 Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with interpretation and report
- 91112 Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report
- 91117 Colon motility (manometric) study, minimum 6 hours continuous recording (including provocation tests, eg, meal, intracolonic balloon distension, pharmacologic agents, if performed), with interpretation and report
- 91120 Rectal sensation, tone, and compliance test (ie, response to graded balloon distention)
- 91122 Anorectal manometry
- 91132 Electrogastrography, diagnostic, transcutaneous;
- 91133 Electrogastrography, diagnostic, transcutaneous; with provocative testing
- 91200 Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report
- 91299 Unlisted diagnostic gastroenterology procedure
- 92002 Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient
- 92004 Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, 1 or more visits
- 92012 Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient
- 92014 Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, 1 or more visits
- 92015 Determination of refractive state
- 92018 Ophthalmological examination and evaluation, under general anesthesia, with or without manipulation of globe for passive range of motion or other manipulation to facilitate diagnostic examination; complete
- 92019 Ophthalmological examination and evaluation, under general anesthesia, with or without manipulation of globe for passive range of motion or other manipulation to facilitate diagnostic examination; limited
- 92020 Gonioscopy (separate procedure)
- 92025 Computerized corneal topography, unilateral or bilateral, with interpretation and report
- 92060 Sensorimotor examination with multiple measurements of ocular deviation (eg, restrictive or paretic muscle with diplopia) with interpretation and report (separate procedure)

- 92065 Orthoptic and/or pleoptic training, with continuing medical direction and evaluation
- 92071 Fitting of contact lens for treatment of ocular surface disease
- 92072 Fitting of contact lens for management of keratoconus, initial fitting
- 92081 Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)
- 92082 Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic
- 92083 Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 deg, or quantitative, automated threshold p
- 92100 Serial tonometry (separate procedure) with multiple measurements of intraocular pressure over an extended time period with interpretation and report, same day (eg, diurnal curve or medical treatment of acute elevation of intraocular pressure)
- 92132 Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral
- 92133 Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve
- 92134 Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina
- 92136 Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation
- 92140 Provocative tests for glaucoma, with interpretation and report, without tonography
- 92145 Corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation and report
- 92225 Ophthalmoscopy, extended, with retinal drawing (eg, for retinal detachment, melanoma), with interpretation and report; initial
- 92226 Ophthalmoscopy, extended, with retinal drawing (eg, for retinal detachment, melanoma), with interpretation and report; subsequent
- 92227 Remote imaging for detection of retinal disease (eg, retinopathy in a patient with diabetes) with analysis and report under physician supervision, unilateral or bilateral
- 92228 Remote imaging for monitoring and management of active retinal disease (eg, diabetic retinopathy) with physician review, interpretation and report, unilateral or bilateral
- 92230 Fluorescein angiography with interpretation and report
- 92235 Fluorescein angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral
- 92240 Indocyanine-green angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral
- 92242 Fluorescein angiography and indocyanine-green angiography (includes multiframe imaging) performed at the same patient encounter with interpretation and report, unilateral or bilateral
- 92250 Fundus photography with interpretation and report
- 92260 Ophthalmodynamometry
- 92265 Needle oculoelectromyography, 1 or more extraocular muscles, 1 or both eyes, with interpretation and report
- 92270 Electro-oculography with interpretation and report
- 92275 Electroretinography with interpretation and report

92283 Color vision examination, extended, eg, anomaloscope or equivalent

92284 Dark adaptation examination with interpretation and report

92285 External ocular photography with interpretation and report for documentation of medical progress (eg, close-up photography, slit lamp photography, gonioscopy, stereophotography)

92286 Anterior segment imaging with interpretation and report; with specular microscopy and endothelial cell analysis

92287 Anterior segment imaging with interpretation and report; with fluorescein angiography

92310 Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens, both eyes, except for aphakia

92311 Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, 1 eye

92312 Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, both eyes

92313 Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneoscleral lens

92314 Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens, both eyes except for aphakia

92315 Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens for aphakia, 1 eye

92316 Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens for aphakia, both eyes

92317 Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneoscleral lens

92325 Modification of contact lens (separate procedure), with medical supervision of adaptation

92326 Replacement of contact lens

92340 Fitting of spectacles, except for aphakia; monofocal

92341 Fitting of spectacles, except for aphakia; bifocal

92342 Fitting of spectacles, except for aphakia; multifocal, other than bifocal

92352 Fitting of spectacle prosthesis for aphakia; monofocal

92353 Fitting of spectacle prosthesis for aphakia; multifocal

92354 Fitting of spectacle mounted low vision aid; single element system

92355 Fitting of spectacle mounted low vision aid; telescopic or other compound lens system

92358 Prosthesis service for aphakia, temporary (disposable or loan, including materials)

92370 Repair and refitting spectacles; except for aphakia

92371 Repair and refitting spectacles; spectacle prosthesis for aphakia

92499 Unlisted ophthalmological service or procedure

92502 Otolaryngologic examination under general anesthesia

92504 Binocular microscopy (separate diagnostic procedure)

92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual

92508 Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals

92511 Nasopharyngoscopy with endoscope (separate procedure)

92512 Nasal function studies (eg, rhinomanometry)

92516 Facial nerve function studies (eg, electroneuronography)

92520 Laryngeal function studies (ie, aerodynamic testing and acoustic testing)

92521 Evaluation of speech fluency (eg, stuttering, cluttering)

92522 Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria);

92523 Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)

92524 Behavioral and qualitative analysis of voice and resonance

92526 Treatment of swallowing dysfunction and/or oral function for feeding

92531 Spontaneous nystagmus, including gaze

92532 Positional nystagmus test

92533 Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests)

92534 Optokinetic nystagmus test

92537 Caloric vestibular test with recording, bilateral; bithermal (ie, one warm and one cool irrigation in each ear for a total of four irrigations)

92538 Caloric vestibular test with recording, bilateral; monothermal (ie, one irrigation in each ear for a total of two irrigations)

92540 Basic vestibular evaluation, includes spontaneous nystagmus test with eccentric gaze fixation nystagmus, with recording, positional nystagmus test, minimum of 4 positions, with recording, optokinetic nystagmus test, bidirectional foveal and peripheral sti

92541 Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording

92542 Positional nystagmus test, minimum of 4 positions, with recording

92543 Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests), with recording

92544 Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording

92545 Oscillating tracking test, with recording

92546 Sinusoidal vertical axis rotational testing

92547 Use of vertical electrodes (List separately in addition to code for primary procedure)

92548 Computerized dynamic posturography

92550 Tympanometry and reflex threshold measurements

92551 Screening test, pure tone, air only

92552 Pure tone audiometry (threshold); air only

92553 Pure tone audiometry (threshold); air and bone

92555 Speech audiometry threshold;

92556 Speech audiometry threshold; with speech recognition

92557 Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)

92558 Evoked otoacoustic emissions, screening (qualitative measurement of distortion product or transient evoked otoacoustic emissions), automated analysis

92559 Audiometric testing of groups

92560 Bekesy audiometry; screening

92561 Bekesy audiometry; diagnostic

92562 Loudness balance test, alternate binaural or monaural

92563 Tone decay test

92564 Short increment sensitivity index (SISI)

92565 Stenger test, pure tone

92567 Tympanometry (impedance testing)

92568 Acoustic reflex testing, threshold

92570 Acoustic immittance testing, includes tympanometry (impedance testing), acoustic reflex threshold testing, and acoustic reflex decay testing

92571 Filtered speech test
92572 Staggered spondaic word test
92575 Sensorineural acuity level test
92576 Synthetic sentence identification test
92577 Stenger test, speech
92579 Visual reinforcement audiometry (VRA)
92582 Conditioning play audiometry
92583 Select picture audiometry
92584 Electrocochleography
92585 Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive
92586 Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; limited
92587 Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3-6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report
92588 Distortion product evoked otoacoustic emissions; comprehensive diagnostic evaluation (quantitative analysis of outer hair cell function by cochlear mapping, minimum of 12 frequencies), with interpretation and report
92590 Hearing aid examination and selection; monaural
92591 Hearing aid examination and selection; binaural
92592 Hearing aid check; monaural
92593 Hearing aid check; binaural
92594 Electroacoustic evaluation for hearing aid; monaural
92595 Electroacoustic evaluation for hearing aid; binaural
92596 Ear protector attenuation measurements
92597 Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech

92601 Diagnostic analysis of cochlear implant, patient younger than 7 years of age; with programming
92602 Diagnostic analysis of cochlear implant, patient younger than 7 years of age; subsequent reprogramming
92603 Diagnostic analysis of cochlear implant, age 7 years or older; with programming
92604 Diagnostic analysis of cochlear implant, age 7 years or older; subsequent reprogramming

92605 Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour
92606 Therapeutic service(s) for the use of non-speech-generating device, including programming and modification
92607 Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour
92608 Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)
92609 Therapeutic services for the use of speech-generating device, including programming and modification
92610 Evaluation of oral and pharyngeal swallowing function
92611 Motion fluoroscopic evaluation of swallowing function by cine or video recording
92612 Flexible endoscopic evaluation of swallowing by cine or video recording;
92613 Flexible endoscopic evaluation of swallowing by cine or video recording; interpretation and report only
92614 Flexible endoscopic evaluation, laryngeal sensory testing by cine or video recording;
92615 Flexible endoscopic evaluation, laryngeal sensory testing by cine or video recording; interpretation and report only

- 92616 Flexible endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording;
- 92617 Flexible endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording; interpretation and report only
- 92618 Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)
- 92620 Evaluation of central auditory function, with report; initial 60 minutes
- 92621 Evaluation of central auditory function, with report; each additional 15 minutes (List separately in addition to code for primary procedure)
- 92625 Assessment of tinnitus (includes pitch, loudness matching, and masking)
- 92626 Evaluation of auditory rehabilitation status; first hour
- 92627 Evaluation of auditory rehabilitation status; each additional 15 minutes (List separately in addition to code for primary procedure)
- 92630 Auditory rehabilitation; prelingual hearing loss
- 92633 Auditory rehabilitation; postlingual hearing loss
- 92640 Diagnostic analysis with programming of auditory brainstem implant, per hour
- 92700 Unlisted otorhinolaryngological service or procedure
- 92920 Percutaneous transluminal coronary angioplasty; single major coronary artery or branch
- 92921 Percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)
- 92924 Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch
- 92925 Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)
- 92928 Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch
- 92929 Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)
- 92933 Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch
- 92934 Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)
- 92937 Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel
- 92938 Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional
- 92941 Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration th
- 92943 Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel

92944	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronar	
92950	Cardiopulmonary resuscitation (eg, in cardiac arrest)	\$1,770.66
92953	Temporary transcutaneous pacing	
92960	Cardioversion, elective, electrical conversion of arrhythmia; external	\$3,075.96
92961	Cardioversion, elective, electrical conversion of arrhythmia; internal (separate procedure)	
92970	Cardioassist-method of circulatory assist; internal	
92971	Cardioassist-method of circulatory assist; external	
92973	Percutaneous transluminal coronary thrombectomy mechanical (List separately in addition to code for primary procedure)	
92974	Transcatheter placement of radiation delivery device for subsequent coronary intravascular brachytherapy (List separately in addition to code for primary procedure)	
92975	Thrombolysis, coronary; by intracoronary infusion, including selective coronary angiography	
92977	Thrombolysis, coronary; by intravenous infusion	
92978	Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; initial vess	
92979	Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; each additio	
92986	Percutaneous balloon valvuloplasty; aortic valve	
92987	Percutaneous balloon valvuloplasty; mitral valve	
92990	Percutaneous balloon valvuloplasty; pulmonary valve	
92992	Atrial septectomy or septostomy; transvenous method, balloon (eg, Rashkind type) (includes cardiac catheterization)	
92993	Atrial septectomy or septostomy; blade method (Park septostomy) (includes cardiac catheterization)	
92997	Percutaneous transluminal pulmonary artery balloon angioplasty; single vessel	
92998	Percutaneous transluminal pulmonary artery balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)	
93000	Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report	\$324.48
93005	Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report	\$335.76
93010	Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only	\$197.16
93015	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report	
93016	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; supervision only, without interpretation and report	
93017	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; tracing only, without interpretation and report	
93018	Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; interpretation and report only	

93024	Ergonovine provocation test	
93025	Microvolt T-wave alternans for assessment of ventricular arrhythmias	
93040	Rhythm ECG, 1-3 leads; with interpretation and report	
93041	Rhythm ECG, 1-3 leads; tracing only without interpretation and report	\$335.76
93042	Rhythm ECG, 1-3 leads; interpretation and report only	\$41.70
93050	Arterial pressure waveform analysis for assessment of central arterial pressures, includes obtaining waveform(s), digitization and application of nonlinear mathematical transformations to determine central arterial pressures and augmentation index, with i	
93224	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional	\$194.58
93225	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; recording (includes connection, recording, and disconnection)	
93226	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; scanning analysis with report	
93227	External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; review and interpretation by a physician or other qualified health care professional	
93228	External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events	
93229	External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events	
93260	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care	
93261	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable subcutaneous lead defibrillator sy	
93268	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; includes transmission, review and interpr	
93270	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; recording (includes connection, recording	
93271	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; transmission and analysis	
93272	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; review and interpretation by a physician	
93278	Signal-averaged electrocardiography (SAECG), with or without ECG	

- 93279 Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care
- 93280 Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care
- 93281 Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care
- 93282 Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care
- 93283 Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care
- 93284 Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care
- 93285 Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care
- 93286 Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple
- 93287 Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple
- 93288 Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system
- 93289 Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead transvenous imp
- 93290 Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable cardiovascular monitor system, inc
- 93291 Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable loop recorder system, including he

93292	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; wearable defibrillator system	
93293	Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up	
93294	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	
93295	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	
93296	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system or implantable defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution	
93297	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report	
93298	Interrogation device evaluation(s), (remote) up to 30 days; implantable loop recorder system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional	
93299	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular monitor system or implantable loop recorder system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of re	
93303	Transthoracic echocardiography for congenital cardiac anomalies; complete	\$2,920.14
93304	Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study	
93306	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography	\$9,389.00
93307	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	\$2,920.14
93308	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study	\$1,393.86
93312	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	\$2,920.14
93313	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); placement of transesophageal probe only	\$2,920.14
93314	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation and report only	
93315	Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report	
93316	Transesophageal echocardiography for congenital cardiac anomalies; placement of transesophageal probe only	
93317	Transesophageal echocardiography for congenital cardiac anomalies; image acquisition, interpretation and report only	

93318	Echocardiography, transesophageal (TEE) for monitoring purposes, including probe placement, real time 2-dimensional image acquisition and interpretation leading to ongoing (continuous) assessment of (dynamically changing) cardiac pumping function and to t	
93320	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete	\$449.34
93321	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); follow-up or limited study (List separately in addition to codes for echocardiographic imaging)	
93325	Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)	
93350	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation	
93351	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation	\$2,920.14
93352	Use of echocardiographic contrast agent during stress echocardiography (List separately in addition to code for primary procedure)	
93355	Echocardiography, transesophageal (TEE) for guidance of a transcatheter intracardiac or great vessel(s) structural intervention(s) (eg, TAVR, transcatheter pulmonary valve replacement, mitral valve repair, paravalvular regurgitation repair, left atrial app	
93451	Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed	
93452	Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	
93453	Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	
93454	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;	
93455	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, ven	
93456	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization	
93457	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, ven	
93458	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ven	

- 93459 Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ven
- 93460 Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) fo
- 93461 Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) fo
- 93462 Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)
- 93463 Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, w
- 93464 Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamic measurements before and after (List separately in addition to code for primary procedure)
- 93503 Insertion and placement of flow directed catheter (eg, Swan-Ganz) for monitoring purposes
- 93505 Endomyocardial biopsy
- 93530 Right heart catheterization, for congenital cardiac anomalies
- 93531 Combined right heart catheterization and retrograde left heart catheterization, for congenital cardiac anomalies
- 93532 Combined right heart catheterization and transseptal left heart catheterization through intact septum with or without retrograde left heart catheterization, for congenital cardiac anomalies
- 93533 Combined right heart catheterization and transseptal left heart catheterization through existing septal opening, with or without retrograde left heart catheterization, for congenital cardiac anomalies
- 93561 Indicator dilution studies such as dye or thermodilution, including arterial and/or venous catheterization; with cardiac output measurement (separate procedure)
- 93562 Indicator dilution studies such as dye or thermodilution, including arterial and/or venous catheterization; subsequent measurement of cardiac output
- 93563 Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective coronary angiography during congenital heart catheterization (List separately in addition to code for primary procedure)
- 93564 Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective opacification of aortocoronary venous or arterial bypass graft(s) (eg, aortocoronary saphenous vein, free radial artery, or free ma
- 93565 Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective left ventricular or left atrial angiography (List separately in addition to code for primary procedure)
- 93566 Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective right ventricular or right atrial angiography (List separately in addition to code for primary procedure)
- 93567 Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for supraaortic aortography (List separately in addition to code for primary procedure)

- 93568 Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for pulmonary angiography (List separately in addition to code for primary procedure)
- 93571 Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; initial vessel (List separately in addition to code for primary pro
- 93572 Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; each additional vessel (List separately in addition to code for pri
- 93580 Percutaneous transcatheter closure of congenital interatrial communication (ie, Fontan fenestration, atrial septal defect) with implant
- 93581 Percutaneous transcatheter closure of a congenital ventricular septal defect with implant
- 93582 Percutaneous transcatheter closure of patent ductus arteriosus
- 93583 Percutaneous transcatheter septal reduction therapy (eg, alcohol septal ablation) including temporary pacemaker insertion when performed
- 93590 Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, mitral valve
- 93591 Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve
- 93592 Percutaneous transcatheter closure of paravalvular leak; each additional occlusion device (List separately in addition to code for primary procedure)
- 93600 Bundle of His recording
- 93602 Intra-atrial recording
- 93603 Right ventricular recording
- 93609 Intraventricular and/or intra-atrial mapping of tachycardia site(s) with catheter manipulation to record from multiple sites to identify origin of tachycardia (List separately in addition to code for primary procedure)
- 93610 Intra-atrial pacing
- 93612 Intraventricular pacing
- 93613 Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for primary procedure)
- 93615 Esophageal recording of atrial electrogram with or without ventricular electrogram(s);
- 93616 Esophageal recording of atrial electrogram with or without ventricular electrogram(s); with pacing
- 93618 Induction of arrhythmia by electrical pacing
- 93619 Comprehensive electrophysiologic evaluation with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording, including insertion and repositioning of multiple electrode catheters, without induction or attempted inducti
- 93620 Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with right atrial pacing and recording, right ventricular pacing and recording, His bund
- 93621 Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left atrial pacing and recording from coronary sinus or left atrium (List separatel
- 93622 Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left ventricular pacing and recording (List separately in addition to code for prim

- 93623 Programmed stimulation and pacing after intravenous drug infusion (List separately in addition to code for primary procedure)
- 93624 Electrophysiologic follow-up study with pacing and recording to test effectiveness of therapy, including induction or attempted induction of arrhythmia
- 93631 Intra-operative epicardial and endocardial pacing and mapping to localize the site of tachycardia or zone of slow conduction for surgical correction
- 93640 Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implant
- 93641 Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implant
- 93642 Electrophysiologic evaluation of single or dual chamber transvenous pacing cardioverter-defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination, and programming or r
- 93644 Electrophysiologic evaluation of subcutaneous implantable defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic pa
- 93650 Intracardiac catheter ablation of atrioventricular node function, atrioventricular conduction for creation of complete heart block, with or without temporary pacemaker placement
- 93653 Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (when n
- 93654 Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (when n
- 93655 Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia (List separately in addition to code for primary
- 93656 Comprehensive electrophysiologic evaluation including transseptal catheterizations, insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia including left or right atrial pacing/recording when nec
- 93657 Additional linear or focal intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation remaining after completion of pulmonary vein isolation (List separately in addition to code for primary procedure)
- 93660 Evaluation of cardiovascular function with tilt table evaluation, with continuous ECG monitoring and intermittent blood pressure monitoring, with or without pharmacological intervention
- 93662 Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure)
- 93668 Peripheral arterial disease (PAD) rehabilitation, per session
- 93701 Bioimpedance-derived physiologic cardiovascular analysis
- 93702 Bioimpedance spectroscopy (BIS), extracellular fluid analysis for lymphedema assessment(s)

93724	Electronic analysis of antitachycardia pacemaker system (includes electrocardiographic recording, programming of device, induction and termination of tachycardia via implanted pacemaker, and interpretation of recordings)	
93740	Temperature gradient studies	
93745	Initial set-up and programming by a physician or other qualified health care professional of wearable cardioverter-defibrillator includes initial programming of system, establishing baseline electronic ECG, transmission of data to data repository, patient	
93750	Interrogation of ventricular assist device (VAD), in person, with physician or other qualified health care professional analysis of device parameters (eg, drivelines, alarms, power surges), review of device function (eg, flow and volume status, septum sta	
93770	Determination of venous pressure	
93784	Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; including recording, scanning analysis, interpretation and report	
93786	Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; recording only	
93788	Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; scanning analysis with report	
93790	Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; review with interpretation and report	
93792	Patient/caregiver training for initiation of home international normalized ratio (INR) monitoring under the direction of a physician or other qualified health care professional, face-to-face, including use and care of the INR monitor, obtaining blood samp	
93793	Anticoagulant management for a patient taking warfarin, must include review and interpretation of a new home, office, or lab international normalized ratio (INR) test result, patient instructions, dosage adjustment (as needed), and scheduling of additiona	
93797	Physician or other qualified health care professional services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session)	
93798	Physician or other qualified health care professional services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session)	
93799	Unlisted cardiovascular service or procedure	
93880	Duplex scan of extracranial arteries; complete bilateral study	\$1,393.86
93882	Duplex scan of extracranial arteries; unilateral or limited study	\$686.76
93886	Transcranial Doppler study of the intracranial arteries; complete study	
93888	Transcranial Doppler study of the intracranial arteries; limited study	
93890	Transcranial Doppler study of the intracranial arteries; vasoreactivity study	
93892	Transcranial Doppler study of the intracranial arteries; emboli detection without intravenous microbubble injection	
93893	Transcranial Doppler study of the intracranial arteries; emboli detection with intravenous microbubble injection	
93895	Quantitative carotid intima media thickness and carotid atheroma evaluation, bilateral	
93922	Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries, (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus bidirectional, Doppler waveform recording	

93923	Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental blood pressure)	
93924	Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, (ie, bidirectional Doppler waveform or volume plethysmography recording and analysis at rest with ankle/brachial indices immediately after and at	
93925	Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study	\$1,393.86
93926	Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study	\$686.76
93930	Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study	\$1,393.86
93931	Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study	\$686.76
93965	Noninvasive physiologic studies of extremity veins, complete bilateral study (eg, Doppler waveform analysis with responses to compression and other maneuvers, phleborheography, impedance plethysmography)	
93970	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study	\$1,393.86
93971	Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study	\$686.76
93975	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study	\$3,484.68
93976	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study	\$686.76
93978	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study	
93979	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study	\$1,716.90
93980	Duplex scan of arterial inflow and venous outflow of penile vessels; complete study	\$686.76
93981	Duplex scan of arterial inflow and venous outflow of penile vessels; follow-up or limited study	
93982	Noninvasive physiologic study of implanted wireless pressure sensor in aneurysmal sac following endovascular repair, complete study including recording, analysis of pressure and waveform tracings, interpretation and report	
93990	Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)	
93998	Unlisted noninvasive vascular diagnostic study	
94002	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, initial day	
94003	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, each subsequent day	
94004	Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; nursing facility, per day	
94005	Home ventilator management care plan oversight of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living) requiring review of status, review of laboratories and other studies and revision of orders and respiratory care plan	
94010	Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation	

94011	Measurement of spirometric forced expiratory flows in an infant or child through 2 years of age	
94012	Measurement of spirometric forced expiratory flows, before and after bronchodilator, in an infant or child through 2 years of age	
94013	Measurement of lung volumes (ie, functional residual capacity [FRC], forced vital capacity [FVC], and expiratory reserve volume [ERV]) in an infant or child through 2 years of age	
94014	Patient-initiated spirometric recording per 30-day period of time; includes reinforced education, transmission of spirometric tracing, data capture, analysis of transmitted data, periodic recalibration and review and interpretation by a physician or other	
94015	Patient-initiated spirometric recording per 30-day period of time; recording (includes hook-up, reinforced education, data transmission, data capture, trend analysis, and periodic recalibration)	
94016	Patient-initiated spirometric recording per 30-day period of time; review and interpretation only by a physician or other qualified health care professional	
94060	Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration	
94070	Bronchospasm provocation evaluation, multiple spirometric determinations as in 94010, with administered agents (eg, antigen[s], cold air, methacholine)	
94150	Vital capacity, total (separate procedure)	\$817.92
94200	Maximum breathing capacity, maximal voluntary ventilation	
94250	Expired gas collection, quantitative, single procedure (separate procedure)	
94375	Respiratory flow volume loop	
94400	Breathing response to CO ₂ (CO ₂ response curve)	
94450	Breathing response to hypoxia (hypoxia response curve)	
94452	High altitude simulation test (HAST), with interpretation and report by a physician or other qualified health care professional;	
94453	High altitude simulation test (HAST), with interpretation and report by a physician or other qualified health care professional; with supplemental oxygen titration	
94610	Intrapulmonary surfactant administration by a physician or other qualified health care professional through endotracheal tube	
94617	Exercise test for bronchospasm, including pre- and post-spirometry, electrocardiographic recording(s), and pulse oximetry	
94618	Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry, and oxygen titration, when performed	
94620	Pulmonary stress testing; simple (eg, 6-minute walk test, prolonged exercise test for bronchospasm with pre- and post-spirometry and oximetry)	
94621	Cardiopulmonary exercise testing, including measurements of minute ventilation, CO ₂ production, O ₂ uptake, and electrocardiographic recordings	\$1,492.98
94640	Pressurized or nonpressurized inhalation treatment for acute airway obstruction for therapeutic purposes and/or for diagnostic purposes such as sputum induction with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure b	\$931.90
94642	Aerosol inhalation of pentamidine for pneumocystis carinii pneumonia treatment or prophylaxis	
94644	Continuous inhalation treatment with aerosol medication for acute airway obstruction; first hour	\$630.24
94645	Continuous inhalation treatment with aerosol medication for acute airway obstruction; each additional hour (List separately in addition to code for primary procedure)	\$81.24
94660	Continuous positive airway pressure ventilation (CPAP), initiation and management	\$1,118.28
94662	Continuous negative pressure ventilation (CNP), initiation and management	

94664	Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device	
94667	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation	
94668	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; subsequent	
94669	Mechanical chest wall oscillation to facilitate lung function, per session	
94680	Oxygen uptake, expired gas analysis; rest and exercise, direct, simple	
94681	Oxygen uptake, expired gas analysis; including CO2 output, percentage oxygen extracted	
94690	Oxygen uptake, expired gas analysis; rest, indirect (separate procedure)	
94726	Plethysmography for determination of lung volumes and, when performed, airway resistance	
94727	Gas dilution or washout for determination of lung volumes and, when performed, distribution of ventilation and closing volumes	
94728	Airway resistance by impulse oscillometry	
94729	Diffusing capacity (eg, carbon monoxide, membrane) (List separately in addition to code for primary procedure)	
94750	Pulmonary compliance study (eg, plethysmography, volume and pressure measurements)	
94760	Noninvasive ear or pulse oximetry for oxygen saturation; single determination	\$145.26
94761	Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations (eg, during exercise)	\$312.48
94762	Noninvasive ear or pulse oximetry for oxygen saturation; by continuous overnight monitoring (separate procedure)	\$40.00
94770	Carbon dioxide, expired gas determination by infrared analyzer	
94772	Circadian respiratory pattern recording (pediatric pneumogram), 12-24 hour continuous recording, infant	
94774	Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; includes monitor attachment, download of data, review, interpretation, and preparation of a report by a physician or other qualif	
94775	Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; monitor attachment only (includes hook-up, initiation of recording and disconnection)	
94776	Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; monitoring, download of information, receipt of transmission(s) and analyses by computer only	
94777	Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; review, interpretation and preparation of report only by a physician or other qualified health care professional	
94780	Car seat/bed testing for airway integrity, neonate, with continual nursing observation and continuous recording of pulse oximetry, heart rate and respiratory rate, with interpretation and report; 60 minutes	
94781	Car seat/bed testing for airway integrity, neonate, with continual nursing observation and continuous recording of pulse oximetry, heart rate and respiratory rate, with interpretation and report; each additional full 30 minutes (List separately in additio	
94799	Unlisted pulmonary service or procedure	\$817.92
95004	Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests	
95012	Nitric oxide expired gas determination	

- 95017 Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with venoms, immediate type reaction, including test interpretation and report, specify number of tests
- 95018 Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with drugs or biologicals, immediate type reaction, including test interpretation and report, specify number of tests
- 95024 Intracutaneous (intradermal) tests with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests
- 95027 Intracutaneous (intradermal) tests, sequential and incremental, with allergenic extracts for airborne allergens, immediate type reaction, including test interpretation and report, specify number of tests
- 95028 Intracutaneous (intradermal) tests with allergenic extracts, delayed type reaction, including reading, specify number of tests
- 95044 Patch or application test(s) (specify number of tests)
- 95052 Photo patch test(s) (specify number of tests)
- 95056 Photo tests
- 95060 Ophthalmic mucous membrane tests
- 95065 Direct nasal mucous membrane test
- 95070 Inhalation bronchial challenge testing (not including necessary pulmonary function tests); with histamine, methacholine, or similar compounds
- 95071 Inhalation bronchial challenge testing (not including necessary pulmonary function tests); with antigens or gases, specify
- 95076 Ingestion challenge test (sequential and incremental ingestion of test items, eg, food, drug or other substance); initial 120 minutes of testing
- 95079 Ingestion challenge test (sequential and incremental ingestion of test items, eg, food, drug or other substance); each additional 60 minutes of testing (List separately in addition to code for primary procedure)
- 95115 Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection
- 95117 Professional services for allergen immunotherapy not including provision of allergenic extracts; 2 or more injections
- 95120 Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; single injection
- 95125 Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 2 or more injections
- 95130 Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; single stinging insect venom
- 95131 Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 2 stinging insect venoms
- 95132 Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 3 stinging insect venoms
- 95133 Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 4 stinging insect venoms
- 95134 Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 5 stinging insect venoms

- 95144 Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy, single dose vial(s) (specify number of vials)
- 95145 Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); single stinging insect venom
- 95146 Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 2 single stinging insect venoms
- 95147 Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 3 single stinging insect venoms
- 95148 Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 4 single stinging insect venoms
- 95149 Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 5 single stinging insect venoms
- 95165 Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)
- 95170 Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; whole body extract of biting insect or other arthropod (specify number of doses)
- 95180 Rapid desensitization procedure, each hour (eg, insulin, penicillin, equine serum)
- 95199 Unlisted allergy/clinical immunologic service or procedure
- 95249 Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; patient-provided equipment, sensor placement, hook-up, calibration of monitor, patient training, and printout of recording
- 95250 Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; physician or other qualified health care professional (office) provided equipment, sensor placement, hook-up, calibration of monitor
- 95251 Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; analysis, interpretation and report
- 95782 Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist
- 95783 Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bi-level ventilation, attended by a technologist
- 95800 Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time
- 95801 Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)
- 95803 Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)
- 95805 Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness
- 95806 Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)

- 95807 Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist
- 95808 Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist
- 95810 Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist
- 95811 Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist
- 95812 Electroencephalogram (EEG) extended monitoring; 41-60 minutes
- 95813 Electroencephalogram (EEG) extended monitoring; greater than 1 hour
- 95816 Electroencephalogram (EEG); including recording awake and drowsy
- 95819 Electroencephalogram (EEG); including recording awake and asleep
- 95822 Electroencephalogram (EEG); recording in coma or sleep only
- 95824 Electroencephalogram (EEG); cerebral death evaluation only
- 95827 Electroencephalogram (EEG); all night recording
- 95829 Electroencephalogram at surgery (separate procedure)
- 95830 Insertion by physician or other qualified health care professional of sphenoidal electrodes for electroencephalographic (EEG) recording
- 95831 Muscle testing, manual (separate procedure) with report; extremity (excluding hand) or trunk
- 95832 Muscle testing, manual (separate procedure) with report; hand, with or without comparison with normal side
- 95833 Muscle testing, manual (separate procedure) with report; total evaluation of body, excluding hands
- 95834 Muscle testing, manual (separate procedure) with report; total evaluation of body, including hands
- 95851 Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)
- 95852 Range of motion measurements and report (separate procedure); hand, with or without comparison with normal side
- 95857 Cholinesterase inhibitor challenge test for myasthenia gravis
- 95860 Needle electromyography; 1 extremity with or without related paraspinal areas
- 95861 Needle electromyography; 2 extremities with or without related paraspinal areas
- 95863 Needle electromyography; 3 extremities with or without related paraspinal areas
- 95864 Needle electromyography; 4 extremities with or without related paraspinal areas
- 95865 Needle electromyography; larynx
- 95866 Needle electromyography; hemidiaphragm
- 95867 Needle electromyography; cranial nerve supplied muscle(s), unilateral
- 95868 Needle electromyography; cranial nerve supplied muscles, bilateral
- 95869 Needle electromyography; thoracic paraspinal muscles (excluding T1 or T12)
- 95870 Needle electromyography; limited study of muscles in 1 extremity or non-limb (axial) muscles (unilateral or bilateral), other than thoracic paraspinal, cranial nerve supplied muscles, or sphincters
- 95872 Needle electromyography using single fiber electrode, with quantitative measurement of jitter, blocking and/or fiber density, any/all sites of each muscle studied
- 95873 Electrical stimulation for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)
- 95874 Needle electromyography for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)
- 95875 Ischemic limb exercise test with serial specimen(s) acquisition for muscle(s) metabolite(s)

- 95885 Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; limited (List separately in addition to code for primary procedure)
- 95886 Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; complete, five or more muscles studied, innervated by three or more nerves or four or more spinal lev
- 95887 Needle electromyography, non-extremity (cranial nerve supplied or axial) muscle(s) done with nerve conduction, amplitude and latency/velocity study (List separately in addition to code for primary procedure)
- 95905 Motor and/or sensory nerve conduction, using preconfigured electrode array(s), amplitude and latency/velocity study, each limb, includes F-wave study when performed, with interpretation and report
- 95907 Nerve conduction studies; 1-2 studies
- 95908 Nerve conduction studies; 3-4 studies
- 95909 Nerve conduction studies; 5-6 studies
- 95910 Nerve conduction studies; 7-8 studies
- 95911 Nerve conduction studies; 9-10 studies
- 95912 Nerve conduction studies; 11-12 studies
- 95913 Nerve conduction studies; 13 or more studies
- 95921 Testing of autonomic nervous system function; cardiovagal innervation (parasympathetic function), including 2 or more of the following: heart rate response to deep breathing with recorded R-R interval, Valsalva ratio, and 30:15 ratio
- 95922 Testing of autonomic nervous system function; vasomotor adrenergic innervation (sympathetic adrenergic function), including beat-to-beat blood pressure and R-R interval changes during Valsalva maneuver and at least 5 minutes of passive tilt
- 95923 Testing of autonomic nervous system function; sudomotor, including 1 or more of the following: quantitative sudomotor axon reflex test (QSART), silastic sweat imprint, thermoregulatory sweat test, and changes in sympathetic skin potential
- 95924 Testing of autonomic nervous system function; combined parasympathetic and sympathetic adrenergic function testing with at least 5 minutes of passive tilt
- 95925 Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper limbs
- 95926 Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in lower limbs
- 95927 Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in the trunk or head
- 95928 Central motor evoked potential study (transcranial motor stimulation); upper limbs
- 95929 Central motor evoked potential study (transcranial motor stimulation); lower limbs
- 95930 Visual evoked potential (VEP) checkerboard or flash testing, central nervous system except glaucoma, with interpretation and report
- 95933 Orbicularis oculi (blink) reflex, by electrodiagnostic testing
- 95937 Neuromuscular junction testing (repetitive stimulation, paired stimuli), each nerve, any 1 method
- 95938 Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper and lower limbs
- 95939 Central motor evoked potential study (transcranial motor stimulation); in upper and lower limbs

- 95940 Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (List separately in addition to code for primary procedure)
- 95941 Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby) or for monitoring of more than one case while in the operating room, per hour (List separately in addition to code for primary procedure)
- 95943 Simultaneous, independent, quantitative measures of both parasympathetic function and sympathetic function, based on time-frequency analysis of heart rate variability concurrent with time-frequency analysis of continuous respiratory activity, with mean he
- 95950 Monitoring for identification and lateralization of cerebral seizure focus, electroencephalographic (eg, 8 channel EEG) recording and interpretation, each 24 hours
- 95951 Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, combined electroencephalographic (EEG) and video recording and interpretation (eg, for presurgical localization), each 24 hours
- 95953 Monitoring for localization of cerebral seizure focus by computerized portable 16 or more channel EEG, electroencephalographic (EEG) recording and interpretation, each 24 hours, unattended
- 95954 Pharmacological or physical activation requiring physician or other qualified health care professional attendance during EEG recording of activation phase (eg, thiopental activation test)
- 95955 Electroencephalogram (EEG) during nonintracranial surgery (eg, carotid surgery)
- 95956 Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, electroencephalographic (EEG) recording and interpretation, each 24 hours, attended by a technologist or nurse
- 95957 Digital analysis of electroencephalogram (EEG) (eg, for epileptic spike analysis)
- 95958 Wada activation test for hemispheric function, including electroencephalographic (EEG) monitoring
- 95961 Functional cortical and subcortical mapping by stimulation and/or recording of electrodes on brain surface, or of depth electrodes, to provoke seizures or identify vital brain structures; initial hour of attendance by a physician or other qualified health
- 95962 Functional cortical and subcortical mapping by stimulation and/or recording of electrodes on brain surface, or of depth electrodes, to provoke seizures or identify vital brain structures; each additional hour of attendance by a physician or other qualifie
- 95965 Magnetoencephalography (MEG), recording and analysis; for spontaneous brain magnetic activity (eg, epileptic cerebral cortex localization)
- 95966 Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, single modality (eg, sensory, motor, language, or visual cortex localization)
- 95967 Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, each additional modality (eg, sensory, motor, language, or visual cortex localization) (List separately in addition to code for primary procedure)
- 95970 Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measureme
- 95971 Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measureme

95972	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measureme	
95973	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measureme	
95974	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measureme	
95975	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measureme	
95978	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex deep brain neurostimulator pulse	
95979	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex deep brain neurostimulator pulse	
95980	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric n	
95981	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric n	
95982	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric n	
95990	Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed;	
95991	Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed; requiring skill of a physician or other qualified health care p	
95992	Canalith repositioning procedure(s) (eg, Epley maneuver, Semont maneuver), per day	\$254.64
95999	Unlisted neurological or neuromuscular diagnostic procedure	
96000	Comprehensive computer-based motion analysis by video-taping and 3D kinematics;	
96001	Comprehensive computer-based motion analysis by video-taping and 3D kinematics; with dynamic plantar pressure measurements during walking	
96002	Dynamic surface electromyography, during walking or other functional activities, 1-12 muscles	
96003	Dynamic fine wire electromyography, during walking or other functional activities, 1 muscle	

- 96004 Review and interpretation by physician or other qualified health care professional of comprehensive computer-based motion analysis, dynamic plantar pressure measurements, dynamic surface electromyography during walking or other functional activities, and
- 96020 Neurofunctional testing selection and administration during noninvasive imaging functional brain mapping, with test administered entirely by a physician or other qualified health care professional (ie, psychologist), with review of test results and report
- 96040 Medical genetics and genetic counseling services, each 30 minutes face-to-face with patient/family
- 96101 Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time administering test
- 96102 Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI and WAIS), with qualified health care professional interpretation and report, administered by technician, per ho
- 96103 Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI), administered by a computer, with qualified health care professional interpretation and report
- 96105 Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and repor
- 96110 Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument
- 96111 Developmental testing, (includes assessment of motor, language, social, adaptive, and/or cognitive functioning by standardized developmental instruments) with interpretation and report
- 96116 Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, bot
- 96118 Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time int
- 96119 Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time
- 96120 Neuropsychological testing (eg, Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report
- 96125 Standardized cognitive performance testing (eg, Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and prepari
- 96127 Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument

96150	Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment	
96151	Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; re-assessment	
96152	Health and behavior intervention, each 15 minutes, face-to-face; individual	
96153	Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients)	
96154	Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present)	
96155	Health and behavior intervention, each 15 minutes, face-to-face; family (without the patient present)	
96160	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument	
96161	Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument	
96360	Intravenous infusion, hydration; initial, 31 minutes to 1 hour	\$575.41
96361	Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure)	\$238.38
96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour	\$629.80
96366	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)	\$254.92
96367	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour (List separately in addition to code for primary procedure)	\$339.86
96368	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (List separately in addition to code for primary procedure)	\$335.51
96369	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); initial, up to 1 hour, including pump set-up and establishment of subcutaneous infusion site(s)	
96370	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)	
96371	Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); additional pump set-up with establishment of new subcutaneous infusion site(s) (List separately in addition to code for primary procedure)	
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	\$349.20
96373	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intra-arterial	\$1,146.54
96374	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug	\$324.75
96375	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)	\$270.07
96376	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of the same substance/drug provided in a facility (List separately in addition to code for primary procedure)	\$247.88
96377	Application of on-body injector (includes cannula insertion) for timed subcutaneous injection	

96379	Unlisted therapeutic, prophylactic, or diagnostic intravenous or intra-arterial injection or infusion	\$222.18
96401	Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic	
96402	Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic	
96405	Chemotherapy administration; intralesional, up to and including 7 lesions	
96406	Chemotherapy administration; intralesional, more than 7 lesions	
96409	Chemotherapy administration; intravenous, push technique, single or initial substance/drug	
96411	Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)	
96413	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug	
96415	Chemotherapy administration, intravenous infusion technique; each additional hour (List separately in addition to code for primary procedure)	
96416	Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump	
96417	Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour (List separately in addition to code for primary procedure)	
96420	Chemotherapy administration, intra-arterial; push technique	
96422	Chemotherapy administration, intra-arterial; infusion technique, up to 1 hour	
96423	Chemotherapy administration, intra-arterial; infusion technique, each additional hour (List separately in addition to code for primary procedure)	
96425	Chemotherapy administration, intra-arterial; infusion technique, initiation of prolonged infusion (more than 8 hours), requiring the use of a portable or implantable pump	
96440	Chemotherapy administration into pleural cavity, requiring and including thoracentesis	
96446	Chemotherapy administration into the peritoneal cavity via indwelling port or catheter	
96450	Chemotherapy administration, into CNS (eg, intrathecal), requiring and including spinal puncture	
96521	Refilling and maintenance of portable pump	
96522	Refilling and maintenance of implantable pump or reservoir for drug delivery, systemic (eg, intravenous, intra-arterial)	
96523	Irrigation of implanted venous access device for drug delivery systems	\$335.76
96542	Chemotherapy injection, subarachnoid or intraventricular via subcutaneous reservoir, single or multiple agents	
96549	Unlisted chemotherapy procedure	
96567	Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitive drug(s), per day	
96570	Photodynamic therapy by endoscopic application of light to ablate abnormal tissue via activation of photosensitive drug(s); first 30 minutes (List separately in addition to code for endoscopy or bronchoscopy procedures of lung and gastrointestinal tract)	
96571	Photodynamic therapy by endoscopic application of light to ablate abnormal tissue via activation of photosensitive drug(s); each additional 15 minutes (List separately in addition to code for endoscopy or bronchoscopy procedures of lung and gastrointestinal tract)	

96573 Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professio

96574 Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/a

96900 Actinotherapy (ultraviolet light)

96902 Microscopic examination of hairs plucked or clipped by the examiner (excluding hair collected by the patient) to determine telogen and anagen counts, or structural hair shaft abnormality

96904 Whole body integumentary photography, for monitoring of high risk patients with dysplastic nevus syndrome or a history of dysplastic nevi, or patients with a personal or familial history of melanoma

96910 Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B

96912 Photochemotherapy; psoralens and ultraviolet A (PUVA)

96913 Photochemotherapy (Goeckerman and/or PUVA) for severe photoresponsive dermatoses requiring at least 4-8 hours of care under direct supervision of the physician (includes application of medication and dressings)

96920 Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm

96921 Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm

96922 Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm

96931 Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, first lesion

96932 Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, first lesion

96933 Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, first lesion

96934 Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, each additional lesion (List separately in addition to code for primary procedure)

96935 Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, each additional lesion (List separately in addition to code for primary procedure)

96936 Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, each additional lesion (List separately in addition to code for primary procedure)

96999 Unlisted special dermatological service or procedure

97001 Physical therapy evaluation

97002 Physical therapy re-evaluation

97003 Occupational therapy evaluation

97004 Occupational therapy re-evaluation

97005 Athletic training evaluation

97006 Athletic training re-evaluation

97010 Application of a modality to 1 or more areas; hot or cold packs

97012 Application of a modality to 1 or more areas; traction, mechanical

97014 Application of a modality to 1 or more areas; electrical stimulation (unattended)

97016 Application of a modality to 1 or more areas; vasopneumatic devices

97018 Application of a modality to 1 or more areas; paraffin bath

97022 Application of a modality to 1 or more areas; whirlpool

97024 Application of a modality to 1 or more areas; diathermy (eg, microwave)

97026 Application of a modality to 1 or more areas; infrared

97028	Application of a modality to 1 or more areas; ultraviolet	
97032	Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes	
97033	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes	
97034	Application of a modality to 1 or more areas; contrast baths, each 15 minutes	
97035	Application of a modality to 1 or more areas; ultrasound, each 15 minutes	
97036	Application of a modality to 1 or more areas; Hubbard tank, each 15 minutes	
97039	Unlisted modality (specify type and time if constant attendance)	
97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	
97112	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	
97113	Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises	
97116	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	\$186.42
97124	Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)	
97127	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or sch	
97139	Unlisted therapeutic procedure (specify)	
97140	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	
97150	Therapeutic procedure(s), group (2 or more individuals)	
97161	Physical therapy evaluation: low complexity, requiring these components: A history with no personal factors and/or comorbidities that impact the plan of care; An examination of body system(s) using standardized tests and measures addressing 1-2 elements f	
97162	Physical therapy evaluation: moderate complexity, requiring these components: A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures in	
97163	Physical therapy evaluation: high complexity, requiring these components: A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures	
97164	Re-evaluation of physical therapy established plan of care, requiring these components: An examination including a review of history and use of standardized tests and measures is required; and Revised plan of care using a standardized patient assessment i	
97165	Occupational therapy evaluation, low complexity, requiring these components: An occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem; An	
97166	Occupational therapy evaluation, moderate complexity, requiring these components: An occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or	
97167	Occupational therapy evaluation, high complexity, requiring these components: An occupational profile and medical and therapy history, which includes review of medical and/or therapy records and extensive additional review of physical, cognitive, or psych	

97168	Re-evaluation of occupational therapy established plan of care, requiring these components: An assessment of changes in patient functional or medical status with revised plan of care; An update to the initial occupational profile to reflect changes in con	
97169	Athletic training evaluation, low complexity, requiring these components: A history and physical activity profile with no comorbidities that affect physical activity; An examination of affected body area and other symptomatic or related systems addressing	
97170	Athletic training evaluation, moderate complexity, requiring these components: A medical history and physical activity profile with 1-2 comorbidities that affect physical activity; An examination of affected body area and other symptomatic or related syst	
97171	Athletic training evaluation, high complexity, requiring these components: A medical history and physical activity profile, with 3 or more comorbidities that affect physical activity; A comprehensive examination of body systems using standardized tests an	
97172	Re-evaluation of athletic training established plan of care requiring these components: An assessment of patient's current functional status when there is a documented change; and A revised plan of care using a standardized patient assessment instrument a	
97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	
97532	Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact, each 15 minutes	
97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	
97535	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes	
97537	Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one cont	
97542	Wheelchair management (eg, assessment, fitting, training), each 15 minutes	
97545	Work hardening/conditioning; initial 2 hours	
97546	Work hardening/conditioning; each additional hour (List separately in addition to code for primary procedure)	
97597	Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound	\$1,013.70
97598	Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound	
97602	Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (eg, wet-to-moist dressings, enzymatic, abrasion, larval therapy), including topical application(s), wound assessment, and instruction(s) for ongoing care, per sess	

- 97605 Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less th
- 97606 Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater
- 97607 Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ong
- 97608 Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ong
- 97610 Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day
- 97750 Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes
- 97755 Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes
- 97760 Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes
- 97761 Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes
- 97762 Checkout for orthotic/prosthetic use, established patient, each 15 minutes
- 97763 Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes
- 97799 Unlisted physical medicine/rehabilitation service or procedure
- 97802 Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes
- 97803 Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes
- 97804 Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes
- 97810 Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient
- 97811 Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)
- 97813 Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient
- 97814 Acupuncture, 1 or more needles; with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)
- 98925 Osteopathic manipulative treatment (OMT); 1-2 body regions involved
- 98926 Osteopathic manipulative treatment (OMT); 3-4 body regions involved
- 98927 Osteopathic manipulative treatment (OMT); 5-6 body regions involved
- 98928 Osteopathic manipulative treatment (OMT); 7-8 body regions involved
- 98929 Osteopathic manipulative treatment (OMT); 9-10 body regions involved
- 98940 Chiropractic manipulative treatment (CMT); spinal, 1-2 regions

98941	Chiropractic manipulative treatment (CMT); spinal, 3-4 regions	
98942	Chiropractic manipulative treatment (CMT); spinal, 5 regions	
98943	Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions	
98960	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient	
98961	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 2-4 patients	
98962	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 5-8 patients	
98966	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days n	
98967	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days n	
98968	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days n	
98969	Online assessment and management service provided by a qualified nonphysician health care professional to an established patient or guardian, not originating from a related assessment and management service provided within the previous 7 days, using the I	
99000	Handling and/or conveyance of specimen for transfer	\$25.74
99001	Handling and/or conveyance of specimen for transfer from the patient in other than an office to a laboratory (distance may be indicated)	\$53.58
99002	Handling, conveyance, and/or any other service in connection with the implementation of an order involving devices (eg, designing, fitting, packaging, handling, delivery or mailing) when devices such as orthotics, protectives, prosthetics are fabricated b	
99024	Postoperative follow-up visit, normally included in the surgical package, to indicate that an evaluation and management service was performed during a postoperative period for a reason(s) related to the original procedure	
99026	Hospital mandated on call service; in-hospital, each hour	
99027	Hospital mandated on call service; out-of-hospital, each hour	
99050	Services provided in the office at times other than regularly scheduled office hours, or days when the office is normally closed (eg, holidays, Saturday or Sunday), in addition to basic service	
99051	Service(s) provided in the office during regularly scheduled evening, weekend, or holiday office hours, in addition to basic service	
99053	Service(s) provided between 10:00 PM and 8:00 AM at 24-hour facility, in addition to basic service	\$191.34
99056	Service(s) typically provided in the office, provided out of the office at request of patient, in addition to basic service	
99058	Service(s) provided on an emergency basis in the office, which disrupts other scheduled office services, in addition to basic service	
99060	Service(s) provided on an emergency basis, out of the office, which disrupts other scheduled office services, in addition to basic service	

99070	Supplies and materials (except spectacles), provided by the physician or other qualified health care professional over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided)	\$69.18
99071	Educational supplies, such as books, tapes, and pamphlets, for the patient's education at cost to physician or other qualified health care professional	
99075	Medical testimony	
99078	Physician or other qualified health care professional qualified by education, training, licensure/regulation (when applicable) educational services rendered to patients in a group setting (eg, prenatal, obesity, or diabetic instructions)	
99080	Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form	
99082	Unusual travel (eg, transportation and escort of patient)	
99090	Analysis of clinical data stored in computers (eg, ECGs, blood pressures, hematologic data)	
99091	Collection and interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, train	
99100	Anesthesia for patient of extreme age, younger than 1 year and older than 70 (List separately in addition to code for primary anesthesia procedure)	
99116	Anesthesia complicated by utilization of total body hypothermia (List separately in addition to code for primary anesthesia procedure)	
99135	Anesthesia complicated by utilization of controlled hypotension (List separately in addition to code for primary anesthesia procedure)	
99140	Anesthesia complicated by emergency conditions (specify) (List separately in addition to code for primary anesthesia procedure)	
99143	Moderate sedation services (other than those services described by codes 00100-01999) provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the pre	
99144	Moderate sedation services (other than those services described by codes 00100-01999) provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the pre	
99145	Moderate sedation services (other than those services described by codes 00100-01999) provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the pre	
99148	Moderate sedation services (other than those services described by codes 00100-01999), provided by a physician or other qualified health care professional other than the health care professional performing the diagnostic or therapeutic service that the se	
99149	Moderate sedation services (other than those services described by codes 00100-01999), provided by a physician or other qualified health care professional other than the health care professional performing the diagnostic or therapeutic service that the se	
99150	Moderate sedation services (other than those services described by codes 00100-01999), provided by a physician or other qualified health care professional other than the health care professional performing the diagnostic or therapeutic service that the se	
99151	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports,	\$444.72

99152	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the m	\$294.12
99153	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the m	\$61.68
99155	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 min	
99156	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 min	\$1,083.35
99157	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; each additiona	
99170	Anogenital examination, magnified, in childhood for suspected trauma, including image recording when performed	
99172	Visual function screening, automated or semi-automated bilateral quantitative determination of visual acuity, ocular alignment, color vision by pseudoisochromatic plates, and field of vision (may include all or some screening of the determination[s] for c	
99173	Screening test of visual acuity, quantitative, bilateral	\$382.68
99174	Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with remote analysis and report	
99175	Ipecac or similar administration for individual emesis and continued observation until stomach adequately emptied of poison	\$145.50
99177	Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with on-site analysis	
99183	Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session	
99184	Initiation of selective head or total body hypothermia in the critically ill neonate, includes appropriate patient selection by review of clinical, imaging and laboratory data, confirmation of esophageal temperature probe location, evaluation of amplitude	
99188	Application of topical fluoride varnish by a physician or other qualified health care professional	
99190	Assembly and operation of pump with oxygenator or heat exchanger (with or without ECG and/or pressure monitoring); each hour	
99191	Assembly and operation of pump with oxygenator or heat exchanger (with or without ECG and/or pressure monitoring); 45 minutes	
99192	Assembly and operation of pump with oxygenator or heat exchanger (with or without ECG and/or pressure monitoring); 30 minutes	
99195	Phlebotomy, therapeutic (separate procedure)	
99199	Unlisted special service, procedure or report	
99201	Office visit for new patient, straightforward	
99202	Office visit for new patient, straightforward	
99203	Office visit for new patient, low complexity.	
99204	Office visit new patient, comprehensive examination	
99205	Office visit new patient, comprehensive examination	
99211	Office visit established patient, minimal.	

99212	Office visit established patient, problem focused	
99213	Office visit established patient, expanded problem	
99214	Office visit established patient, detailed history	
99215	Office visit established patient, comprehensive	
99217	Observation care discharge day management (This code is to be utilized to report all services provided to a patient on discharge from outpatient hospital "observation status" if the discharge is on other than the initial date of "observation status." To r	
99218	Initial observation care, per day, for the evaluation and management of a patient which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or o	
99219	Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordinat	
99220	Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination	\$1,408.56
99221	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of	\$410.00
99222	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination	\$610.00
99223	Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of	
99224	Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: Problem focused interval history; Problem focused examination; Medical decision making that is straightforward or of	
99225	Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of mo	
99226	Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or c	
99231	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Medical decision making that is straightforward or o	
99232	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moder	\$300.00

99233	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other health care providers or nurses	
99234	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination;	
99235	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making	
99236	Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making	
99238	Hospital discharge day management; 30 minutes or less	\$602.00
99239	Hospital discharge day management; more than 30 minutes	\$882.88
99241	Office consultation new or established patient, problem focused	
99242	Office consultation new or established patient, problem focused	
99243	Office consultation new or established patient, detailed	
99244	Office consultation new or established patient, comprehensive	\$401.28
99245	Office consultation new or established patient, complex	
99251	Inpatient consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians	
99252	Inpatient consultation for a new or established patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care	
99253	Inpatient consultation for a new or established patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other health care providers or nurses	
99254	Inpatient consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other health care providers or nurses	
99255	Inpatient consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other health care providers or nurses	
99281	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care	\$411.96
99282	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care	\$747.90
99283	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care	\$1,314.60

99284	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with o	\$2,133.18
99285	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: A comprehensive history; A comprehensi	\$3,125.10
99288	Physician or other qualified health care professional direction of emergency medical systems (EMS) emergency care, advanced life support	
99291	Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes	\$4,401.78
99292	Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service)	\$718.50
99304	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforwar	
99305	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coor	
99306	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordina	
99307	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. Cou	
99308	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making	
99309	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling	
99310	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of high complexity. Coun	
99315	Nursing facility discharge day management; 30 minutes or less	
99316	Nursing facility discharge day management; more than 30 minutes	
99318	Evaluation and management of a patient involving an annual nursing facility assessment, which requires these 3 key components: A detailed interval history; A comprehensive examination; and Medical decision making that is of low to moderate complexity. Cou	
99324	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination	

- 99325 Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseli
- 99326 Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of car
- 99327 Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordinat
- 99328 Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination
- 99334 Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. Co
- 99335 Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making
- 99336 Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counselin
- 99337 Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of moderate to high com
- 99339 Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care pl
- 99340 Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care pl
- 99341 Home visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other
- 99342 Home visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordinati
- 99343 Home visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physici

99344	Home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with oth	
99345	Home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other p	
99347	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. Counseling and/or coor	
99348	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity.	
99349	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordinatio	
99350	Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of moderate to high complexity. Counseling	
99354	Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour (List separately in	
99355	Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes (Lis	
99356	Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; first hour (List separately in addition to code for inpatient Evaluation and Management service)	
99357	Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; each additional 30 minutes (List separately in addition to code for prolonged service)	
99358	Prolonged evaluation and management service before and/or after direct patient care; first hour	\$169.32
99359	Prolonged evaluation and management service before and/or after direct patient care; each additional 30 minutes (List separately in addition to code for prolonged service)	\$169.32
99360	Standby service, requiring prolonged attendance, each 30 minutes (eg, operative standby, standby for frozen section, for cesarean/high risk delivery, for monitoring EEG)	
99363	Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed), and ordering of additional tests; initial 90 days of ther	
99364	Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed), and ordering of additional tests; each subsequent 90 days	

99366	Medical team conference with interdisciplinary team of health care professionals, face-to-face with patient and/or family, 30 minutes or more, participation by nonphysician qualified health care professional	
99367	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by physician	
99368	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by nonphysician qualified health care professional	
99374	Supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (eg, Alzheimer's facility) requiring complex and multidisciplinary care modalities involving regular development and/or revision	
99375	Supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (eg, Alzheimer's facility) requiring complex and multidisciplinary care modalities involving regular development and/or revision	
99377	Supervision of a hospice patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of relate	
99378	Supervision of a hospice patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of relate	
99379	Supervision of a nursing facility patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review	
99380	Supervision of a nursing facility patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review	
99381	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnos	\$75.00
99382	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnos	\$39.36
99383	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnos	\$75.00
99384	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnos	\$75.00
99385	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnos	\$75.00

99386	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnos	\$75.00
99387	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnos	\$75.00
99391	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diag	
99392	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diag	
99393	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diag	
99394	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diag	
99395	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diag	
99396	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diag	
99397	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diag	
99401	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes	
99402	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes	
99403	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes	
99404	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes	
99406	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes	\$182.52
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	
99408	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes	
99409	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes	
99411	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes	

- 99412 Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 60 minutes
- 99415 Prolonged clinical staff service (the service beyond the typical service time) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; first hour (List separately in addition to c
- 99416 Prolonged clinical staff service (the service beyond the typical service time) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; each additional 30 minutes (List separately
- 99420 Administration and interpretation of health risk assessment instrument (eg, health hazard appraisal)
- 99429 Unlisted preventive medicine service
- 99441 Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service pro
- 99442 Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service pro
- 99443 Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service pro
- 99444 Online evaluation and management service provided by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient or guardian, not originating from a related E/M service provi
- 99446 Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of m
- 99447 Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 11-20 minutes of
- 99448 Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 21-30 minutes of
- 99449 Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 31 minutes or mor
- 99450 Basic life and/or disability examination that includes: Measurement of height, weight, and blood pressure; Completion of a medical history following a life insurance pro forma; Collection of blood sample and/or urinalysis complying with "chain of custody"
- 99455 Work related or medical disability examination by the treating physician that includes: Completion of a medical history commensurate with the patient's condition; Performance of an examination commensurate with the patient's condition; Formulation of a di

- 99456 Work related or medical disability examination by other than the treating physician that includes: Completion of a medical history commensurate with the patient's condition; Performance of an examination commensurate with the patient's condition; Formul
- 99460 Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant
- 99461 Initial care, per day, for evaluation and management of normal newborn infant seen in other than hospital or birthing center
- 99462 Subsequent hospital care, per day, for evaluation and management of normal newborn
- 99463 Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant admitted and discharged on the same date
- 99464 Attendance at delivery (when requested by the delivering physician or other qualified health care professional) and initial stabilization of newborn
- 99465 Delivery/birthing room resuscitation, provision of positive pressure ventilation and/or chest compressions in the presence of acute inadequate ventilation and/or cardiac output
- 99466 Critical care face-to-face services, during an interfacility transport of critically ill or critically injured pediatric patient, 24 months of age or younger; first 30-74 minutes of hands-on care during transport
- 99467 Critical care face-to-face services, during an interfacility transport of critically ill or critically injured pediatric patient, 24 months of age or younger; each additional 30 minutes (List separately in addition to code for primary service)
- 99468 Initial inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger
- 99469 Subsequent inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger
- 99471 Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age
- 99472 Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age
- 99475 Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age
- 99476 Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age
- 99477 Initial hospital care, per day, for the evaluation and management of the neonate, 28 days of age or younger, who requires intensive observation, frequent interventions, and other intensive care services
- 99478 Subsequent intensive care, per day, for the evaluation and management of the recovering very low birth weight infant (present body weight less than 1500 grams)
- 99479 Subsequent intensive care, per day, for the evaluation and management of the recovering low birth weight infant (present body weight of 1500-2500 grams)
- 99480 Subsequent intensive care, per day, for the evaluation and management of the recovering infant (present body weight of 2501-5000 grams)
- 99481 Total body systemic hypothermia in a critically ill neonate per day (List separately in addition to code for primary procedure)
- 99482 Selective head hypothermia in a critically ill neonate per day (List separately in addition to code for primary procedure)
- 99483 Assessment of and care planning for a patient with cognitive impairment, requiring an independent historian, in the office or other outpatient, home or domiciliary or rest home, with all of the following required elements: Cognition-focused evaluation inc

- 99484 Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month, with the following required elements: initial assessment or fol
- 99485 Supervision by a control physician of interfacility transport care of the critically ill or critically injured pediatric patient, 24 months of age or younger, includes two-way communication with transport team before transport, at the referring facility a
- 99486 Supervision by a control physician of interfacility transport care of the critically ill or critically injured pediatric patient, 24 months of age or younger, includes two-way communication with transport team before transport, at the referring facility a
- 99487 Complex chronic care management services, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions place the patient at significant risk of d
- 99488 Complex chronic care coordination services; first hour of clinical staff time directed by a physician or other qualified health care professional with one face-to-face visit, per calendar month
- 99489 Complex chronic care management services, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions place the patient at significant risk of d
- 99490 Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month, with the following required elements: multiple (two or more) chronic conditions expected
- 99492 Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health c
- 99493 Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care
- 99494 Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qu
- 99495 Transitional Care Management Services with the following required elements:
Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of at least moderate complexity
- 99496 Transitional Care Management Services with the following required elements:
Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of high complexity during the s
- 99497 Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with
- 99498 Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (List sep

99499 Unlisted evaluation and management service

99500 Home visit for prenatal monitoring and assessment to include fetal heart rate, non-stress test, uterine monitoring, and gestational diabetes monitoring

99501 Home visit for postnatal assessment and follow-up care

99502 Home visit for newborn care and assessment

99503 Home visit for respiratory therapy care (eg, bronchodilator, oxygen therapy, respiratory assessment, apnea evaluation)

99504 Home visit for mechanical ventilation care

99505 Home visit for stoma care and maintenance including colostomy and cystostomy

99506 Home visit for intramuscular injections

99507 Home visit for care and maintenance of catheter(s) (eg, urinary, drainage, and enteral)

99509 Home visit for assistance with activities of daily living and personal care

99510 Home visit for individual, family, or marriage counseling

99511 Home visit for fecal impaction management and enema administration

99512 Home visit for hemodialysis

99600 Unlisted home visit service or procedure

99601 Home infusion/specialty drug administration, per visit (up to 2 hours);

99602 Home infusion/specialty drug administration, per visit (up to 2 hours); each additional hour (List separately in addition to code for primary procedure)

99605 Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, new patient

99606 Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, established patient

99607 Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; each additional 15 minutes (List separately in addition to code for primary service)

A0021 Ambulance service, outside state per mile, transport (medicaid only)

A0080 Non-emergency transportation, per mile - vehicle provided by volunteer (individual or organization), with no vested interest

A0090 Non-emergency transportation, per mile - vehicle provided by individual (family member, self, neighbor) with vested interest

A0100 Non-emergency transportation; taxi

A0110 Non-emergency transportation and bus, intra or inter state carrier

A0120 Non-emergency transportation: mini-bus, mountain area transports, or other transportation systems

A0130 Non-emergency transportation: wheelchair van

A0140 Non-emergency transportation and air travel (private or commercial) intra or inter state

A0160 Non-emergency transportation: per mile - case worker or social worker

A0170 Transportation ancillary: parking fees, tolls, other

A0180 Non-emergency transportation: ancillary: lodging-recipient

A0190 Non-emergency transportation: ancillary: meals-recipient

A0200 Non-emergency transportation: ancillary: lodging escort

A0210 Non-emergency transportation: ancillary: meals-escort

A0225 Ambulance service, neonatal transport, base rate, emergency transport, one way

A0380 Bls mileage (per mile)

A0382 Bls routine disposable supplies

A0384 Bls specialized service disposable supplies; defibrillation (used by als ambulances and bls ambulances in jurisdictions where defibrillation is permitted in bls ambulances)

A0390 Als mileage (per mile)

A0392	Als specialized service disposable supplies; defibrillation (to be used only in jurisdictions where defibrillation cannot be performed in bls ambulances)	
A0394	IV Start Kit; Als specialized service disposable supplies; iv drug therapy	\$3.48
A0396	Als specialized service disposable supplies; esophageal intubation	
A0398	Als routine disposable supplies	
A0420	Ambulance waiting time (als or bls), one half (1/2) hour increments	
A0422	Ambulance (als or bls) oxygen and oxygen supplies, life sustaining situation	
A0424	Extra ambulance attendant, ground (als or bls) or air (fixed or rotary winged); (requires medical review)	
A0425	Ground mileage, per statute mile	
A0426	Ambulance service, advanced life support, non-emergency transport, level 1 (als 1)	
A0427	Ambulance service, advanced life support, emergency transport, level 1 (als 1 - emergency)	
A0428	Ambulance service, basic life support, non-emergency transport, (bls)	
A0429	Ambulance service, basic life support, emergency transport (bls-emergency)	
A0430	Ambulance service, conventional air services, transport, one way (fixed wing)	
A0431	Ambulance service, conventional air services, transport, one way (rotary wing)	
A0432	Paramedic intercept (pi), rural area, transport furnished by a volunteer ambulance company which is prohibited by state law from billing third party payers	
A0433	Advanced life support, level 2 (als 2)	
A0434	Specialty care transport (sct)	
A0435	Fixed wing air mileage, per statute mile	
A0436	Rotary wing air mileage, per statute mile	
A0888	Noncovered ambulance mileage, per mile (e.g., for miles traveled beyond closest appropriate facility)	
A0998	Ambulance response and treatment, no transport	
A0999	Unlisted ambulance service	
A4206	Syringe with needle, sterile, 1 cc or less, each	
A4207	Syringe with needle, sterile 2 cc, each	\$10.02
A4208	Syringe with needle, sterile 3 cc, each	\$10.02
A4209	Syringe with needle, sterile 5 cc or greater, each	\$10.02
A4210	Needle-free injection device, each	
A4211	Supplies for self-administered injections	
A4212	Non-coring needle or stylet with or without catheter	
A4213	Syringe, sterile, 20 cc or greater, each	\$9.18
A4215	Needle, sterile, any size, each	\$17.16
A4216	Sterile water, saline and/or dextrose, diluent/flush, 10 ml	\$4.80
A4217	Sterile water/saline, 500 ml	\$8.79
A4218	Sterile saline or water, metered dose dispenser, 10 ml	\$11.82
A4220	Refill kit for implantable infusion pump	
A4221	Supplies for maintenance of non-insulin drug infusion catheter, per week (list drugs separately)	
A4222	Infusion supplies for external drug infusion pump, per cassette or bag (list drugs separately)	
A4223	Infusion supplies not used with external infusion pump, per cassette or bag (list drugs separately)	
A4224	Supplies for maintenance of insulin infusion catheter, per week	
A4225	Supplies for external insulin infusion pump, syringe type cartridge, sterile, each	
A4230	Infusion set for external insulin pump, non needle cannula type	
A4231	Infusion set for external insulin pump, needle type	
A4232	Syringe with needle for external insulin pump, sterile, 3 cc	
A4233	Replacement battery, alkaline (other than j cell), for use with medically necessary home blood glucose monitor owned by patient, each	

A4234	Replacement battery, alkaline, j cell, for use with medically necessary home blood glucose monitor owned by patient, each	
A4235	Replacement battery, lithium, for use with medically necessary home blood glucose monitor owned by patient, each	
A4236	Replacement battery, silver oxide, for use with medically necessary home blood glucose monitor owned by patient, each	
A4244	Alcohol or peroxide, per pint	\$6.42
A4245	Alcohol wipes, per box	
A4246	Betadine or phisoex solution, per pint	\$33.06
A4247	Betadine or iodine swabs/wipes, per box	
A4248	Chlorhexidine containing antiseptic, 1 ml	\$156.18
A4250	Urine test or reagent strips or tablets (100 tablets or strips)	
A4252	Blood ketone test or reagent strip, each	\$7.91
A4253	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips	
A4255	Platforms for home blood glucose monitor, 50 per box	
A4256	Normal, low and high calibrator solution / chips	
A4257	Replacement lens shield cartridge for use with laser skin piercing device, each	
A4258	Spring-powered device for lancet, each	
A4259	Lancets, per box of 100	
A4261	Cervical cap for contraceptive use	
A4262	Temporary, absorbable lacrimal duct implant, each	
A4263	Permanent, long term, non-dissolvable lacrimal duct implant, each	
A4264	Permanent implantable contraceptive intratubal occlusion device(s) and delivery system	
A4265	Paraffin, per pound	
A4266	Diaphragm for contraceptive use	
A4267	Contraceptive supply, condom, male, each	
A4268	Contraceptive supply, condom, female, each	
A4269	Contraceptive supply, spermicide (e.g., foam, gel), each	
A4270	Disposable endoscope sheath, each	
A4280	Adhesive skin support attachment for use with external breast prosthesis, each	
A4281	Tubing for breast pump, replacement	
A4282	Adapter for breast pump, replacement	
A4283	Cap for breast pump bottle, replacement	
A4284	Breast shield and splash protector for use with breast pump, replacement	
A4285	Polycarbonate bottle for use with breast pump, replacement	
A4286	Locking ring for breast pump, replacement	
A4290	Sacral nerve stimulation test lead, each	
A4300	Implantable access catheter, (e.g., venous, arterial, epidural subarachnoid, or peritoneal, etc.) external access	
A4301	Implantable access total catheter, port/reservoir (e.g., venous, arterial, epidural, subarachnoid, peritoneal, etc.)	
A4305	Disposable drug delivery system, flow rate of 50 ml or greater per hour	
A4306	Disposable drug delivery system, flow rate of less than 50 ml per hour	
A4310	Insertion tray without drainage bag and without catheter (accessories only)	
A4311	Insertion tray without drainage bag with indwelling catheter, foley type	
A4312	Insertion tray without drainage bag with indwelling catheter, foley type, two-way, all silicone	
A4313	Insertion tray without drainage bag with indwelling catheter, foley type, three-way, for continuous irrigation	
A4314	Insertion tray with drainage bag with indwelling catheter, foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic, etc.)	\$16.86
A4315	Insertion tray with drainage bag with indwelling catheter, foley type, two-way, all silicone	

A4316	Insertion tray with drainage bag with indwelling catheter, foley type, three-way, for continuous irrigation	
A4320	Irrigation tray with bulb or piston syringe, any purpose	\$20.28
A4321	Therapeutic agent for urinary catheter irrigation	
A4322	Irrigation syringe, bulb or piston, each	\$20.28
A4326	Male external catheter with integral collection chamber, any type, each	
A4327	Female external urinary collection device; meatal cup, each	
A4328	Female external urinary collection device; pouch, each	
A4330	Perianal fecal collection pouch with adhesive, each	
A4331	Extension drainage tubing, any type, any length, with connector/adaptor, for use with urinary leg bag or urostomy pouch, each	
A4332	Lubricant, individual sterile packet, each	\$15.32
A4333	Urinary catheter anchoring device, adhesive skin attachment, each	
A4334	Urinary catheter anchoring device, leg strap, each	
A4335	Incontinence supply; miscellaneous	
A4336	Incontinence supply, urethral insert, any type, each	
A4337	Incontinence supply, rectal insert, any type, each	
A4338	Indwelling catheter; foley type, two-way latex with coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.), each	\$15.30
A4340	Indwelling catheter; specialty type, (e.g., coude, mushroom, wing, etc.), each	
A4344	Indwelling catheter, foley type, two-way, all silicone, each	
A4346	Indwelling catheter; foley type, three way for continuous irrigation, each	
A4349	Male external catheter, with or without adhesive, disposable, each	
A4351	Intermittent urinary catheter; straight tip, with or without coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.), each	
A4352	Intermittent urinary catheter; coude (curved) tip, with or without coating (teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each	
A4353	Intermittent urinary catheter, with insertion supplies	
A4354	Insertion tray with drainage bag but without catheter	
A4355	Irrigation tubing set for continuous bladder irrigation through a three-way indwelling foley catheter, each	
A4356	External urethral clamp or compression device (not to be used for catheter clamp), each	
A4357	Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube, each	
A4358	Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each	\$25.64
A4360	Disposable external urethral clamp or compression device, with pad and/or pouch, each	
A4361	Ostomy faceplate, each	
A4362	Skin barrier; solid, 4 x 4 or equivalent; each	
A4363	Ostomy clamp, any type, replacement only, each	
A4364	Adhesive, liquid or equal, any type, per oz - Dermabond	\$43.74
A4366	Ostomy vent, any type, each	
A4367	Ostomy belt, each	
A4368	Ostomy filter, any type, each	
A4369	Ostomy skin barrier, liquid (spray, brush, etc.), per oz	
A4371	Ostomy skin barrier, powder, per oz	
A4372	Ostomy skin barrier, solid 4 x 4 or equivalent, standard wear, with built-in convexity, each	
A4373	Ostomy skin barrier, with flange (solid, flexible or accordion), with built-in convexity, any size, each	
A4375	Ostomy pouch, drainable, with faceplate attached, plastic, each	
A4376	Ostomy pouch, drainable, with faceplate attached, rubber, each	
A4377	Ostomy pouch, drainable, for use on faceplate, plastic, each	

A4378 Ostomy pouch, drainable, for use on faceplate, rubber, each
A4379 Ostomy pouch, urinary, with faceplate attached, plastic, each
A4380 Ostomy pouch, urinary, with faceplate attached, rubber, each
A4381 Ostomy pouch, urinary, for use on faceplate, plastic, each
A4382 Ostomy pouch, urinary, for use on faceplate, heavy plastic, each
A4383 Ostomy pouch, urinary, for use on faceplate, rubber, each
A4384 Ostomy faceplate equivalent, silicone ring, each
A4385 Ostomy skin barrier, solid 4 x 4 or equivalent, extended wear, without built-in convexity, each
A4387 Ostomy pouch, closed, with barrier attached, with built-in convexity (1 piece), each

A4388 Ostomy pouch, drainable, with extended wear barrier attached, (1 piece), each
A4389 Ostomy pouch, drainable, with barrier attached, with built-in convexity (1 piece), each

A4390 Ostomy pouch, drainable, with extended wear barrier attached, with built-in convexity (1 piece), each
A4391 Ostomy pouch, urinary, with extended wear barrier attached (1 piece), each
A4392 Ostomy pouch, urinary, with standard wear barrier attached, with built-in convexity (1 piece), each
A4393 Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity (1 piece), each
A4394 Ostomy deodorant, with or without lubricant, for use in ostomy pouch, per fluid ounce

A4395 Ostomy deodorant for use in ostomy pouch, solid, per tablet
A4396 Ostomy belt with peristomal hernia support
A4397 Irrigation supply; sleeve, each
A4398 Ostomy irrigation supply; bag, each
A4399 Ostomy irrigation supply; cone/catheter, with or without brush
A4400 Ostomy irrigation set
A4402 Lubricant, per ounce
A4404 Ostomy ring, each
A4405 Ostomy skin barrier, non-pectin based, paste, per ounce
A4406 Ostomy skin barrier, pectin-based, paste, per ounce
A4407 Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, with built-in convexity, 4 x 4 inches or smaller, each
A4408 Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, with built-in convexity, larger than 4 x 4 inches, each
A4409 Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, 4 x 4 inches or smaller, each
A4410 Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, larger than 4 x 4 inches, each
A4411 Ostomy skin barrier, solid 4 x 4 or equivalent, extended wear, with built-in convexity, each

A4412 Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), without filter, each
A4413 Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), with filter, each
A4414 Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, 4 x 4 inches or smaller, each
A4415 Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, larger than 4 x 4 inches, each
A4416 Ostomy pouch, closed, with barrier attached, with filter (1 piece), each
A4417 Ostomy pouch, closed, with barrier attached, with built-in convexity, with filter (1 piece), each
A4418 Ostomy pouch, closed; without barrier attached, with filter (1 piece), each

A4419	Ostomy pouch, closed; for use on barrier with non-locking flange, with filter (2 piece), each	
A4420	Ostomy pouch, closed; for use on barrier with locking flange (2 piece), each	
A4421	Ostomy supply; miscellaneous	
A4422	Ostomy absorbent material (sheet/pad/crystal packet) for use in ostomy pouch to thicken liquid stomal output, each	
A4423	Ostomy pouch, closed; for use on barrier with locking flange, with filter (2 piece), each	
A4424	Ostomy pouch, drainable, with barrier attached, with filter (1 piece), each	
A4425	Ostomy pouch, drainable; for use on barrier with non-locking flange, with filter (2 piece system), each	
A4426	Ostomy pouch, drainable; for use on barrier with locking flange (2 piece system), each	
A4427	Ostomy pouch, drainable; for use on barrier with locking flange, with filter (2 piece system), each	
A4428	Ostomy pouch, urinary, with extended wear barrier attached, with faucet-type tap with valve (1 piece), each	
A4429	Ostomy pouch, urinary, with barrier attached, with built-in convexity, with faucet-type tap with valve (1 piece), each	
A4430	Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity, with faucet-type tap with valve (1 piece), each	
A4431	Ostomy pouch, urinary; with barrier attached, with faucet-type tap with valve (1 piece), each	
A4432	Ostomy pouch, urinary; for use on barrier with non-locking flange, with faucet-type tap with valve (2 piece), each	
A4433	Ostomy pouch, urinary; for use on barrier with locking flange (2 piece), each	
A4434	Ostomy pouch, urinary; for use on barrier with locking flange, with faucet-type tap with valve (2 piece), each	
A4435	Ostomy pouch, drainable, high output, with extended wear barrier (one-piece system), with or without filter, each	
A4450	Tape, non-waterproof, per 18 square inches	\$13.74
A4452	Tape, waterproof, per 18 square inches	\$22.88
A4455	Adhesive remover or solvent (for tape, cement or other adhesive), per ounce	
A4456	Adhesive remover, wipes, any type, each	
A4458	Enema bag with tubing, reusable	
A4459	Manual pump-operated enema system, includes balloon, catheter and all accessories, reusable, any type	
A4461	Surgical dressing holder, non-reusable, each	
A4463	Surgical dressing holder, reusable, each	
A4465	Non-elastic binder for extremity	
A4466	Garment, belt, sleeve or other covering, elastic or similar stretchable material, any type, each	
A4467	Belt, strap, sleeve, garment, or covering, any type	
A4470	Gravlee jet washer	
A4480	Vabra aspirator	
A4481	Tracheostoma filter, any type, any size, each	
A4483	Moisture exchanger, disposable, for use with invasive mechanical ventilation	
A4490	Surgical stockings above knee length, each	
A4495	Surgical stockings thigh length, each	
A4500	Surgical stockings below knee length, each	
A4510	Surgical stockings full length, each	
A4520	Incontinence garment, any type, (e.g., brief, diaper), each	
A4550	Surgical trays	\$89.29
A4553	Non-disposable underpads, all sizes	
A4554	Disposable underpads, all sizes	

A4555	Electrode/transducer for use with electrical stimulation device used for cancer treatment, replacement only	
A4556	Electrodes, (e.g., apnea monitor), per pair	
A4557	Lead wires, (e.g., apnea monitor), per pair	
A4558	Conductive gel or paste, for use with electrical device (e.g., tens, nmes), per oz	
A4559	Coupling gel or paste, for use with ultrasound device, per oz	
A4561	Pessary, rubber, any type	
A4562	Pessary, non rubber, any type	
A4565	Slings	\$31.89
A4566	Shoulder sling or vest design, abduction restrainer, with or without swathe control, prefabricated, includes fitting and adjustment	
A4570	Splint	
A4575	Topical hyperbaric oxygen chamber, disposable	
A4580	Cast supplies (e.g., plaster)	
A4590	Special casting material (e.g., fiberglass)	
A4595	Electrical stimulator supplies, 2 lead, per month, (e.g., tens, nmes)	
A4600	Sleeve for intermittent limb compression device, replacement only, each	
A4601	Lithium ion battery, rechargeable, for non-prosthetic use, replacement	
A4602	Replacement battery for external infusion pump owned by patient, lithium, 1.5 volt, each	
A4604	Tubing with integrated heating element for use with positive airway pressure device	
A4605	Tracheal suction catheter, closed system, each	
A4606	Oxygen probe for use with oximeter device, replacement	
A4608	Transtracheal oxygen catheter, each	
A4611	Battery, heavy duty; replacement for patient owned ventilator	
A4612	Battery cables; replacement for patient-owned ventilator	
A4613	Battery charger; replacement for patient-owned ventilator	
A4614	Peak expiratory flow rate meter, hand held	\$59.04
A4615	Cannula, nasal	\$7.68
A4616	Tubing (oxygen), per foot	
A4617	Mouth piece	
A4618	Breathing circuits	
A4619	Face tent	
A4620	Variable concentration mask	
A4623	Tracheostomy, inner cannula	
A4624	Tracheal suction catheter, any type other than closed system, each	
A4625	Tracheostomy care kit for new tracheostomy	
A4626	Tracheostomy cleaning brush, each	
A4627	Spacer, bag or reservoir, with or without mask, for use with metered dose inhaler	
A4628	Oropharyngeal suction catheter, each	
A4629	Tracheostomy care kit for established tracheostomy	
A4630	Replacement batteries, medically necessary, transcutaneous electrical stimulator, owned by patient	
A4633	Replacement bulb/lamp for ultraviolet light therapy system, each	
A4634	Replacement bulb for therapeutic light box, tabletop model	
A4635	Underarm pad, crutch, replacement, each	
A4636	Replacement, handgrip, cane, crutch, or walker, each	
A4637	Replacement, tip, cane, crutch, walker, each.	
A4638	Replacement battery for patient-owned ear pulse generator, each	
A4639	Replacement pad for infrared heating pad system, each	
A4640	Replacement pad for use with medically necessary alternating pressure pad owned by patient	
A4641	Radiopharmaceutical, diagnostic, not otherwise classified	

A4642	Indium in-111 satumomab pentetide, diagnostic, per study dose, up to 6 millicuries	
A4648	Tissue marker, implantable, any type, each	
A4649	Surgical supply; miscellaneous	\$10.08
A4650	Implantable radiation dosimeter, each	
A4651	Calibrated microcapillary tube, each	
A4652	Microcapillary tube sealant	
A4653	Peritoneal dialysis catheter anchoring device, belt, each	
A4657	Syringe, with or without needle, each	
A4660	Sphygmomanometer/blood pressure apparatus with cuff and stethoscope	
A4663	Blood pressure cuff only	
A4670	Automatic blood pressure monitor	
A4671	Disposable cycler set used with cycler dialysis machine, each	
A4672	Drainage extension line, sterile, for dialysis, each	
A4673	Extension line with easy lock connectors, used with dialysis	
A4674	Chemicals/antiseptics solution used to clean/sterilize dialysis equipment, per 8 oz	
A4680	Activated carbon filter for hemodialysis, each	
A4690	Dialyzer (artificial kidneys), all types, all sizes, for hemodialysis, each	
A4706	Bicarbonate concentrate, solution, for hemodialysis, per gallon	
A4707	Bicarbonate concentrate, powder, for hemodialysis, per packet	
A4708	Acetate concentrate solution, for hemodialysis, per gallon	
A4709	Acid concentrate, solution, for hemodialysis, per gallon	
A4714	Treated water (deionized, distilled, or reverse osmosis) for peritoneal dialysis, per gallon	
A4719	"y set" tubing for peritoneal dialysis	
A4720	Dialysate solution, any concentration of dextrose, fluid volume greater than 249 cc, but less than or equal to 999 cc, for peritoneal dialysis	
A4721	Dialysate solution, any concentration of dextrose, fluid volume greater than 999 cc but less than or equal to 1999 cc, for peritoneal dialysis	
A4722	Dialysate solution, any concentration of dextrose, fluid volume greater than 1999 cc but less than or equal to 2999 cc, for peritoneal dialysis	
A4723	Dialysate solution, any concentration of dextrose, fluid volume greater than 2999 cc but less than or equal to 3999 cc, for peritoneal dialysis	
A4724	Dialysate solution, any concentration of dextrose, fluid volume greater than 3999 cc but less than or equal to 4999 cc, for peritoneal dialysis	
A4725	Dialysate solution, any concentration of dextrose, fluid volume greater than 4999 cc but less than or equal to 5999 cc, for peritoneal dialysis	
A4726	Dialysate solution, any concentration of dextrose, fluid volume greater than 5999 cc, for peritoneal dialysis	
A4728	Dialysate solution, non-dextrose containing, 500 ml	
A4730	Fistula cannulation set for hemodialysis, each	
A4736	Topical anesthetic, for dialysis, per gram	
A4737	Injectable anesthetic, for dialysis, per 10 ml	
A4740	Shunt accessory, for hemodialysis, any type, each	
A4750	Blood tubing, arterial or venous, for hemodialysis, each	
A4755	Blood tubing, arterial and venous combined, for hemodialysis, each	
A4760	Dialysate solution test kit, for peritoneal dialysis, any type, each	
A4765	Dialysate concentrate, powder, additive for peritoneal dialysis, per packet	
A4766	Dialysate concentrate, solution, additive for peritoneal dialysis, per 10 ml	
A4770	Blood collection tube, vacuum, for dialysis, per 50	
A4771	Serum clotting time tube, for dialysis, per 50	
A4772	Blood glucose test strips, for dialysis, per 50	
A4773	Occult blood test strips, for dialysis, per 50	
A4774	Ammonia test strips, for dialysis, per 50	

A4802	Protamine sulfate, for hemodialysis, per 50 mg	
A4860	Disposable catheter tips for peritoneal dialysis, per 10	
A4870	Plumbing and/or electrical work for home hemodialysis equipment	
A4890	Contracts, repair and maintenance, for hemodialysis equipment	
A4911	Drain bag/bottle, for dialysis, each	
A4913	Miscellaneous dialysis supplies, not otherwise specified	
A4918	Venous pressure clamp, for hemodialysis, each	
A4927	Gloves, non-sterile, per 100	\$5.75
A4928	Surgical mask, per 20	
A4929	Tourniquet for dialysis, each	\$16.35
A4930	Gloves, sterile, per pair	\$4.80
A4931	Oral thermometer, reusable, any type, each	
A4932	Rectal thermometer, reusable, any type, each	
A5051	Ostomy pouch, closed; with barrier attached (1 piece), each	
A5052	Ostomy pouch, closed; without barrier attached (1 piece), each	
A5053	Ostomy pouch, closed; for use on faceplate, each	
A5054	Ostomy pouch, closed; for use on barrier with flange (2 piece), each	
A5055	Stoma cap	
A5056	Ostomy pouch, drainable, with extended wear barrier attached, with filter, (1 piece), each	
A5057	Ostomy pouch, drainable, with extended wear barrier attached, with built in convexity, with filter, (1 piece), each	
A5061	Ostomy pouch, drainable; with barrier attached, (1 piece), each	
A5062	Ostomy pouch, drainable; without barrier attached (1 piece), each	
A5063	Ostomy pouch, drainable; for use on barrier with flange (2 piece system), each	
A5071	Ostomy pouch, urinary; with barrier attached (1 piece), each	
A5072	Ostomy pouch, urinary; without barrier attached (1 piece), each	
A5073	Ostomy pouch, urinary; for use on barrier with flange (2 piece), each	
A5081	Stoma plug or seal, any type	
A5082	Continent device; catheter for continent stoma	
A5083	Continent device, stoma absorptive cover for continent stoma	
A5093	Ostomy accessory; convex insert	
A5102	Bedside drainage bottle with or without tubing, rigid or expandable, each	
A5105	Urinary suspensory with leg bag, with or without tube, each	
A5112	Urinary drainage bag, leg or abdomen, latex, with or without tube, with straps, each	\$28.86
A5113	Leg strap; latex, replacement only, per set	
A5114	Leg strap; foam or fabric, replacement only, per set	
A5120	Skin barrier, wipes or swabs, each	
A5121	Skin barrier; solid, 6 x 6 or equivalent, each	
A5122	Skin barrier; solid, 8 x 8 or equivalent, each	
A5126	Adhesive or non-adhesive; disk or foam pad	
A5131	Appliance cleaner, incontinence and ostomy appliances, per 16 oz.	
A5200	Percutaneous catheter/tube anchoring device, adhesive skin attachment	
A5500	For diabetics only, fitting (including follow-up), custom preparation and supply of off-the-shelf depth-inlay shoe manufactured to accommodate multi-density insert(s), per shoe	
A5501	For diabetics only, fitting (including follow-up), custom preparation and supply of shoe molded from cast(s) of patient's foot (custom molded shoe), per shoe	
A5503	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with roller or rigid rocker bottom, per shoe	
A5504	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with wedge(s), per shoe	
A5505	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with metatarsal bar, per shoe	

A5506	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with off-set heel(s), per shoe	
A5507	For diabetics only, not otherwise specified modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe, per shoe	
A5508	For diabetics only, deluxe feature of off-the-shelf depth-inlay shoe or custom-molded shoe, per shoe	
A5510	For diabetics only, direct formed, compression molded to patient's foot without external heat source, multiple-density insert(s) prefabricated, per shoe	
A5512	For diabetics only, multiple density insert, direct formed, molded to foot after external heat source of 230 degrees fahrenheit or higher, total contact with patient's foot, including arch, base layer minimum of 1/4 inch material of shore a 35 durometer o	
A5513	For diabetics only, multiple density insert, custom molded from model of patient's foot, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of shore a 35 durometer or higher), includes arch filler and other shaping	
A6000	Non-contact wound warming wound cover for use with the non-contact wound warming device and warming card	
A6010	Collagen based wound filler, dry form, sterile, per gram of collagen	
A6011	Collagen based wound filler, gel/paste, per gram of collagen	
A6021	Collagen dressing, sterile, size 16 sq. in. or less, each	
A6022	Collagen dressing, sterile, size more than 16 sq. in. but less than or equal to 48 sq. in., each	
A6023	Collagen dressing, sterile, size more than 48 sq. in., each	
A6024	Collagen dressing wound filler, sterile, per 6 inches	
A6025	Gel sheet for dermal or epidermal application, (e.g., silicone, hydrogel, other), each	\$23.64
A6154	Wound pouch, each	
A6196	Alginate or other fiber gelling dressing, wound cover, sterile, pad size 16 sq. in. or less, each dressing	
A6197	Alginate or other fiber gelling dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., each dressing	
A6198	Alginate or other fiber gelling dressing, wound cover, sterile, pad size more than 48 sq. in., each dressing	
A6199	Alginate or other fiber gelling dressing, wound filler, sterile, per 6 inches	
A6203	Composite dressing, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing	\$11.45
A6204	Composite dressing, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing	
A6205	Composite dressing, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing	
A6206	Contact layer, sterile, 16 sq. in. or less, each dressing	
A6207	Contact layer, sterile, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing	
A6208	Contact layer, sterile, more than 48 sq. in., each dressing	
A6209	Foam dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	
A6210	Foam dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	
A6211	Foam dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing	
A6212	Foam dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing	
A6213	Foam dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing	

A6214	Foam dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing	
A6215	Foam dressing, wound filler, sterile, per gram	
A6216	Gauze, non-impregnated, non-sterile, without adhesive border, each dressing	\$18.52
A6217	Gauze, non-impregnated, non-sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	
A6218	Gauze, non-impregnated, non-sterile, pad size more than 48 sq. in., without adhesive border, each dressing	
A6219	Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing	
A6220	Gauze, non-impregnated, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing	
A6221	Gauze, non-impregnated, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing	
A6222	Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	\$14.52
A6223	Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing	
A6224	Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size more than 48 sq. in., without adhesive border, each dressing	
A6228	Gauze, impregnated, water or normal saline, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	
A6229	Gauze, impregnated, water or normal saline, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	
A6230	Gauze, impregnated, water or normal saline, sterile, pad size more than 48 sq. in., without adhesive border, each dressing	
A6231	Gauze, impregnated, hydrogel, for direct wound contact, each dressing	\$38.20
A6232	Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size greater than 16 sq. in., but less than or equal to 48 sq. in., each dressing	
A6233	Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size more than 48 sq. in., each dressing	
A6234	Hydrocolloid dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	
A6235	Hydrocolloid dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	
A6236	Hydrocolloid dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing	
A6237	Hydrocolloid dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing	
A6238	Hydrocolloid dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing	
A6239	Hydrocolloid dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing	
A6240	Hydrocolloid dressing, wound filler, paste, sterile, per ounce	
A6241	Hydrocolloid dressing, wound filler, dry form, sterile, per gram	
A6242	Hydrogel dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	
A6243	Hydrogel dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	
A6244	Hydrogel dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing	
A6245	Hydrogel dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing	

A6246	Hydrogel dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing	
A6247	Hydrogel dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing	
A6248	Hydrogel dressing, wound filler, gel, per fluid ounce	
A6250	Skin sealants, protectants, moisturizers, ointments, any type, any size	\$44.93
A6251	Specialty absorptive dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	
A6252	Specialty absorptive dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	
A6253	Specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing	
A6254	Specialty absorptive dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing	
A6255	Specialty absorptive dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing	\$9.87
A6256	Specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing	
A6257	Transparent film, sterile, 16 sq. in. or less, each dressing	
A6258	Transparent film, sterile, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing	\$31.14
A6259	Transparent film, sterile, more than 48 sq. in., each dressing	
A6260	Wound cleansers, any type, any size	\$130.14
A6261	Wound filler, gel/paste, per fluid ounce, not otherwise specified	
A6262	Wound filler, dry form, per gram, not otherwise specified	
A6266	Gauze, impregnated, other than water, normal saline, or zinc paste, sterile, any width, per linear yard	\$51.78
A6402	Gauze, non-impregnated, sterile, pad size 16 sq. in. or less	\$5.46
A6403	Gauze, non-impregnated, sterile, pad size more than 16 sq. in. less than or equal to 48 sq. in., without adhesive border, each dressing	
A6404	Gauze, non-impregnated, sterile, pad size more than 48 sq. in., without adhesive border, each dressing	
A6407	Packing strips, non-impregnated, sterile, up to 2 inches in width, per linear yard	\$39.26
A6410	Eye pad, sterile, each	\$4.32
A6411	Eye pad, non-sterile, each	
A6412	Eye patch, occlusive, each	\$66.96
A6413	Adhesive bandage, first-aid type, any size, each	
A6441	Padding bandage, non-elastic, non-woven/non-knitted, width greater than or equal to three inches and less than five inches, per yard	
A6442	Conforming bandage, non-elastic, knitted/woven, non-sterile, width less than three inches, per yard	
A6443	Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to three inches and less than five inches, per yard	\$9.18
A6444	Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to 5 inches, per yard	
A6445	Conforming bandage, non-elastic, knitted/woven, sterile, width less than three inches, per yard	
A6446	Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to three inches and less than five inches, per yard	\$12.00
A6447	Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to five inches, per yard	
A6448	Light compression bandage, elastic, knitted/woven,	\$15.00
A6449	Light compression bandage, elastic, knitted/woven,	\$15.30
A6450	Light compression bandage, elastic, knitted/woven, width greater than or equal to five inches, per yard	\$22.98

A6451	Moderate compression bandage, elastic, knitted/woven, load resistance of 1.25 to 1.34 foot pounds at 50% maximum stretch, width greater than or equal to three inches and less than five inches, per yard	
A6452	High compression bandage, elastic, knitted/woven, load resistance greater than or equal to 1.35 foot pounds at 50% maximum stretch, width greater than or equal to three inches and less than five inches, per yard	
A6453	Self-adherent bandage, elastic, non-knitted/non-woven, width less than three inches, per yard	\$5.45
A6454	Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to three inches and less than five inches, per yard	
A6455	Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to five inches, per yard	\$5.67
A6456	Zinc paste impregnated bandage, non-elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard	
A6457	Tubular dressing with or without elastic, any width, per linear yard	\$53.76
A6501	Compression burn garment, bodysuit (head to foot), custom fabricated	
A6502	Compression burn garment, chin strap, custom fabricated	
A6503	Compression burn garment, facial hood, custom fabricated	
A6504	Compression burn garment, glove to wrist, custom fabricated	
A6505	Compression burn garment, glove to elbow, custom fabricated	
A6506	Compression burn garment, glove to axilla, custom fabricated	
A6507	Compression burn garment, foot to knee length, custom fabricated	
A6508	Compression burn garment, foot to thigh length, custom fabricated	
A6509	Compression burn garment, upper trunk to waist including arm openings (vest), custom fabricated	
A6510	Compression burn garment, trunk, including arms down to leg openings (leotard), custom fabricated	
A6511	Compression burn garment, lower trunk including leg openings (panty), custom fabricated	
A6512	Compression burn garment, not otherwise classified	
A6513	Compression burn mask, face and/or neck, plastic or equal, custom fabricated	
A6530	Gradient compression stocking, below knee, 18-30 mmhg, each	\$54.79
A6531	Gradient compression stocking, below knee, 30-40 mmhg, each	\$70.82
A6532	Gradient compression stocking, below knee, 40-50 mmhg, each	\$151.69
A6533	Gradient compression stocking, thigh length, 18-30 mmhg, each	\$83.10
A6534	Gradient compression stocking, thigh length, 30-40 mmhg, each	\$89.69
A6535	Gradient compression stocking, thigh length, 40-50 mmhg, each	\$145.09
A6536	Gradient compression stocking, full length/chap style, 18-30 mmhg, each	
A6537	Gradient compression stocking, full length/chap style, 30-40 mmhg, each	
A6538	Gradient compression stocking, full length/chap style, 40-50 mmhg, each	
A6539	Gradient compression stocking, waist length, 18-30 mmhg, each	
A6540	Gradient compression stocking, waist length, 30-40 mmhg, each	
A6541	Gradient compression stocking, waist length, 40-50 mmhg, each	
A6544	Gradient compression stocking, garter belt	
A6545	Gradient compression wrap, non-elastic, below knee, 30-50 mm hg, each	
A6549	Gradient compression stocking/sleeve, not otherwise specified	
A6550	Wound care set, for negative pressure wound therapy electrical pump, includes all supplies and accessories	
A7000	Canister, disposable, used with suction pump, each	\$7.86
A7001	Canister, non-disposable, used with suction pump, each	
A7002	Tubing, used with suction pump, each	\$122.76
A7003	Administration set, with small volume nonfiltered pneumatic nebulizer, disposable	\$73.92
A7004	Small volume nonfiltered pneumatic nebulizer, disposable	

A7005	Administration set, with small volume nonfiltered pneumatic nebulizer, non-disposable	
A7006	Administration set, with small volume filtered pneumatic nebulizer	
A7007	Large volume nebulizer, disposable, unfilled, used with aerosol compressor	
A7008	Large volume nebulizer, disposable, prefilled, used with aerosol compressor	
A7009	Reservoir bottle, non-disposable, used with large volume ultrasonic nebulizer	
A7010	Corrugated tubing, disposable, used with large volume nebulizer, 100 feet	
A7011	Corrugated tubing, non-disposable, used with large volume nebulizer, 10 feet	
A7012	Water collection device, used with large volume nebulizer	
A7013	Filter, disposable, used with aerosol compressor or ultrasonic generator	
A7014	Filter, nondisposable, used with aerosol compressor or ultrasonic generator	
A7015	Aerosol mask, used with dme nebulizer	\$73.92
A7016	Dome and mouthpiece, used with small volume ultrasonic nebulizer	
A7017	Nebulizer, durable, glass or autoclavable plastic, bottle type, not used with oxygen	
A7018	Water, distilled, used with large volume nebulizer, 1000 ml	
A7020	Interface for cough stimulating device, includes all components, replacement only	
A7025	High frequency chest wall oscillation system vest, replacement for use with patient owned equipment, each	
A7026	High frequency chest wall oscillation system hose, replacement for use with patient owned equipment, each	
A7027	Combination oral/nasal mask, used with continuous positive airway pressure device, each	
A7028	Oral cushion for combination oral/nasal mask, replacement only, each	
A7029	Nasal pillows for combination oral/nasal mask, replacement only, pair	
A7030	Full face mask used with positive airway pressure device, each	
A7031	Face mask interface, replacement for full face mask, each	
A7032	Cushion for use on nasal mask interface, replacement only, each	
A7033	Pillow for use on nasal cannula type interface, replacement only, pair	
A7034	Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap	
A7035	Headgear used with positive airway pressure device	
A7036	Chinstrap used with positive airway pressure device	
A7037	Tubing used with positive airway pressure device	
A7038	Filter, disposable, used with positive airway pressure device	
A7039	Filter, non disposable, used with positive airway pressure device	
A7040	One way chest drain valve	\$81.86
A7041	Water seal drainage container and tubing for use with implanted chest tube	\$153.84
A7042	Implanted pleural catheter, each	
A7043	Vacuum drainage bottle and tubing for use with implanted catheter	
A7044	Oral interface used with positive airway pressure device, each	
A7045	Exhalation port with or without swivel used with accessories for positive airway devices, replacement only	
A7046	Water chamber for humidifier, used with positive airway pressure device, replacement, each	
A7047	Oral interface used with respiratory suction pump, each	
A7048	Vacuum drainage collection unit and tubing kit, including all supplies needed for collection unit change, for use with implanted catheter, each	
A7501	Tracheostoma valve, including diaphragm, each	
A7502	Replacement diaphragm/faceplate for tracheostoma valve, each	
A7503	Filter holder or filter cap, reusable, for use in a tracheostoma heat and moisture exchange system, each	
A7504	Filter for use in a tracheostoma heat and moisture exchange system, each	

A7505	Housing, reusable without adhesive, for use in a heat and moisture exchange system and/or with a tracheostoma valve, each	
A7506	Adhesive disc for use in a heat and moisture exchange system and/or with tracheostoma valve, any type each	
A7507	Filter holder and integrated filter without adhesive, for use in a tracheostoma heat and moisture exchange system, each	
A7508	Housing and integrated adhesive, for use in a tracheostoma heat and moisture exchange system and/or with a tracheostoma valve, each	
A7509	Filter holder and integrated filter housing, and adhesive, for use as a tracheostoma heat and moisture exchange system, each	
A7520	Tracheostomy/laryngectomy tube, non-cuffed, polyvinylchloride (pvc), silicone or equal, each	\$48.60
A7521	Tracheostomy/laryngectomy tube, cuffed, polyvinylchloride (pvc), silicone or equal, each	
A7522	Tracheostomy/laryngectomy tube, stainless steel or equal (sterilizable and reusable), each	
A7523	Tracheostomy shower protector, each	
A7524	Tracheostoma stent/stud/button, each	
A7525	Tracheostomy mask, each	
A7526	Tracheostomy tube collar/holder, each	
A7527	Tracheostomy/laryngectomy tube plug/stop, each	
A8000	Helmet, protective, soft, prefabricated, includes all components and accessories	
A8001	Helmet, protective, hard, prefabricated, includes all components and accessories	
A8002	Helmet, protective, soft, custom fabricated, includes all components and accessories	
A8003	Helmet, protective, hard, custom fabricated, includes all components and accessories	
A8004	Soft interface for helmet, replacement only	
A9150	Non-prescription drugs	
A9152	Single vitamin/mineral/trace element, oral, per dose, not otherwise specified	
A9153	Multiple vitamins, with or without minerals and trace elements, oral, per dose, not otherwise specified	
A9155	Artificial saliva, 30 ml	
A9180	Pediculosis (lice infestation) treatment, topical, for administration by patient/caretaker	
A9270	Inpatient Supplies	\$15.00
A9272	Wound suction, disposable, includes dressing, all accessories and components, any type, each	
A9273	Hot water bottle, ice cap or collar, heat and/or cold wrap, any type	
A9274	External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories	
A9275	Home glucose disposable monitor, includes test strips	
A9276	Sensor; invasive (e.g., subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, one unit = 1 day supply	
A9277	Transmitter; external, for use with interstitial continuous glucose monitoring system	
A9278	Receiver (monitor); external, for use with interstitial continuous glucose monitoring system	
A9279	Monitoring feature/device, stand-alone or integrated, any type, includes all accessories, components and electronics, not otherwise classified	
A9280	Alert or alarm device, not otherwise classified	
A9281	Reaching/grabbing device, any type, any length, each	
A9282	Wig, any type, each	
A9283	Foot pressure off loading/supportive device, any type, each	
A9284	Spirometer, non-electronic, includes all accessories	

A9285 Inversion/eversion correction device
 A9286 Hygienic item or device, disposable or non-disposable, any type, each
 A9300 Exercise equipment
 A9500 Technetium tc-99m sestamibi, diagnostic, per study dose
 A9501 Technetium tc-99m teboroxime, diagnostic, per study dose
 A9502 Technetium tc-99m tetrofosmin, diagnostic, per study dose
 A9503 Technetium tc-99m medronate, diagnostic, per study dose, up to 30 millicuries
 A9504 Technetium tc-99m apcitude, diagnostic, per study dose, up to 20 millicuries
 A9505 Thallium tl-201 thallos chloride, diagnostic, per millicurie
 A9507 Indium in-111 capromab pendetide, diagnostic, per study dose, up to 10 millicuries

 A9508 Iodine i-131 iobenguane sulfate, diagnostic, per 0.5 millicurie
 A9509 Iodine i-123 sodium iodide, diagnostic, per millicurie
 A9510 Technetium tc-99m disofenin, diagnostic, per study dose, up to 15 millicuries
 A9512 Technetium tc-99m pertechnetate, diagnostic, per millicurie
 A9515 Choline c-11, diagnostic, per study dose up to 20 millicuries
 A9516 Iodine i-123 sodium iodide, diagnostic, per 100 microcuries, up to 999 microcuries
 A9517 Iodine i-131 sodium iodide capsule(s), therapeutic, per millicurie
 A9520 Technetium tc-99m tilmanocept, diagnostic, up to 0.5 millicuries
 A9521 Technetium tc-99m exametazime, diagnostic, per study dose, up to 25 millicuries
 A9524 Iodine i-131 iodinated serum albumin, diagnostic, per 5 microcuries
 A9526 Nitrogen n-13 ammonia, diagnostic, per study dose, up to 40 millicuries
 A9527 Iodine i-125, sodium iodide solution, therapeutic, per millicurie
 A9528 Iodine i-131 sodium iodide capsule(s), diagnostic, per millicurie
 A9529 Iodine i-131 sodium iodide solution, diagnostic, per millicurie
 A9530 Iodine i-131 sodium iodide solution, therapeutic, per millicurie
 A9531 Iodine i-131 sodium iodide, diagnostic, per microcurie (up to 100 microcuries)
 A9532 Iodine i-125 serum albumin, diagnostic, per 5 microcuries
 A9536 Technetium tc-99m depreotide, diagnostic, per study dose, up to 35 millicuries
 A9537 Technetium tc-99m mebrofenin, diagnostic, per study dose, up to 15 millicuries
 A9538 Technetium tc-99m pyrophosphate, diagnostic, per study dose, up to 25 millicuries

 A9539 Technetium tc-99m pentetate, diagnostic, per study dose, up to 25 millicuries
 A9540 Technetium tc-99m macroaggregated albumin, diagnostic, per study dose, up to 10 millicuries
 A9541 Technetium tc-99m sulfur colloid, diagnostic, per study dose, up to 20 millicuries
 A9542 Indium in-111 ibritumomab tiuxetan, diagnostic, per study dose, up to 5 millicuries

 A9543 Yttrium y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 millicuries

 A9544 Iodine i-131 tositumomab, diagnostic, per study dose
 A9545 Iodine i-131 tositumomab, therapeutic, per treatment dose
 A9546 Cobalt co-57/58, cyanocobalamin, diagnostic, per study dose, up to 1 microcurie
 A9547 Indium in-111 oxyquinoline, diagnostic, per 0.5 millicurie
 A9548 Indium in-111 pentetate, diagnostic, per 0.5 millicurie
 A9550 Technetium tc-99m sodium gluceptate, diagnostic, per study dose, up to 25 millicurie

 A9551 Technetium tc-99m succimer, diagnostic, per study dose, up to 10 millicuries
 A9552 Fluorodeoxyglucose f-18 fdg, diagnostic, per study dose, up to 45 millicuries
 A9553 Chromium cr-51 sodium chromate, diagnostic, per study dose, up to 250 microcuries

 A9554 Iodine i-125 sodium iothalamate, diagnostic, per study dose, up to 10 microcuries
 A9555 Rubidium rb-82, diagnostic, per study dose, up to 60 millicuries
 A9556 Gallium ga-67 citrate, diagnostic, per millicurie
 A9557 Technetium tc-99m bicisate, diagnostic, per study dose, up to 25 millicuries

A9558	Xenon xe-133 gas, diagnostic, per 10 millicuries	
A9559	Cobalt co-57 cyanocobalamin, oral, diagnostic, per study dose, up to 1 microcurie	
A9560	Technetium tc-99m labeled red blood cells, diagnostic, per study dose, up to 30 millicuries	
A9561	Technetium tc-99m oxidronate, diagnostic, per study dose, up to 30 millicuries	
A9562	Technetium tc-99m mertiatide, diagnostic, per study dose, up to 15 millicuries	
A9563	Sodium phosphate p-32, therapeutic, per millicurie	
A9564	Chromic phosphate p-32 suspension, therapeutic, per millicurie	
A9566	Technetium tc-99m fanolesomab, diagnostic, per study dose, up to 25 millicuries	
A9567	Technetium tc-99m pentetate, diagnostic, aerosol, per study dose, up to 75 millicuries	
A9568	Technetium tc-99m arcitumomab, diagnostic, per study dose, up to 45 millicuries	
A9569	Technetium tc-99m exametazime labeled autologous white blood cells, diagnostic, per study dose	
A9570	Indium in-111 labeled autologous white blood cells, diagnostic, per study dose	
A9571	Indium in-111 labeled autologous platelets, diagnostic, per study dose	
A9572	Indium in-111 pentetreotide, diagnostic, per study dose, up to 6 millicuries	
A9575	Injection, gadoterate meglumine, 0.1 ml	
A9576	Injection, gadoteridol, (prohance multipack), per ml	
A9577	Injection, gadobenate dimeglumine (multihance), per ml	
A9578	Injection, gadobenate dimeglumine (multihance multipack), per ml	
A9579	Injection, gadolinium-based magnetic resonance contrast agent, not otherwise specified (nos), per ml	
A9580	Sodium fluoride f-18, diagnostic, per study dose, up to 30 millicuries	
A9581	Injection, gadoxetate disodium, 1 ml	
A9582	Iodine i-123 iobenguane, diagnostic, per study dose, up to 15 millicuries	
A9583	Injection, gadofosveset trisodium, 1 ml	
A9584	Iodine 1-123 ioflupane, diagnostic, per study dose, up to 5 millicuries	
A9585	Injection, gadobutrol, 0.1 ml	
A9586	Florbetapir f18, diagnostic, per study dose, up to 10 millicuries	
A9587	Gallium ga-68, dotatate, diagnostic, 0.1 millicurie	
A9588	Fluciclovine f-18, diagnostic, 1 millicurie	
A9597	Positron emission tomography radiopharmaceutical, diagnostic, for tumor identification, not otherwise classified	
A9598	Positron emission tomography radiopharmaceutical, diagnostic, for non-tumor identification, not otherwise classified	
A9599	Radiopharmaceutical, diagnostic, for beta-amyloid positron emission tomography (pet) imaging, per study dose	
A9600	Strontium sr-89 chloride, therapeutic, per millicurie	
A9604	Samarium sm-153 lexicidronam, therapeutic, per treatment dose, up to 150 millicuries	
A9606	Radium ra-223 dichloride, therapeutic, per microcurie	
A9698	Non-radioactive contrast imaging material, not otherwise classified, per study	
A9699	Radiopharmaceutical, therapeutic, not otherwise classified	
A9700	Supply of injectable contrast material for use in echocardiography, per study	
A9900	Miscellaneous dme supply, accessory, and/or service component of another hcpcs code	
A9901	Dme delivery, set up, and/or dispensing service component of another hcpcs code	
A9999	Miscellaneous dme supply or accessory, not otherwise specified	
AbxNeoOir	Neosporin Antibiotic Ointment foil packs	\$10.02
Acet#3	Acet/Tylenol #3 with Codeine, 300mg, Oral	\$49.98
Acet120	Acet/Tylenol, 120mg, Suppository	\$10.02
Acet325	Acet/Tylenol, 325 mg, PO	\$10.02
Acet500	Acetaminophen/Tylenol, 500 mg tablet	\$15.00

ACETCHILD	Acetaminophen Childrens Oral Suspension	\$5.00
AcetElix	Acetaminophen/Tylenol Elixir, 160mg	\$10.02
AcetElixC	Acet/Tylenol w/ Codeine, 12.5mg, Elixer	\$19.98
ACETSUPP	Acetaminophen Suppository	\$31.28
ActChar	Activated Charcoal, 25mg with Sorbital, Suspension	\$24.96
ACYCL SOD	Acyclovir Sodium 500mg IV	\$46.80
ACYCLO800	Acyclovir 800 mg tablet (Zovirax) PO	\$63.00
AdvilCh	Advil Children's Suspension	\$12.90
AdvilInf	Advil Infant Drops, 15 ml	\$9.96
Afrin	Afrin Nasal Spray (Oxymetazoline)	\$24.96
AlClamp	Alligator Clamp	\$10.02
ALLEGRA	Allegra 60mg PO	\$11.88
AlligFor	Alligator Forceps	\$150.00
ALPRA .5m	Xanax/Alprazolam 0.5 mg tab (PO Med)	\$49.98
AMBIEN	Ambien 10 mg	\$6.50
AmbuAdult	Ambu / Resuscitation Bag for Adult / Bag Valve Mask (BVM)	\$558.00
AmbuChild	Ambu / Resuscitation Bag for child	\$546.00
Amidate	Amidate / Etomidate 2mg, IV	\$75.00
AMLODIPIN	Amlodipine besylate 5 mg tabs	\$4.50
Ammonia	Ammonia Capsule	\$7.50
AMOXICIL	Amoxicillin 125 mg	\$5.98
AMOXIL250	Amoxicillin 250mg PO	\$7.37
AMOXILSU	Amoxicillin 400mg/5ml Suspension	\$11.17
ArmBoard	Arm board, for IV stabilization	\$24.90
Asp325	Aspirin, 325mg, PO	\$10.02
Asp81	Aspirin Tablet, 81mg PO	\$10.02
Atarax25	Atarax 25mg PO	\$31.28
ATENOLOL	Atenolol 25 mg	\$4.25
ATIVANPO	Ativan/Lorazepam .0.5 mg. PO	\$3.72
ATOR	Atorvastatin/Lipitor 10mg PO	\$31.28
ATORVAST	Atorvastatin Calcium 40mg PO	\$19.52
AUG420	Augmentin 420mg PO	\$31.28
AUGMENTI	Augmentin 875 mg tab	\$75.00
Auralgan	Auralgan/ Antipyrine/ Benzocaine Otic Drops	\$49.98
BACLOFEN	Baclofen 10mg PO	\$14.68
Bactrim DS	Bactrim DS/ Sulfamethoxazole and trimethoprim 800mg/160mg Tablet	\$16.74
BACTROBA	Bactroban/ Mupirocin	\$19.80
BACTSUS	Bactrim 7.5ML Suspension	\$11.03
Basin	Basin	\$18.90
Ben25	Benadryl/Diphenhydramine, 25 mg, PO	\$19.20
BenEl	Benadryl / Diphenhydramine Elixir	\$19.50
Bentyl PO	Dicyclomine/ Bentyl 10mg (PO Med)	\$133.44
Benzoin	Zinc Benzoin	\$19.50
BFWD-I	Balance Forward - Insurance	
BFWD-P	Balance Forward - Patient	
Bicarb	Bicarbonate, 2 ml	\$7.86
Blade	Surgical Blade - Sterile	\$45.00
Brevital	Brevital, 500mg, IV	\$241.50
BUPVIC	Bupivacaine 1% per 1 ml	\$31.28
Bure tub	Buretrol Tubing	\$105.00
Burr	Ophthalmic / Eye Burr	\$105.00
C1751	Catheter, infusion, inserted peripherally, centrally or midline (other than hemodialysis)	\$444.12
C9113	Protonix/Pantoprazole sodium, per vial (40mg), IV/IM	\$191.63
C9285	Lidocaine 70 mg/tetracaine 70 mg, per patch	\$89.84

CalChl	Calcium Chloride 10% Syrup, 100mg, single dose vial	\$75.00
Carafate	Carafate/Sucralfate 1gm tablet	\$2.87
CARDENE	Cardene, PGBCK IV PREMIX SOD CHLORIDE 20 MG/200ML	\$408.00
CardiacMo	Cardiac Monitoring/Telemetry	\$312.00
Cardizem	Cardizem/Diltiazem 5mg per vial, IV	\$229.50
Cardizem2!	Cardizem / Diltiazem 25mg/5ml vial, IV	\$210.60
CARVEDILC	Carvedilol 25 mg PO	\$87.80
Cautery	Cautery, Micro-temp Fine Tip / Bovie	\$51.00
CEPHA	Cephalexin / Keflex 500MG PO	\$43.50
Cerumene)	Cerumenex Ear Wax Remover	\$73.50
CetSpray	Cetacaine Spray	\$25.50
CHAR25	Activated Charcoal Sorbitol 25mg PO	\$9.87
CHARC	Activated Charcoal Sorbitol 25mg PO	\$22.54
CHLOR SPR	Chloraseptic spray up to 1 oz	\$11.46
Chrom	Chromic sutures (Gut)	\$88.50
Chux	Chux, Blue Pad	\$6.90
CIPRO 500	Cipro 500mg	\$187.50
Cipro drop	Cipro Ophthalmic Drops	\$45.00
Clind150	Clindamycin/Cleocin phosphate, 150 mg, IV/IM	\$67.50
Clind200	Clindamycin/Cleocin phosphate, 200mg, IV/IM	\$126.00
CLINPO	Clindamycin PO 300 MG	
Clonidine	Catapres/Clonidine, 0.1mg PO	\$31.28
CLOPID	Clopidogrel Bisulfate 75 mg	\$3.75
Coban	Coban/ Co-Flex Bandage	\$10.50
COLACE	Colace/Docusate	\$7.50
CortisOtic	Cortisporin-TC Otic Suspension	\$67.50
CTInj	CT Injector Kit	\$90.00
CYCLO	Cyclobenzaprine HCL 10mg PO	\$23.72
CycloGel	Cyclogel Ophthalmic Drops	\$48.00
Cyclogyl	Cyclogyl ophthalmic drops, 1%	\$18.72
Cyclopen	Cyclopentolate HCl Ophthalmic Drops, 1%	\$7.50
Debrox	Debrox, Earwax Removal Kit	\$49.50
DELETE	LWBS/ DELETE (Not seen by MD)	
DEPA	Depakote IV up to 1 gram	\$55.86
DEXAPO	Dexamethasone elixir	\$28.14
Dextrose	Dextrose 50%, 50 ml	\$67.50
Diltiazem	Diltiazem 20 mg	\$79.50
Donna16	Donnatal Elixir, 16.2mg	\$61.50
Dox100	Doxycycline 100mg PO	\$31.28
DOXYIV	Doxycycline 100mg IV (Vibramycin	\$74.44
DressTray	Dressing Change Tray, Sterile	\$78.00
DULCO	Dulcolax up to 15mg PO	\$11.46
E	Residential, domiciliary, custodial facility	
E0100	Cane, includes canes of all materials, adjustable or fixed, with tip	
E0105	Cane, quad or three prong, includes canes of all materials, adjustable or fixed, with tips	
E0110	Crutches, forearm, includes crutches of various materials, adjustable or fixed, pair, complete with tips and handgrips	
E0111	Crutch forearm, includes crutches of various materials, adjustable or fixed, each, with tip and handgrips	
E0112	Crutches underarm, wood, adjustable or fixed, pair, with pads, tips and handgrips	
E0113	Crutch underarm, wood, adjustable or fixed, each, with pad, tip and handgrip	
E0114	Crutches, underarm, pair, with pads, tips and handgrips	\$76.56
E0116	Crutch, underarm, other than wood, adjustable or fixed, with pad, tip, handgrip, with or without shock absorber, each	

E0117	Crutch, underarm, articulating, spring assisted, each	
E0118	Crutch substitute, lower leg platform, with or without wheels, each	
E0130	Walker, rigid (pickup), adjustable or fixed height	
E0135	Walker, folding (pickup), adjustable or fixed height	\$216.54
E0140	Walker, with trunk support, adjustable or fixed height, any type	
E0141	Walker, rigid, wheeled, adjustable or fixed height	
E0143	Walker, folding, wheeled, adjustable or fixed height	\$216.54
E0144	Walker, enclosed, four sided framed, rigid or folding, wheeled with posterior seat	
E0147	Walker, heavy duty, multiple braking system, variable wheel resistance	
E0148	Walker, heavy duty, without wheels, rigid or folding, any type, each	
E0149	Walker, heavy duty, wheeled, rigid or folding, any type	
E0153	Platform attachment, forearm crutch, each	
E0154	Platform attachment, walker, each	
E0155	Wheel attachment, rigid pick-up walker, per pair	
E0156	Seat attachment, walker	
E0157	Crutch attachment, walker, each	
E0158	Leg extensions for walker, per set of four (4)	
E0159	Brake attachment for wheeled walker, replacement, each	
E0160	Sitz type bath or equipment, portable, used with or without commode	
E0161	Sitz type bath or equipment, portable, used with or without commode, with faucet attachment/s	
E0162	Sitz bath chair	
E0163	Commode chair, mobile or stationary, with fixed arms	
E0165	Commode chair, mobile or stationary, with detachable arms	
E0167	Pail or pan for use with commode chair, replacement only	
E0168	Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each	
E0170	Commode chair with integrated seat lift mechanism, electric, any type	
E0171	Commode chair with integrated seat lift mechanism, non-electric, any type	
E0172	Seat lift mechanism placed over or on top of toilet, any type	
E0175	Foot rest, for use with commode chair, each	
E0181	Powered pressure reducing mattress overlay/pad, alternating, with pump, includes heavy duty	
E0182	Pump for alternating pressure pad, for replacement only	
E0184	Dry pressure mattress	
E0185	Gel or gel-like pressure pad for mattress, standard mattress length and width	
E0186	Air pressure mattress	
E0187	Water pressure mattress	
E0188	Synthetic sheepskin pad	
E0189	Lambswool sheepskin pad, any size	
E0190	Positioning cushion/pillow/wedge, any shape or size, includes all components and accessories	
E0191	Heel or elbow protector, each	
E0193	Powered air flotation bed (low air loss therapy)	
E0194	Air fluidized bed	
E0196	Gel pressure mattress	
E0197	Air pressure pad for mattress, standard mattress length and width	
E0198	Water pressure pad for mattress, standard mattress length and width	
E0199	Dry pressure pad for mattress, standard mattress length and width	
E0200	Heat lamp, without stand (table model), includes bulb, or infrared element	
E0202	Phototherapy (bilirubin) light with photometer	
E0203	Therapeutic lightbox, minimum 10,000 lux, table top model	
E0205	Heat lamp, with stand, includes bulb, or infrared element	
E0210	Electric heat pad, standard	

E0215	Electric heat pad, moist	
E0217	Water circulating heat pad with pump	
E0218	Water circulating cold pad with pump	
E0221	Infrared heating pad system	
E0225	Hydrocollator unit, includes pads	
E0231	Non-contact wound warming device (temperature control unit, ac adapter and power cord) for use with warming card and wound cover	
E0232	Warming card for use with the non contact wound warming device and non contact wound warming wound cover	
E0235	Paraffin bath unit, portable (see medical supply code a4265 for paraffin)	
E0236	Pump for water circulating pad	
E0239	Hydrocollator unit, portable	
E0240	Bath/shower chair, with or without wheels, any size	
E0241	Bath tub wall rail, each	
E0242	Bath tub rail, floor base	
E0243	Toilet rail, each	
E0244	Raised toilet seat	
E0245	Tub stool or bench	
E0246	Transfer tub rail attachment	
E0247	Transfer bench for tub or toilet with or without commode opening	
E0248	Transfer bench, heavy duty, for tub or toilet with or without commode opening	
E0249	Pad for water circulating heat unit, for replacement only	
E0250	Hospital bed, fixed height, with any type side rails, with mattress	
E0251	Hospital bed, fixed height, with any type side rails, without mattress	
E0255	Hospital bed, variable height, hi-lo, with any type side rails, with mattress	
E0256	Hospital bed, variable height, hi-lo, with any type side rails, without mattress	
E0260	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress	
E0261	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress	
E0265	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress	
E0266	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, without mattress	
E0270	Hospital bed, institutional type includes: oscillating, circulating and stryker frame, with mattress	
E0271	Mattress, innerspring	
E0272	Mattress, foam rubber	
E0273	Bed board	
E0274	Over-bed table	
E0275	Bed pan, standard, metal or plastic	\$15.30
E0276	Bed pan, fracture, metal or plastic	\$19.68
E0277	Powered pressure-reducing air mattress	
E0280	Bed cradle, any type	
E0290	Hospital bed, fixed height, without side rails, with mattress	
E0291	Hospital bed, fixed height, without side rails, without mattress	
E0292	Hospital bed, variable height, hi-lo, without side rails, with mattress	
E0293	Hospital bed, variable height, hi-lo, without side rails, without mattress	
E0294	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress	
E0295	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress	
E0296	Hospital bed, total electric (head, foot and height adjustments), without side rails, with mattress	

E0297	Hospital bed, total electric (head, foot and height adjustments), without side rails, without mattress	
E0300	Pediatric crib, hospital grade, fully enclosed, with or without top enclosure	
E0301	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, without mattress	
E0302	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress	
E0303	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress	
E0304	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress	
E0305	Bed side rails, half length	
E0310	Bed side rails, full length	
E0315	Bed accessory: board, table, or support device, any type	
E0316	Safety enclosure frame/canopy for use with hospital bed, any type	
E0325	Urinal; male, jug-type, any material	\$8.46
E0326	Urinal; female, jug-type, any material	
E0328	Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress	
E0329	Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress	
E0350	Control unit for electronic bowel irrigation/evacuation system	
E0352	Disposable pack (water reservoir bag, speculum, valving mechanism and collection bag/box) for use with the electronic bowel irrigation/evacuation system	
E0370	Air pressure elevator for heel	
E0371	Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width	
E0372	Powered air overlay for mattress, standard mattress length and width	
E0373	Nonpowered advanced pressure reducing mattress	
E0424	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	
E0425	Stationary compressed gas system, purchase; includes regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	
E0430	Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing	
E0431	Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing	
E0433	Portable liquid oxygen system, rental; home liquefier used to fill portable liquid oxygen containers, includes portable containers, regulator, flowmeter, humidifier, cannula or mask and tubing, with or without supply reservoir and contents gauge	
E0434	Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing	
E0435	Portable liquid oxygen system, purchase; includes portable container, supply reservoir, flowmeter, humidifier, contents gauge, cannula or mask, tubing and refill adaptor	
E0439	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing	

- E0440 Stationary liquid oxygen system, purchase; includes use of reservoir, contents indicator, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing
- E0441 Stationary oxygen contents, gaseous, 1 month's supply = 1 unit
- E0442 Stationary oxygen contents, liquid, 1 month's supply = 1 unit
- E0443 Portable oxygen contents, gaseous, 1 month's supply = 1 unit
- E0444 Portable oxygen contents, liquid, 1 month's supply = 1 unit
- E0445 Oximeter device for measuring blood oxygen levels non-invasively
- E0446 Topical oxygen delivery system, not otherwise specified, includes all supplies and accessories

- E0450 Volume control ventilator, without pressure support mode, may include pressure control mode, used with invasive interface (e.g., tracheostomy tube)
- E0455 Oxygen tent, excluding croup or pediatric tents
- E0457 Chest shell (cuirass)
- E0459 Chest wrap
- E0460 Negative pressure ventilator; portable or stationary
- E0461 Volume control ventilator, without pressure support mode, may include pressure control mode, used with non-invasive interface (e.g. mask)
- E0462 Rocking bed with or without side rails
- E0463 Pressure support ventilator with volume control mode, may include pressure control mode, used with invasive interface (e.g. tracheostomy tube)
- E0464 Pressure support ventilator with volume control mode, may include pressure control mode, used with non-invasive interface (e.g. mask)
- E0465 Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)

- E0466 Home ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell)

- E0470 Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)
- E0471 Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)
- E0472 Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device)

- E0480 Percussor, electric or pneumatic, home model
- E0481 Intrapulmonary percussive ventilation system and related accessories
- E0482 Cough stimulating device, alternating positive and negative airway pressure
- E0483 High frequency chest wall oscillation air-pulse generator system, (includes hoses and vest), each
- E0484 Oscillatory positive expiratory pressure device, non-electric, any type, each
- E0485 Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, prefabricated, includes fitting and adjustment
- E0486 Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, includes fitting and adjustment
- E0487 Spirometer, electronic, includes all accessories
- E0500 Ippb machine, all types, with built-in nebulization; manual or automatic valves; internal or external power source
- E0550 Humidifier, durable for extensive supplemental humidification during ippb treatments or oxygen delivery
- E0555 Humidifier, durable, glass or autoclavable plastic bottle type, for use with regulator or flowmeter
- E0560 Humidifier, durable for supplemental humidification during ippb treatment or oxygen delivery

E0561 Humidifier, non-heated, used with positive airway pressure device
E0562 Humidifier, heated, used with positive airway pressure device
E0565 Compressor, air power source for equipment which is not self-contained or cylinder driven

E0570 Nebulizer, with compressor
E0572 Aerosol compressor, adjustable pressure, light duty for intermittent use
E0574 Ultrasonic/electronic aerosol generator with small volume nebulizer
E0575 Nebulizer, ultrasonic, large volume
E0580 Nebulizer, durable, glass or autoclavable plastic, bottle type, for use with regulator or flowmeter

E0585 Nebulizer, with compressor and heater
E0600 Respiratory suction pump, home model, portable or stationary, electric
E0601 Continuous positive airway pressure (cpap) device
E0602 Breast pump, manual, any type
E0603 Breast pump, electric (ac and/or dc), any type
E0604 Breast pump, hospital grade, electric (ac and / or dc), any type
E0605 Vaporizer, room type
E0606 Postural drainage board
E0607 Home blood glucose monitor
E0610 Pacemaker monitor, self-contained, (checks battery depletion, includes audible and visible check systems)
E0615 Pacemaker monitor, self contained, checks battery depletion and other pacemaker components, includes digital/visible check systems
E0616 Implantable cardiac event recorder with memory, activator and programmer
E0617 External defibrillator with integrated electrocardiogram analysis
E0618 Apnea monitor, without recording feature
E0619 Apnea monitor, with recording feature
E0620 Skin piercing device for collection of capillary blood, laser, each
E0621 Sling or seat, patient lift, canvas or nylon
E0625 Patient lift, bathroom or toilet, not otherwise classified
E0627 Seat lift mechanism, electric, any type
E0628 Separate seat lift mechanism for use with patient owned furniture-electric
E0629 Seat lift mechanism, non-electric, any type
E0630 Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s) or pad(s)
E0635 Patient lift, electric with seat or sling
E0636 Multipositional patient support system, with integrated lift, patient accessible controls

E0637 Combination sit to stand frame/table system, any size including pediatric, with seat lift feature, with or without wheels
E0638 Standing frame/table system, one position (e.g., upright, supine or prone stander), any size including pediatric, with or without wheels
E0639 Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories
E0640 Patient lift, fixed system, includes all components/accessories
E0641 Standing frame/table system, multi-position (e.g., three-way stander), any size including pediatric, with or without wheels
E0642 Standing frame/table system, mobile (dynamic stander), any size including pediatric

E0650 Pneumatic compressor, non-segmental home model
E0651 Pneumatic compressor, segmental home model without calibrated gradient pressure
E0652 Pneumatic compressor, segmental home model with calibrated gradient pressure
E0655 Non-segmental pneumatic appliance for use with pneumatic compressor, half arm

E0656 Segmental pneumatic appliance for use with pneumatic compressor, trunk

E0657 Segmental pneumatic appliance for use with pneumatic compressor, chest

E0660 Non-segmental pneumatic appliance for use with pneumatic compressor, full leg

E0665 Non-segmental pneumatic appliance for use with pneumatic compressor, full arm

E0666 Non-segmental pneumatic appliance for use with pneumatic compressor, half leg

E0667 Segmental pneumatic appliance for use with pneumatic compressor, full leg

E0668 Segmental pneumatic appliance for use with pneumatic compressor, full arm

E0669 Segmental pneumatic appliance for use with pneumatic compressor, half leg

E0670 Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full legs and trunk

E0671 Segmental gradient pressure pneumatic appliance, full leg

E0672 Segmental gradient pressure pneumatic appliance, full arm

E0673 Segmental gradient pressure pneumatic appliance, half leg

E0675 Pneumatic compression device, high pressure, rapid inflation/deflation cycle, for arterial insufficiency (unilateral or bilateral system)

E0676 Intermittent limb compression device (includes all accessories), not otherwise specified

E0691 Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; treatment area 2 square feet or less

E0692 Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 4 foot panel

E0693 Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 6 foot panel

E0694 Ultraviolet multidirectional light therapy system in 6 foot cabinet, includes bulbs/lamps, timer and eye protection

E0700 Safety equipment, device or accessory, any type

E0705 Transfer device, any type, each

E0710 Restraints, any type (body, chest, wrist or ankle)

E0720 Transcutaneous electrical nerve stimulation (tens) device, two lead, localized stimulation

E0730 Transcutaneous electrical nerve stimulation (tens) device, four or more leads, for multiple nerve stimulation

E0731 Form fitting conductive garment for delivery of tens or nmes (with conductive fibers separated from the patient's skin by layers of fabric)

E0740 Non-implanted pelvic floor electrical stimulator, complete system

E0744 Neuromuscular stimulator for scoliosis

E0745 Neuromuscular stimulator, electronic shock unit

E0746 Electromyography (emg), biofeedback device

E0747 Osteogenesis stimulator, electrical, non-invasive, other than spinal applications

E0748 Osteogenesis stimulator, electrical, non-invasive, spinal applications

E0749 Osteogenesis stimulator, electrical, surgically implanted

E0755 Electronic salivary reflex stimulator (intra-oral/non-invasive)

E0760 Osteogenesis stimulator, low intensity ultrasound, non-invasive

E0761 Non-thermal pulsed high frequency radiowaves, high peak power electromagnetic energy treatment device

E0762 Transcutaneous electrical joint stimulation device system, includes all accessories

E0764 Functional neuromuscular stimulation, transcutaneous stimulation of sequential muscle groups of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program

E0765 Fda approved nerve stimulator, with replaceable batteries, for treatment of nausea and vomiting

E0766 Electrical stimulation device used for cancer treatment, includes all accessories, any type

E0769 Electrical stimulation or electromagnetic wound treatment device, not otherwise classified

E0770 Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified

E0776 Iv pole

E0779 Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater

E0780 Ambulatory infusion pump, mechanical, reusable, for infusion less than 8 hours

E0781 Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient

E0782 Infusion pump, implantable, non-programmable (includes all components, e.g., pump, catheter, connectors, etc.)

E0783 Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.)

E0784 External ambulatory infusion pump, insulin

E0785 Implantable intraspinal (epidural/intrathecal) catheter used with implantable infusion pump, replacement

E0786 Implantable programmable infusion pump, replacement (excludes implantable intraspinal catheter)

E0791 Parenteral infusion pump, stationary, single or multi-channel

E0830 Ambulatory traction device, all types, each

E0840 Traction frame, attached to headboard, cervical traction

E0849 Traction equipment, cervical, free-standing stand/frame, pneumatic, applying traction force to other than mandible

E0850 Traction stand, free standing, cervical traction

E0855 Cervical traction equipment not requiring additional stand or frame

E0856 Cervical traction device, with inflatable air bladder(s)

E0860 Traction equipment, overdoor, cervical

E0870 Traction frame, attached to footboard, extremity traction, (e.g., buck's)

E0880 Traction stand, free standing, extremity traction, (e.g., buck's)

E0890 Traction frame, attached to footboard, pelvic traction

E0900 Traction stand, free standing, pelvic traction, (e.g., buck's)

E0910 Trapeze bars, a/k/a patient helper, attached to bed, with grab bar

E0911 Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed, with grab bar

E0912 Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, free standing, complete with grab bar

E0920 Fracture frame, attached to bed, includes weights

E0930 Fracture frame, free standing, includes weights

E0935 Continuous passive motion exercise device for use on knee only

E0936 Continuous passive motion exercise device for use other than knee

E0940 Trapeze bar, free standing, complete with grab bar

E0941 Gravity assisted traction device, any type

E0942 Cervical head harness/halter

E0944 Pelvic belt/harness/boot

E0945 Extremity belt/harness

E0946 Fracture, frame, dual with cross bars, attached to bed, (e.g., balken, 4 poster)

E0947 Fracture frame, attachments for complex pelvic traction

E0948 Fracture frame, attachments for complex cervical traction

E0950 Wheelchair accessory, tray, each

E0951 Heel loop/holder, any type, with or without ankle strap, each

E0952 Toe loop/holder, any type, each

E0953 Wheelchair accessory, lateral thigh or knee support, any type including fixed mounting hardware, each

E0954 Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot

E0955 Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each

E0956 Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each

E0957 Wheelchair accessory, medial thigh support, any type, including fixed mounting hardware, each

E0958 Manual wheelchair accessory, one-arm drive attachment, each

E0959 Manual wheelchair accessory, adapter for amputee, each

E0960 Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware

E0961 Manual wheelchair accessory, wheel lock brake extension (handle), each

E0966 Manual wheelchair accessory, headrest extension, each

E0967 Manual wheelchair accessory, hand rim with projections, any type, replacement only, each

E0968 Commode seat, wheelchair

E0969 Narrowing device, wheelchair

E0970 No. 2 footplates, except for elevating leg rest

E0971 Manual wheelchair accessory, anti-tipping device, each

E0973 Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each

E0974 Manual wheelchair accessory, anti-rollback device, each

E0978 Wheelchair accessory, positioning belt/safety belt/pelvic strap, each

E0980 Safety vest, wheelchair

E0981 Wheelchair accessory, seat upholstery, replacement only, each

E0982 Wheelchair accessory, back upholstery, replacement only, each

E0983 Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control

E0984 Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control

E0985 Wheelchair accessory, seat lift mechanism

E0986 Manual wheelchair accessory, push-rim activated power assist system

E0988 Manual wheelchair accessory, lever-activated, wheel drive, pair

E0990 Wheelchair accessory, elevating leg rest, complete assembly, each

E0992 Manual wheelchair accessory, solid seat insert

E0994 Arm rest, each

E0995 Wheelchair accessory, calf rest/pad, replacement only, each

E1002 Wheelchair accessory, power seating system, tilt only

E1003 Wheelchair accessory, power seating system, recline only, without shear reduction

E1004 Wheelchair accessory, power seating system, recline only, with mechanical shear reduction

E1005 Wheelchair accessory, power seating system, recline only, with power shear reduction

E1006 Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction

E1007 Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction

E1008 Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction

E1009 Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and leg rest, each

E1010 Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, pair

E1011 Modification to pediatric size wheelchair, width adjustment package (not to be dispensed with initial chair)

- E1012 Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each
- E1014 Reclining back, addition to pediatric size wheelchair
- E1015 Shock absorber for manual wheelchair, each
- E1016 Shock absorber for power wheelchair, each
- E1017 Heavy duty shock absorber for heavy duty or extra heavy duty manual wheelchair, each

- E1018 Heavy duty shock absorber for heavy duty or extra heavy duty power wheelchair, each

- E1020 Residual limb support system for wheelchair, any type
- E1028 Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for joystick, other control interface or positioning accessory
- E1029 Wheelchair accessory, ventilator tray, fixed
- E1030 Wheelchair accessory, ventilator tray, gimbaled
- E1031 Rollabout chair, any and all types with casters 5" or greater
- E1035 Multi-positional patient transfer system, with integrated seat, operated by care giver, patient weight capacity up to and including 300 lbs
- E1036 Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity greater than 300 lbs
- E1037 Transport chair, pediatric size
- E1038 Transport chair, adult size, patient weight capacity up to and including 300 pounds

- E1039 Transport chair, adult size, heavy duty, patient weight capacity greater than 300 pounds

- E1050 Fully-reclining wheelchair, fixed full length arms, swing away detachable elevating leg rests

- E1060 Fully-reclining wheelchair, detachable arms, desk or full length, swing away detachable elevating legrests
- E1070 Fully-reclining wheelchair, detachable arms (desk or full length) swing away detachable footrest
- E1083 Hemi-wheelchair, fixed full length arms, swing away detachable elevating leg rest

- E1084 Hemi-wheelchair, detachable arms desk or full length arms, swing away detachable elevating leg rests
- E1085 Hemi-wheelchair, fixed full length arms, swing away detachable foot rests
- E1086 Hemi-wheelchair detachable arms desk or full length, swing away detachable footrests

- E1087 High strength lightweight wheelchair, fixed full length arms, swing away detachable elevating leg rests
- E1088 High strength lightweight wheelchair, detachable arms desk or full length, swing away detachable elevating leg rests
- E1089 High strength lightweight wheelchair, fixed length arms, swing away detachable footrest

- E1090 High strength lightweight wheelchair, detachable arms desk or full length, swing away detachable foot rests
- E1092 Wide heavy duty wheel chair, detachable arms (desk or full length), swing away detachable elevating leg rests
- E1093 Wide heavy duty wheelchair, detachable arms desk or full length arms, swing away detachable footrests
- E1100 Semi-reclining wheelchair, fixed full length arms, swing away detachable elevating leg rests

- E1110 Semi-reclining wheelchair, detachable arms (desk or full length) elevating leg rest

- E1130 Standard wheelchair, fixed full length arms, fixed or swing away detachable footrests

E1140 Wheelchair, detachable arms, desk or full length, swing away detachable footrests

E1150 Wheelchair, detachable arms, desk or full length swing away detachable elevating legrests

E1160 Wheelchair, fixed full length arms, swing away detachable elevating legrests

E1161 Manual adult size wheelchair, includes tilt in space

E1170 Amputee wheelchair, fixed full length arms, swing away detachable elevating legrests

E1171 Amputee wheelchair, fixed full length arms, without footrests or legrest

E1172 Amputee wheelchair, detachable arms (desk or full length) without footrests or legrest

E1180 Amputee wheelchair, detachable arms (desk or full length) swing away detachable footrests

E1190 Amputee wheelchair, detachable arms (desk or full length) swing away detachable elevating legrests

E1195 Heavy duty wheelchair, fixed full length arms, swing away detachable elevating legrests

E1200 Amputee wheelchair, fixed full length arms, swing away detachable footrest

E1220 Wheelchair; specially sized or constructed, (indicate brand name, model number, if any) and justification

E1221 Wheelchair with fixed arm, footrests

E1222 Wheelchair with fixed arm, elevating legrests

E1223 Wheelchair with detachable arms, footrests

E1224 Wheelchair with detachable arms, elevating legrests

E1225 Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each

E1226 Wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each

E1227 Special height arms for wheelchair

E1228 Special back height for wheelchair

E1229 Wheelchair, pediatric size, not otherwise specified

E1230 Power operated vehicle (three or four wheel nonhighway) specify brand name and model number

E1231 Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system

E1232 Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system

E1233 Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system

E1234 Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system

E1235 Wheelchair, pediatric size, rigid, adjustable, with seating system

E1236 Wheelchair, pediatric size, folding, adjustable, with seating system

E1237 Wheelchair, pediatric size, rigid, adjustable, without seating system

E1238 Wheelchair, pediatric size, folding, adjustable, without seating system

E1239 Power wheelchair, pediatric size, not otherwise specified

E1240 Lightweight wheelchair, detachable arms, (desk or full length) swing away detachable, elevating legrest

E1250 Lightweight wheelchair, fixed full length arms, swing away detachable footrest

E1260 Lightweight wheelchair, detachable arms (desk or full length) swing away detachable footrest

E1270 Lightweight wheelchair, fixed full length arms, swing away detachable elevating legrests

E1280 Heavy duty wheelchair, detachable arms (desk or full length) elevating legrests

E1285 Heavy duty wheelchair, fixed full length arms, swing away detachable footrest

E1290 Heavy duty wheelchair, detachable arms (desk or full length) swing away detachable footrest

E1295 Heavy duty wheelchair, fixed full length arms, elevating legrest

E1296 Special wheelchair seat height from floor
E1297 Special wheelchair seat depth, by upholstery
E1298 Special wheelchair seat depth and/or width, by construction
E1300 Whirlpool, portable (overtub type)
E1310 Whirlpool, non-portable (built-in type)
E1352 Oxygen accessory, flow regulator capable of positive inspiratory pressure
E1353 Regulator
E1354 Oxygen accessory, wheeled cart for portable cylinder or portable concentrator, any type, replacement only, each
E1355 Stand/rack
E1356 Oxygen accessory, battery pack/cartridge for portable concentrator, any type, replacement only, each
E1357 Oxygen accessory, battery charger for portable concentrator, any type, replacement only, each
E1358 Oxygen accessory, dc power adapter for portable concentrator, any type, replacement only, each
E1372 Immersion external heater for nebulizer
E1390 Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate
E1391 Oxygen concentrator, dual delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate, each
E1392 Portable oxygen concentrator, rental
E1399 Durable medical equipment, miscellaneous
E1405 Oxygen and water vapor enriching system with heated delivery
E1406 Oxygen and water vapor enriching system without heated delivery
E1500 Centrifuge, for dialysis
E1510 Kidney, dialysate delivery syst kidney machine, pump recirculating, air removal syst, flowrate meter, power off, heater and temperature control with alarm, i.v. poles, pressure gauge, concentrate container
E1520 Heparin infusion pump for hemodialysis
E1530 Air bubble detector for hemodialysis, each, replacement
E1540 Pressure alarm for hemodialysis, each, replacement
E1550 Bath conductivity meter for hemodialysis, each
E1560 Blood leak detector for hemodialysis, each, replacement
E1570 Adjustable chair, for esrd patients
E1575 Transducer protectors/fluid barriers, for hemodialysis, any size, per 10
E1580 Unipuncture control system for hemodialysis
E1590 Hemodialysis machine
E1592 Automatic intermittent peritoneal dialysis system
E1594 Cyclor dialysis machine for peritoneal dialysis
E1600 Delivery and/or installation charges for hemodialysis equipment
E1610 Reverse osmosis water purification system, for hemodialysis
E1615 Deionizer water purification system, for hemodialysis
E1620 Blood pump for hemodialysis, replacement
E1625 Water softening system, for hemodialysis
E1630 Reciprocating peritoneal dialysis system
E1632 Wearable artificial kidney, each
E1634 Peritoneal dialysis clamps, each
E1635 Compact (portable) travel hemodialyzer system
E1636 Sorbent cartridges, for hemodialysis, per 10
E1637 Hemostats, each
E1639 Scale, each
E1699 Dialysis equipment, not otherwise specified
E1700 Jaw motion rehabilitation system
E1701 Replacement cushions for jaw motion rehabilitation system, pkg. of 6

E1702 Replacement measuring scales for jaw motion rehabilitation system, pkg. of 200

E1800 Dynamic adjustable elbow extension/flexion device, includes soft interface material

E1801 Static progressive stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories

E1802 Dynamic adjustable forearm pronation/supination device, includes soft interface material

E1805 Dynamic adjustable wrist extension / flexion device, includes soft interface material

E1806 Static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories

E1810 Dynamic adjustable knee extension / flexion device, includes soft interface material

E1811 Static progressive stretch knee device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories

E1812 Dynamic knee, extension/flexion device with active resistance control

E1815 Dynamic adjustable ankle extension/flexion device, includes soft interface material

E1816 Static progressive stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories

E1818 Static progressive stretch forearm pronation / supination device, with or without range of motion adjustment, includes all components and accessories

E1820 Replacement soft interface material, dynamic adjustable extension/flexion device

E1821 Replacement soft interface material/cuffs for bi-directional static progressive stretch device

E1825 Dynamic adjustable finger extension/flexion device, includes soft interface material

E1830 Dynamic adjustable toe extension/flexion device, includes soft interface material

E1831 Static progressive stretch toe device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories

E1840 Dynamic adjustable shoulder flexion / abduction / rotation device, includes soft interface material

E1841 Static progressive stretch shoulder device, with or without range of motion adjustment, includes all components and accessories

E1902 Communication board, non-electronic augmentative or alternative communication device

E2000 Gastric suction pump, home model, portable or stationary, electric

E2100 Blood glucose monitor with integrated voice synthesizer

E2101 Blood glucose monitor with integrated lancing/blood sample

E2120 Pulse generator system for tympanic treatment of inner ear endolymphatic fluid

E2201 Manual wheelchair accessory, nonstandard seat frame, width greater than or equal to 20 inches and less than 24 inches

E2202 Manual wheelchair accessory, nonstandard seat frame width, 24-27 inches

E2203 Manual wheelchair accessory, nonstandard seat frame depth, 20 to less than 22 inches

E2204 Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 inches

E2205 Manual wheelchair accessory, handrim without projections (includes ergonomic or contoured), any type, replacement only, each

E2206 Manual wheelchair accessory, wheel lock assembly, complete, replacement only, each

E2207 Wheelchair accessory, crutch and cane holder, each

E2208 Wheelchair accessory, cylinder tank carrier, each

E2209 Accessory, arm trough, with or without hand support, each

E2210 Wheelchair accessory, bearings, any type, replacement only, each

E2211 Manual wheelchair accessory, pneumatic propulsion tire, any size, each

E2212 Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each

E2213 Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each

E2214 Manual wheelchair accessory, pneumatic caster tire, any size, each

E2215 Manual wheelchair accessory, tube for pneumatic caster tire, any size, each

E2216 Manual wheelchair accessory, foam filled propulsion tire, any size, each

E2217 Manual wheelchair accessory, foam filled caster tire, any size, each

E2218 Manual wheelchair accessory, foam propulsion tire, any size, each

E2219 Manual wheelchair accessory, foam caster tire, any size, each

E2220 Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, replacement only, each

E2221 Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each

E2222 Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each

E2224 Manual wheelchair accessory, propulsion wheel excludes tire, any size, replacement only, each

E2225 Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each

E2226 Manual wheelchair accessory, caster fork, any size, replacement only, each

E2227 Manual wheelchair accessory, gear reduction drive wheel, each

E2228 Manual wheelchair accessory, wheel braking system and lock, complete, each

E2230 Manual wheelchair accessory, manual standing system

E2231 Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware

E2291 Back, planar, for pediatric size wheelchair including fixed attaching hardware

E2292 Seat, planar, for pediatric size wheelchair including fixed attaching hardware

E2293 Back, contoured, for pediatric size wheelchair including fixed attaching hardware

E2294 Seat, contoured, for pediatric size wheelchair including fixed attaching hardware

E2295 Manual wheelchair accessory, for pediatric size wheelchair, dynamic seating frame, allows coordinated movement of multiple positioning features

E2300 Wheelchair accessory, power seat elevation system, any type

E2301 Wheelchair accessory, power standing system, any type

E2310 Power wheelchair accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware

E2311 Power wheelchair accessory, electronic connection between wheelchair controller and two or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware

E2312 Power wheelchair accessory, hand or chin control interface, mini-proportional remote joystick, proportional, including fixed mounting hardware

E2313 Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each

E2321 Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware

E2322 Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware

E2323 Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated

- E2324 Power wheelchair accessory, chin cup for chin control interface
- E2325 Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware
- E2326 Power wheelchair accessory, breath tube kit for sip and puff interface
- E2327 Power wheelchair accessory, head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware
- E2328 Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics and fixed mounting hardware
- E2329 Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware
- E2330 Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware
- E2331 Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware
- E2340 Power wheelchair accessory, nonstandard seat frame width, 20-23 inches
- E2341 Power wheelchair accessory, nonstandard seat frame width, 24-27 inches
- E2342 Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 inches
- E2343 Power wheelchair accessory, nonstandard seat frame depth, 22-25 inches
- E2351 Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface
- E2358 Power wheelchair accessory, group 34 non-sealed lead acid battery, each
- E2359 Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)
- E2360 Power wheelchair accessory, 22nf non-sealed lead acid battery, each
- E2361 Power wheelchair accessory, 22nf sealed lead acid battery, each, (e.g., gel cell, absorbed glassmat)
- E2362 Power wheelchair accessory, group 24 non-sealed lead acid battery, each
- E2363 Power wheelchair accessory, group 24 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)
- E2364 Power wheelchair accessory, u-1 non-sealed lead acid battery, each
- E2365 Power wheelchair accessory, u-1 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)
- E2366 Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or non-sealed, each
- E2367 Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or non-sealed, each
- E2368 Power wheelchair component, drive wheel motor, replacement only
- E2369 Power wheelchair component, drive wheel gear box, replacement only
- E2370 Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only
- E2371 Power wheelchair accessory, group 27 sealed lead acid battery, (e.g., gel cell, absorbed glassmat), each
- E2372 Power wheelchair accessory, group 27 non-sealed lead acid battery, each
- E2373 Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware
- E2374 Power wheelchair accessory, hand or chin control interface, standard remote joystick (not including controller), proportional, including all related electronics and fixed mounting hardware, replacement only

E2375 Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacement only

E2376 Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only

E2377 Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue

E2378 Power wheelchair component, actuator, replacement only

E2381 Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each

E2382 Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each

E2383 Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each

E2384 Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each

E2385 Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each

E2386 Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each

E2387 Power wheelchair accessory, foam filled caster tire, any size, replacement only, each

E2388 Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each

E2389 Power wheelchair accessory, foam caster tire, any size, replacement only, each

E2390 Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each

E2391 Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each

E2392 Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each

E2394 Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each

E2395 Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each

E2396 Power wheelchair accessory, caster fork, any size, replacement only, each

E2397 Power wheelchair accessory, lithium-based battery, each

E2402 Negative pressure wound therapy electrical pump, stationary or portable

E2500 Speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time

E2502 Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time

E2504 Speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time

E2506 Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time

E2508 Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device

E2510 Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access

E2511 Speech generating software program, for personal computer or personal digital assistant

E2512 Accessory for speech generating device, mounting system

E2599 Accessory for speech generating device, not otherwise classified

E2601 General use wheelchair seat cushion, width less than 22 inches, any depth

E2602 General use wheelchair seat cushion, width 22 inches or greater, any depth

- E2603 Skin protection wheelchair seat cushion, width less than 22 inches, any depth
- E2604 Skin protection wheelchair seat cushion, width 22 inches or greater, any depth
- E2605 Positioning wheelchair seat cushion, width less than 22 inches, any depth
- E2606 Positioning wheelchair seat cushion, width 22 inches or greater, any depth
- E2607 Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth
- E2608 Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth
- E2609 Custom fabricated wheelchair seat cushion, any size
- E2610 Wheelchair seat cushion, powered
- E2611 General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware
- E2612 General use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware
- E2613 Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware
- E2614 Positioning wheelchair back cushion, posterior, width 22 inches or greater, any height, including any type mounting hardware
- E2615 Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware
- E2616 Positioning wheelchair back cushion, posterior-lateral, width 22 inches or greater, any height, including any type mounting hardware
- E2617 Custom fabricated wheelchair back cushion, any size, including any type mounting hardware

- E2619 Replacement cover for wheelchair seat cushion or back cushion, each
- E2620 Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware
- E2621 Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height, including any type mounting hardware
- E2622 Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth
- E2623 Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth
- E2624 Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth
- E2625 Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth
- E2626 Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable
- E2627 Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable rancho type
- E2628 Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining
- E2629 Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints)
- E2630 Wheelchair accessory, shoulder elbow, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support

- E2631 Wheelchair accessory, addition to mobile arm support, elevating proximal arm
- E2632 Wheelchair accessory, addition to mobile arm support, offset or lateral rocker arm with elastic balance control
- E2633 Wheelchair accessory, addition to mobile arm support, supinator
- E8000 Gait trainer, pediatric size, posterior support, includes all accessories and components

E8001	Gait trainer, pediatric size, upright support, includes all accessories and components	
E8002	Gait trainer, pediatric size, anterior support, includes all accessories and components	
EarCur	Ear Curette	\$37.20
EarWick	Ear Wick	\$33.00
ED	Residential, domiciliary, custodial facility to Diagnostic or therapeutic site	
EE	Residential, domiciliary, custodial facility to Residential, domiciliary, custodial facility	
EG	Residential, domiciliary, custodial facility to Hospital based ESRD facility	
EH	Residential, domiciliary, custodial facility to Hospital	
EI	Residential, domiciliary, custodial facility to Site of transfer between modes of ambulance transport	
EJ	Residential, domiciliary, custodial facility to Freestanding ESRD facility	
Electrodes	Electrodes for EKG	\$31.50
Emesis	Emesis Basin	\$18.90
EMS	Transfer via EMS	
EN	Residential, domiciliary, custodial facility to SNF	
ENTTRAY	ENT TRAY	\$37.78
EP	Residential, domiciliary, custodial facility to Physician's office	
Epistat	Epistat Balloon	\$60.90
ER	Residential, domiciliary, custodial facility to Residence	
EryOint	Erythromycin Eye Ointment	\$33.00
ES	Residential, domiciliary, custodial facility to Scene of accident or acute event	
Eth3	Ethilon 3.0 sutures	\$50.70
Eth4	Ethilon 4.0 sutures	\$49.50
Eth5	Ethilon 5.0 sutures	\$55.50
Eth6	Ethilon 6.0 sutures	\$55.50
Eth7	Ethilon 7.0 Sutures	\$63.60
ETOM	Etomidate 6mg IV	\$43.86
EX	Residential, domiciliary, custodial facility to Intermediate stop at physician's office on way to hospital	
EyeWash	Eye Wash	\$72.00
Fentanyl	Fentanyl, 50mg, IV	\$129.90
Fentanyl25	Fentanyl, 25 mg, IV	\$145.50
FENTKIT	Intranasal Fentanyl Kit	\$30.00
FERRSUL	Ferrous Sulfate 325mg PO	\$16.92
Flagyl	Flagyl / Metronidazole, 500mg, PO	\$51.00
FLEET	Fleet Enema	\$7.26
Fleets	Adult-Fleet Enema	\$15.00
Flexeril	Flexeril/Cyclobenzaprine HCl, 10 mg PO	\$33.00
FLOMAX	Flomax/Tamsulosin cap 0.5-0.4 mg	\$24.90
FLUCONA	Fluconazole 150 MG	\$89.04
FLUMAZEN	FLUMAZENIL 10ml IV	\$247.90
FLUOR	Fluor-I-Strip, 9mg, for dialation of the eye	\$7.50
FOLICACID	Folic Acid IV	\$65.25
FOLICPO	FOLIC ACID 1mg PO	\$31.28
G	Hospital based ESRD facility	
G0008	Administration of influenza virus vaccine	
G0009	Administration of pneumococcal vaccine	
G0010	Administration of hepatitis b vaccine	
G0027	Semen analysis; presence and/or motility of sperm excluding hühner	
G0101	Cervical or vaginal cancer screening; pelvic and clinical breast examination	
G0102	Prostate cancer screening; digital rectal examination	
G0103	Prostate cancer screening; prostate specific antigen test (psa)	

G0104 Colorectal cancer screening; flexible sigmoidoscopy

G0105 Colorectal cancer screening; colonoscopy on individual at high risk

G0106 Colorectal cancer screening; alternative to g0104, screening sigmoidoscopy, barium enema

G0108 Diabetes outpatient self-management training services, individual, per 30 minutes

G0109 Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes

G0117 Glaucoma screening for high risk patients furnished by an optometrist or ophthalmologist

G0118 Glaucoma screening for high risk patient furnished under the direct supervision of an optometrist or ophthalmologist

G0120 Colorectal cancer screening; alternative to g0105, screening colonoscopy, barium enema.

G0121 Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk

G0122 Colorectal cancer screening; barium enema

G0123 Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, screening by cytotechnologist under physician supervision

G0124 Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, requiring interpretation by physician

G0127 Trimming of dystrophic nails, any number

G0128 Direct (face-to-face with patient) skilled nursing services of a registered nurse provided in a comprehensive outpatient rehabilitation facility, each 10 minutes beyond the first 5 minutes

G0129 Occupational therapy services requiring the skills of a qualified occupational therapist, furnished as a component of a partial hospitalization treatment program, per session (45 minutes or more)

G0130 Single energy x-ray absorptiometry (sexa) bone density study, one or more sites; appendicular skeleton (peripheral) (e.g., radius, wrist, heel)

G0141 Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening, requiring interpretation by physician

G0143 Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with manual screening and rescreening by cytotechnologist under physician supervision

G0144 Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system, under physician supervision

G0145 Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system and manual rescreening under physician supervision

G0147 Screening cytopathology smears, cervical or vaginal, performed by automated system under physician supervision

G0148 Screening cytopathology smears, cervical or vaginal, performed by automated system with manual rescreening

G0151 Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes

G0152 Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes

G0153 Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes

G0154 Direct skilled nursing services of a licensed nurse (lpn or rn) in the home health or hospice setting, each 15 minutes

G0155	Services of clinical social worker in home health or hospice settings, each 15 minutes	
G0156	Services of home health/hospice aide in home health or hospice settings, each 15 minutes	
G0157	Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 minutes	
G0158	Services performed by a qualified occupational therapist assistant in the home health or hospice setting, each 15 minutes	
G0159	Services performed by a qualified physical therapist, in the home health setting, in the establishment or delivery of a safe and effective physical therapy maintenance program, each 15 minutes	
G0160	Services performed by a qualified occupational therapist, in the home health setting, in the establishment or delivery of a safe and effective occupational therapy maintenance program, each 15 minutes	
G0161	Services performed by a qualified speech-language pathologist, in the home health setting, in the establishment or delivery of a safe and effective speech-language pathology maintenance program, each 15 minutes	
G0162	Skilled services by a registered nurse (rn) for management and evaluation of the plan of care; each 15 minutes (the patient's underlying condition or complication requires an rn to ensure that essential non-skilled care achieves its purpose in the home he	
G0163	Skilled services of a licensed nurse (lpn or rn) for the observation and assessment of the patient's condition, each 15 minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possi	
G0164	Skilled services of a licensed nurse (lpn or rn), in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 minutes	
G0166	External counterpulsation, per treatment session	
G0168	Wound closure utilizing tissue adhesive(s) only	\$43.74
G0173	Linear accelerator based stereotactic radiosurgery, complete course of therapy in one session	
G0175	Scheduled interdisciplinary team conference (minimum of three exclusive of patient care nursing staff) with patient present	
G0176	Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more)	
G0177	Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more)	
G0179	Physician re-certification for medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians to affirm the initial im	
G0180	Physician certification for medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians to affirm the initial imple	
G0181	Physician supervision of a patient receiving medicare-covered services provided by a participating home health agency (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of	
G0182	Physician supervision of a patient under a medicare-approved hospice (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patie	

- G0186 Destruction of localized lesion of choroid (for example, choroidal neovascularization); photocoagulation, feeder vessel technique (one or more sessions)
- G0202 Screening mammography, producing direct digital image, bilateral, all views
- G0204 Diagnostic mammography, producing direct digital image, bilateral, all views
- G0206 Diagnostic mammography, producing direct digital image, unilateral, all views
- G0219 Pet imaging whole body; melanoma for non-covered indications
- G0235 Pet imaging, any site, not otherwise specified
- G0237 Therapeutic procedures to increase strength or endurance of respiratory muscles, face to face, one on one, each 15 minutes (includes monitoring)
- G0238 Therapeutic procedures to improve respiratory function, other than described by g0237, one on one, face to face, per 15 minutes (includes monitoring)
- G0239 Therapeutic procedures to improve respiratory function or increase strength or endurance of respiratory muscles, two or more individuals (includes monitoring)
- G0245 Initial physician evaluation and management of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (lops) which must include: (1) the diagnosis of lops, (2) a patient history, (3) a physical examination that con
- G0246 Follow-up physician evaluation and management of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (lops) to include at least the following: (1) a patient history, (2) a physical examination that includes: (a)
- G0247 Routine foot care by a physician of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (lops) to include, the local care of superficial wounds (i.e. superficial to muscle and fascia) and at least the following
- G0248 Demonstration, prior to initiation of home inr monitoring, for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets medicare coverage criteria, under the direction of a physician; includes: face-t
- G0249 Provision of test materials and equipment for home inr monitoring of patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets medicare coverage criteria; includes: provision of materials for use in th
- G0250 Physician review, interpretation, and patient management of home inr testing for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets medicare coverage criteria; testing not occurring more frequen
- G0251 Linear accelerator based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, maximum five sessions per course of treatment
- G0252 Pet imaging, full and partial-ring pet scanners only, for initial diagnosis of breast cancer and/or surgical planning for breast cancer (e.g., initial staging of axillary lymph nodes)
- G0255 Current perception threshold/sensory nerve conduction test, (snct) per limb, any nerve
- G0257 Unscheduled or emergency dialysis treatment for an esrd patient in a hospital outpatient department that is not certified as an esrd facility
- G0259 Injection procedure for sacroiliac joint; arthrography
- G0260 Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography
- G0268 Removal of impacted cerumen (one or both ears) by physician on same date of service as audiologic function testing
- G0269 Placement of occlusive device into either a venous or arterial access site, post surgical or interventional procedure (e.g., angioseal plug, vascular plug)

- G0270 Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face to face w
- G0271 Medical nutrition therapy, reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen (including additional hours needed for renal disease), group (2 or more individu
- G0276 Blinded procedure for lumbar stenosis, percutaneous image-guided lumbar decompression (pild) or placebo-control, performed in an approved coverage with evidence development (ced) clinical trial
- G0277 Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval
- G0278 Iliac and/or femoral artery angiography, non-selective, bilateral or ipsilateral to catheter insertion, performed at the same time as cardiac catheterization and/or coronary angiography, includes positioning or placement of the catheter in the distal aort
- G0279 Diagnostic digital breast tomosynthesis, unilateral or bilateral (list separately in addition to g0204 or g0206)
- G0281 Electrical stimulation, (unattended), to one or more areas, for chronic stage iii and stage iv pressure ulcers, arterial ulcers, diabetic ulcers, and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care, as
- G0282 Electrical stimulation, (unattended), to one or more areas, for wound care other than described in g0281
- G0283 Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care
- G0288 Reconstruction, computed tomographic angiography of aorta for surgical planning for vascular surgery
- G0289 Arthroscopy, knee, surgical, for removal of loose body, foreign body, debridement/shaving of articular cartilage (chondroplasty) at the time of other surgical knee arthroscopy in a different compartment of the same knee
- G0293 Noncovered surgical procedure(s) using conscious sedation, regional, general or spinal anesthesia in a medicare qualifying clinical trial, per day
- G0294 Noncovered procedure(s) using either no anesthesia or local anesthesia only, in a medicare qualifying clinical trial, per day
- G0295 Electromagnetic therapy, to one or more areas, for wound care other than described in g0329 or for other uses
- G0296 Counseling visit to discuss need for lung cancer screening using low dose ct scan (ldct) (service is for eligibility determination and shared decision making)
- G0297 Low dose ct scan (ldct) for lung cancer screening
- G0299 Direct skilled nursing services of a registered nurse (rn) in the home health or hospice setting, each 15 minutes
- G0302 Pre-operative pulmonary surgery services for preparation for lvrs, complete course of services, to include a minimum of 16 days of services
- G0303 Pre-operative pulmonary surgery services for preparation for lvrs, 10 to 15 days of services
- G0304 Pre-operative pulmonary surgery services for preparation for lvrs, 1 to 9 days of services
- G0305 Post-discharge pulmonary surgery services after lvrs, minimum of 6 days of services
- G0306 Complete cbc, automated (hgb, hct, rbc, wbc, without platelet count) and automated wbc differential count
- G0307 Complete (cbc), automated (hgb, hct, rbc, wbc; without platelet count)
- G0328 Colorectal cancer screening; fecal occult blood test, immunoassay, 1-3 simultaneous

G0329	Electromagnetic therapy, to one or more areas for chronic stage iii and stage iv pressure ulcers, arterial ulcers, diabetic ulcers and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care as part of a thera	
G0333	Pharmacy dispensing fee for inhalation drug(s); initial 30-day supply as a beneficiary	
G0337	Hospice evaluation and counseling services, pre-election	
G0339	Image-guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment	
G0340	Image-guided robotic linear accelerator-based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, second through fifth sessions, maximum five sessions per course of treatm	
G0341	Percutaneous islet cell transplant, includes portal vein catheterization and infusion	
G0342	Laparoscopy for islet cell transplant, includes portal vein catheterization and infusion	
G0343	Laparotomy for islet cell transplant, includes portal vein catheterization and infusion	
G0364	Bone marrow aspiration performed with bone marrow biopsy through the same incision on the same date of service	
G0365	Vessel mapping of vessels for hemodialysis access (services for preoperative vessel mapping prior to creation of hemodialysis access using an autogenous hemodialysis conduit, including arterial inflow and venous outflow)	
G0372	Physician service required to establish and document the need for a power mobility device	
G0378	Hospital Observation Service, per 1 hour	\$1,600.02
G0379	Direct admission of patient for hospital observation care	\$4,160.00
G0380	Level 1 hospital emergency department visit provided in a type b emergency department; (the ed must meet at least one of the following requirements: (1) it is licensed by the state in which it is located under applicable state law as an emergency room or	
G0381	Level 2 hospital emergency department visit provided in a type b emergency department; (the ed must meet at least one of the following requirements: (1) it is licensed by the state in which it is located under applicable state law as an emergency room or	
G0382	Level 3 hospital emergency department visit provided in a type b emergency department; (the ed must meet at least one of the following requirements: (1) it is licensed by the state in which it is located under applicable state law as an emergency room or	
G0383	Level 4 hospital emergency department visit provided in a type b emergency department; (the ed must meet at least one of the following requirements: (1) it is licensed by the state in which it is located under applicable state law as an emergency room or	
G0384	Level 5 hospital emergency department visit provided in a type b emergency department; (the ed must meet at least one of the following requirements: (1) it is licensed by the state in which it is located under applicable state law as an emergency room or	
G0389	Ultrasound b-scan and/or real time with image documentation; for abdominal aortic aneurysm (aaa) screening	
G0390	Trauma response team associated with hospital critical care service	
G0396	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., audit, dast), and brief intervention 15 to 30 minutes	

- G0397 Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., audit, dast), and intervention, greater than 30 minutes
- G0398 Home sleep study test (hst) with type ii portable monitor, unattended; minimum of 7 channels: eeg, eog, emg, ecg/heart rate, airflow, respiratory effort and oxygen saturation
- G0399 Home sleep test (hst) with type iii portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ecg/heart rate and 1 oxygen saturation
- G0400 Home sleep test (hst) with type iv portable monitor, unattended; minimum of 3 channels
- G0402 Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of medicare enrollment
- G0403 Electrocardiogram, routine ecg with 12 leads; performed as a screening for the initial preventive physical examination with interpretation and report
- G0404 Electrocardiogram, routine ecg with 12 leads; tracing only, without interpretation and report, performed as a screening for the initial preventive physical examination
- G0405 Electrocardiogram, routine ecg with 12 leads; interpretation and report only, performed as a screening for the initial preventive physical examination
- G0406 Follow-up inpatient consultation, limited, physicians typically spend 15 minutes communicating with the patient via telehealth
- G0407 Follow-up inpatient consultation, intermediate, physicians typically spend 25 minutes communicating with the patient via telehealth
- G0408 Follow-up inpatient consultation, complex, physicians typically spend 35 minutes communicating with the patient via telehealth
- G0409 Social work and psychological services, directly relating to and/or furthering the patient's rehabilitation goals, each 15 minutes, face-to-face; individual (services provided by a corf-qualified social worker or psychologist in a corf)
- G0410 Group psychotherapy other than of a multiple-family group, in a partial hospitalization setting, approximately 45 to 50 minutes
- G0411 Interactive group psychotherapy, in a partial hospitalization setting, approximately 45 to 50 minutes
- G0412 Open treatment of iliac spine(s), tuberosity avulsion, or iliac wing fracture(s), unilateral or bilateral for pelvic bone fracture patterns which do not disrupt the pelvic ring includes internal fixation, when performed
- G0413 Percutaneous skeletal fixation of posterior pelvic bone fracture and/or dislocation, for fracture patterns which disrupt the pelvic ring, unilateral or bilateral, (includes ilium, sacroiliac joint and/or sacrum)
- G0414 Open treatment of anterior pelvic bone fracture and/or dislocation for fracture patterns which disrupt the pelvic ring, unilateral or bilateral, includes internal fixation when performed (includes pubic symphysis and/or superior/inferior rami)
- G0415 Open treatment of posterior pelvic bone fracture and/or dislocation, for fracture patterns which disrupt the pelvic ring, unilateral or bilateral, includes internal fixation, when performed (includes ilium, sacroiliac joint and/or sacrum)
- G0416 Surgical pathology, gross and microscopic examinations, for prostate needle biopsy, any method
- G0417 Surgical pathology, gross and microscopic examination, for prostate needle biopsy, any method, 21-40 specimens
- G0418 Surgical pathology, gross and microscopic examination, for prostate needle biopsy, any method, 41-60 specimens
- G0419 Surgical pathology, gross and microscopic examination, for prostate needle biopsy, any method, >60 specimens
- G0420 Face-to-face educational services related to the care of chronic kidney disease; individual, per session, per one hour

G0421	Face-to-face educational services related to the care of chronic kidney disease; group, per session, per one hour	
G0422	Intensive cardiac rehabilitation; with or without continuous ecg monitoring with exercise, per session	
G0423	Intensive cardiac rehabilitation; with or without continuous ecg monitoring; without exercise, per session	
G0424	Pulmonary rehabilitation, including exercise (includes monitoring), one hour, per session, up to two sessions per day	
G0425	Telehealth consultation, emergency department or initial inpatient, typically 30 minutes communicating with the patient via telehealth	
G0426	Telehealth consultation, emergency department or initial inpatient, typically 50 minutes communicating with the patient via telehealth	
G0427	Telehealth consultation, emergency department or initial inpatient, typically 70 minutes or more communicating with the patient via telehealth	
G0428	Collagen meniscus implant procedure for filling meniscal defects (e.g., cmi, collagen scaffold, menaflex)	
G0429	Dermal filler injection(s) for the treatment of facial lipodystrophy syndrome (lds) (e.g., as a result of highly active antiretroviral therapy)	
G0431	Drug screen, qualitative; multiple drug classes by high complexity test method (e.g., immunoassay, enzyme assay), per patient encounter	
G0432	Infectious agent antibody detection by enzyme immunoassay (eia) technique, hiv-1 and/or hiv-2, screening	
G0433	Infectious agent antibody detection by enzyme-linked immunosorbent assay (elisa) technique, hiv-1 and/or hiv-2, screening	
G0434	Drug screen, other than chromatographic; any number of drug classes, by clia waived test or moderate complexity test, per patient encounter	
G0435	Infectious agent antibody detection by rapid antibody test, hiv-1 and/or hiv-2, screening	\$88.86
G0436	Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than 3 minutes, up to 10 minutes	
G0437	Smoking and tobacco cessation counseling visit for the asymptomatic patient; intensive, greater than 10 minutes	
G0438	Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit	
G0439	Annual wellness visit, includes a personalized prevention plan of service (pps), subsequent visit	
G0442	Annual alcohol misuse screening, 15 minutes	
G0443	Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes	
G0444	Annual depression screening, 15 minutes	
G0445	High intensity behavioral counseling to prevent sexually transmitted infection; face-to-face, individual, includes: education, skills training and guidance on how to change sexual behavior; performed semi-annually, 30 minutes	
G0446	Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes	
G0447	Face-to-face behavioral counseling for obesity, 15 minutes	
G0448	Insertion or replacement of a permanent pacing cardioverter-defibrillator system with transvenous lead(s), single or dual chamber with insertion of pacing electrode, cardiac venous system, for left ventricular pacing	
G0451	Development testing, with interpretation and report, per standardized instrument form	
G0452	Molecular pathology procedure; physician interpretation and report	
G0453	Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby), per patient, (attention directed exclusively to one patient) each 15 minutes (list in addition to primary procedure)	

G0454	Physician documentation of face-to-face visit for durable medical equipment determination performed by nurse practitioner, physician assistant or clinical nurse specialist	
G0455	Preparation with instillation of fecal microbiota by any method, including assessment of donor specimen	
G0456	Negative pressure wound therapy, (e.g. vacuum assisted drainage collection) using a mechanically-powered device, not durable medical equipment, including provision of cartridge and dressing(s), topical application(s), wound assessment, and instructions fo	
G0457	Negative pressure wound therapy, (e.g. vacuum assisted drainage collection) using a mechanically-powered device, not durable medical equipment, including provision of cartridge and dressing(s), topical application(s), wound assessment, and instructions fo	
G0458	Low dose rate (ldr) prostate brachytherapy services, composite rate	
G0459	Inpatient telehealth pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy	
G0460	Autologous platelet rich plasma for chronic wounds/ulcers, including phlebotomy, centrifugation, and all other preparatory procedures, administration and dressings, per treatment	
G0461	Immunohistochemistry or immunocytochemistry, per specimen; first single or multiplex antibody stain	
G0462	Immunohistochemistry or immunocytochemistry, per specimen; each additional single or multiplex antibody stain (list separately in addition to code for primary procedure)	
G0463	Hospital outpatient clinic visit for assessment and management of a patient	
G0466	Federally qualified health center (fqhc) visit, new patient; a medically-necessary, face-to-face encounter (one-on-one) between a new patient and a fqhc practitioner during which time one or more fqhc services are rendered and includes a typical bundle of	
G0467	Federally qualified health center (fqhc) visit, established patient; a medically-necessary, face-to-face encounter (one-on-one) between an established patient and a fqhc practitioner during which time one or more fqhc services are rendered and includes a	
G0468	Federally qualified health center (fqhc) visit, ippe or awv; a fqhc visit that includes an initial preventive physical examination (ippe) or annual wellness visit (awv) and includes a typical bundle of medicare-covered services that would be furnished per	
G0469	Federally qualified health center (fqhc) visit, mental health, new patient; a medically-necessary, face-to-face mental health encounter (one-on-one) between a new patient and a fqhc practitioner during which time one or more fqhc services are rendered and	
G0470	Federally qualified health center (fqhc) visit, mental health, established patient; a medically-necessary, face-to-face mental health encounter (one-on-one) between an established patient and a fqhc practitioner during which time one or more fqhc services	
G0471	Collection of venous blood by venipuncture or urine sample by catheterization from an individual in a skilled nursing facility (snf) or by a laboratory on behalf of a home health agency (hha)	
G0472	Hepatitis c antibody screening, for individual at high risk and other covered indication(s)	
G0473	Face-to-face behavioral counseling for obesity, group (2-10), 30 minutes	
G0475	Hiv antigen/antibody, combination assay, screening	\$178.56
G0476	Infectious agent detection by nucleic acid (dna or rna); human papillomavirus (hpv), high-risk types (e.g., 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) for cervical cancer screening, must be performed in addition to pap test	

- G0480 Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to gc/ms (any type, single or tandem) and lc/m
- G0481 Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to gc/ms (any type, single or tandem) and lc/m
- G0482 Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to gc/ms (any type, single or tandem) and lc/m
- G0483 Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to gc/ms (any type, single or tandem) and lc/m
- G0490 Face-to-face home health nursing visit by a rural health clinic (rhc) or federally qualified health center (fqhc) in an area with a shortage of home health agencies; (services limited to rn or lpn only)
- G0491 Dialysis procedure at a medicare certified esrd facility for acute kidney injury without esrd
- G0492 Dialysis procedure with single evaluation by a physician or other qualified health care professional for acute kidney injury without esrd
- G0493 Skilled services of a registered nurse (rn) for the observation and assessment of the patient's condition, each 15 minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible m
- G0494 Skilled services of a licensed practical nurse (lpn) for the observation and assessment of the patient's condition, each 15 minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for p
- G0495 Skilled services of a registered nurse (rn), in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 minutes
- G0496 Skilled services of a licensed practical nurse (lpn), in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 minutes
- G0498 Chemotherapy administration, intravenous infusion technique; initiation of infusion in the office/clinic setting using office/clinic pump/supplies, with continuation of the infusion in the community setting (e.g., home, domiciliary, rest home or assisted
- G0499 Hepatitis b screening in non-pregnant, high risk individual includes hepatitis b surface antigen (hbsag) followed by a neutralizing confirmatory test for initially reactive results, and antibodies to hbsag (anti-hbs) and hepatitis b core antigen (anti-hbc
- G0500 Moderate sedation services provided by the same physician or other qualified health care professional performing a gastrointestinal endoscopic service that sedation supports, requiring the presence of an independent trained observer to assist in the monit
- G0501 Resource-intensive services for patients for whom the use of specialized mobility-assistive technology (such as adjustable height chairs or tables, patient lift, and adjustable padded leg supports) is medically necessary and used during the provision of a

G0506	Comprehensive assessment of and care planning for patients requiring chronic care management services (list separately in addition to primary monthly care management service)	
G0508	Telehealth consultation, critical care, initial , physicians typically spend 60 minutes communicating with the patient and providers via telehealth	
G0509	Telehealth consultation, critical care, subsequent, physicians typically spend 50 minutes communicating with the patient and providers via telehealth	
G0511	Rural health clinic or federally qualified health center (rhc or fqhc) only, general care management, 20 minutes or more of clinical staff time for chronic care management services or behavioral health integration services directed by an rhc or fqhc pract	
G0512	Rural health clinic or federally qualified health center (rhc/fqhc) only, psychiatric collaborative care model (psychiatric cocm), 60 minutes or more of clinical staff time for psychiatric cocm services directed by an rhc or fqhc practitioner (physician,	
G0513	Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service; first 30 minutes (list separately in addition to code for prev	
G0514	Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes (list separately in addition to cod	
G0515	Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact, each 15 minutes	
G0516	Insertion of non-biodegradable drug delivery implants, 4 or more (services for subdermal rod implant)	
G0517	Removal of non-biodegradable drug delivery implants, 4 or more (services for subdermal implants)	
G0518	Removal with reinsertion, non-biodegradable drug delivery implants, 4 or more (services for subdermal implants)	
G0659	Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including but not limited to gc/ms (any type, single or tandem) and lc/ms (an	
G0908	Most recent hemoglobin (hgb) level > 12.0 g/dl	
G0909	Hemoglobin level measurement not documented, reason not given	
G0910	Most recent hemoglobin level <= 12.0 g/dl	
G0913	Improvement in visual function achieved within 90 days following cataract surgery	
G0914	Patient care survey was not completed by patient	
G0915	Improvement in visual function not achieved within 90 days following cataract surgery	
G0916	Satisfaction with care achieved within 90 days following cataract surgery	
G0917	Patient satisfaction survey was not completed by patient	
G0918	Satisfaction with care not achieved within 90 days following cataract surgery	
G0919	Influenza immunization ordered or recommended (to be given at alternate location or alternate provider); vaccine not available at time of visit	
G0920	Type, anatomic location, and activity all documented	
G0921	Documentation of patient reason(s) for not being able to assess (e.g., patient refuses endoscopic and/or radiologic assessment)	
G0922	No documentation of disease type, anatomic location, and activity, reason not given	
G2023	Speciment collect COVID-19	\$225.00

- G3001 Administration and supply of tositumomab, 450 mg
- G6001 Ultrasonic guidance for placement of radiation therapy fields
- G6002 Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy
- G6003 Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: up to 5 mev
- G6004 Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 6-10 mev
- G6005 Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 11-19 mev
- G6006 Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 20 mev or greater
- G6007 Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: up to 5 mev
- G6008 Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 6-10 mev
- G6009 Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 11-19 mev
- G6010 Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 20 mev or greater
- G6011 Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5 mev
- G6012 Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 mev
- G6013 Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 mev
- G6014 Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 mev or greater
- G6015 Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic mlc, per treatment session
- G6016 Compensator-based beam modulation treatment delivery of inverse planned treatment using 3 or more high resolution (milled or cast) compensator, convergent beam modulated fields, per treatment session
- G6017 Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (eg, 3d positional tracking, gating, 3d surface tracking), each fraction of treatment
- G8126 Patient with a diagnosis of major depression documented as being treated with antidepressant medication during the entire 84 day (12 week) acute treatment phase
- G8127 Patient with a diagnosis of major depression not documented as being treated with antidepressant medication during the entire 84 day (12 week) acute treatment phase
- G8128 Clinician documented that patient was not an eligible candidate for antidepressant medication during the entire 12 week acute treatment phase measure
- G8395 Left ventricular ejection fraction (lvef) \geq 40% or documentation as normal or mildly depressed left ventricular systolic function
- G8396 Left ventricular ejection fraction (lvef) not performed or documented
- G8397 Dilated macular or fundus exam performed, including documentation of the presence or absence of macular edema and level of severity of retinopathy

G8398 Dilated macular or fundus exam not performed

G8399 Patient with documented results of a central dual-energy x-ray absorptiometry (dxa) ever being performed

G8400 Patient with central dual-energy x-ray absorptiometry (dxa) results not documented, reason not given

G8401 Clinician documented that patient was not an eligible candidate for screening or therapy for osteoporosis for women measure

G8404 Lower extremity neurological exam performed and documented

G8405 Lower extremity neurological exam not performed

G8406 Clinician documented that patient was not an eligible candidate for lower extremity neurological exam measure

G8410 Footwear evaluation performed and documented

G8415 Footwear evaluation was not performed

G8416 Clinician documented that patient was not an eligible candidate for footwear evaluation measure

G8417 Bmi is documented above normal parameters and a follow-up plan is documented

G8418 Bmi is documented below normal parameters and a follow-up plan is documented

G8419 Bmi documented outside normal parameters, no follow-up plan documented, no reason given

G8420 Bmi is documented within normal parameters and no follow-up plan is required

G8421 Bmi not documented and no reason is given

G8422 Bmi not documented, documentation the patient is not eligible for bmi calculation

G8427 Eligible clinician attests to documenting in the medical record they obtained, updated, or reviewed the patient's current medications

G8428 Current list of medications not documented as obtained, updated, or reviewed by the eligible clinician, reason not given

G8430 Eligible clinician attests to documenting in the medical record the patient is not eligible for a current list of medications being obtained, updated, or reviewed by the eligible clinician

G8431 Screening for depression is documented as being positive and a follow-up plan is documented

G8432 Depression screening not documented, reason not given

G8433 Screening for depression not completed, documented reason

G8442 Pain assessment not documented as being performed, documentation the patient is not eligible for a pain assessment using a standardized tool at the time of the encounter

G8443 ALL prescriptions sent using qualified eRx system

G8445 NO prescriptions generated during this visit

G8446 SOME or ALL prescriptions printed or phoned in

G8450 Beta-blocker therapy prescribed

G8451 Beta-blocker therapy for lvef < 40% not prescribed for reasons documented by the clinician (e.g., low blood pressure, fluid overload, asthma, patients recently treated with an intravenous positive inotropic agent, allergy, intolerance, other medical reaso

G8452 Beta-blocker therapy not prescribed

G8458 Clinician documented that patient is not an eligible candidate for genotype testing; patient not receiving antiviral treatment for hepatitis c

G8460 Clinician documented that patient is not an eligible candidate for quantitative rna testing at week 12; patient not receiving antiviral treatment for hepatitis c

G8461 Patient receiving antiviral treatment for hepatitis c

- G8464 Clinician documented that prostate cancer patient is not an eligible candidate for adjuvant hormonal therapy; low or intermediate risk of recurrence or risk of recurrence not determined
- G8465 High or very high risk of recurrence of prostate cancer
- G8473 Angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy prescribed
- G8474 Angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy not prescribed for reasons documented by the clinician (e.g., allergy, intolerance, pregnancy, renal failure due to ace inhibitor, diseases of the aortic or mitral

- G8475 Angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy not prescribed, reason not given
- G8476 Most recent blood pressure has a systolic measurement of < 140 mmhg and a diastolic measurement of < 90 mmhg
- G8477 Most recent blood pressure has a systolic measurement of >= 140 mmhg and/or a diastolic measurement of >= 90 mmhg
- G8478 Blood pressure measurement not performed or documented, reason not given
- G8482 Influenza immunization administered or previously received
- G8483 Influenza immunization was not administered for reasons documented by clinician (e.g., patient allergy or other medical reasons, patient declined or other patient reasons, vaccine not available or other system reasons)

- G8484 Influenza immunization was not administered, reason not given
- G8485 I intend to report the diabetes mellitus (dm) measures group
- G8486 I intend to report the preventive care measures group
- G8487 I intend to report the chronic kidney disease (ckd) measures group
- G8489 I intend to report the coronary artery disease (cad) measures group
- G8490 I intend to report the rheumatoid arthritis (ra) measures group
- G8491 I intend to report the hiv/aids measures group
- G8492 I intend to report the perioperative care measures group
- G8493 I intend to report the back pain measures group
- G8494 All quality actions for the applicable measures in the diabetes mellitus (dm) measures group have been performed for this patient
- G8495 All quality actions for the applicable measures in the chronic kidney disease (ckd) measures group have been performed for this patient
- G8496 All quality actions for the applicable measures in the preventive care measures group have been performed for this patient
- G8497 All quality actions for the applicable measures in the coronary artery bypass graft (cabg) measures group have been performed for this patient
- G8498 All quality actions for the applicable measures in the coronary artery disease (cad) measures group have been performed for this patient
- G8499 All quality actions for the applicable measures in the rheumatoid arthritis (ra) measures group have been performed for this patient
- G8500 All quality actions for the applicable measures in the hiv/aids measures group have been performed for this patient
- G8501 All quality actions for the applicable measures in the perioperative care measures group have been performed for this patient
- G8502 All quality actions for the applicable measures in the back pain measures group have been performed for this patient
- G8506 Patient receiving angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy
- G8509 Pain assessment documented as positive using a standardized tool, follow-up plan not documented, reason not given
- G8510 Screening for depression is documented as negative, a follow-up plan is not required

G8511 Screening for depression documented as positive, follow-up plan not documented, reason not given

G8530 Autogenous av fistula received

G8531 Clinician documented that patient was not an eligible candidate for autogenous av fistula

G8532 Clinician documented that patient received vascular access other than autogenous av fistula, reason not given

G8535 Elder maltreatment screen not documented; documentation that patient is not eligible for the elder maltreatment screen at the time of the encounter

G8536 No documentation of an elder maltreatment screen, reason not given

G8539 Functional outcome assessment documented as positive using a standardized tool and a care plan based on identified deficiencies on the date of functional outcome assessment, is documented

G8540 Functional outcome assessment not documented as being performed, documentation the patient is not eligible for a functional outcome assessment using a standardized tool at the time of the encounter

G8541 Functional outcome assessment using a standardized tool not documented, reason not given

G8542 Functional outcome assessment using a standardized tool is documented; no functional deficiencies identified, care plan not required

G8543 Documentation of a positive functional outcome assessment using a standardized tool; care plan not documented, reason not given

G8544 I intend to report the coronary artery bypass graft (cabg) measures group

G8545 I intend to report the hepatitis c measures group

G8547 I intend to report the ischemic vascular disease (ivd) measures group

G8548 I intend to report the heart failure (hf) measures group

G8549 All quality actions for the applicable measures in the hepatitis c measures group have been performed for this patient

G8551 All quality actions for the applicable measures in the heart failure (hf) measures group have been performed for this patient

G8552 All quality actions for the applicable measures in the ischemic vascular disease (ivd) measures group have been performed for this patient

G8559 Patient referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evaluation

G8560 Patient has a history of active drainage from the ear within the previous 90 days

G8561 Patient is not eligible for the referral for otologic evaluation for patients with a history of active drainage measure

G8562 Patient does not have a history of active drainage from the ear within the previous 90 days

G8563 Patient not referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evaluation, reason not given

G8564 Patient was referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evaluation, reason not specified)

G8565 Verification and documentation of sudden or rapidly progressive hearing loss

G8566 Patient is not eligible for the "referral for otologic evaluation for sudden or rapidly progressive hearing loss" measure

G8567 Patient does not have verification and documentation of sudden or rapidly progressive hearing loss

G8568 Patient was not referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evaluation, reason not given

G8569 Prolonged postoperative intubation (> 24 hrs) required

G8570 Prolonged postoperative intubation (> 24 hrs) not required

G8571 Development of deep sternal wound infection/mediastinitis within 30 days postoperatively

G8572 No deep sternal wound infection/mediastinitis

G8573 Stroke following isolated cabg surgery
G8574 No stroke following isolated cabg surgery
G8575 Developed postoperative renal failure or required dialysis
G8576 No postoperative renal failure/dialysis not required
G8577 Re-exploration required due to mediastinal bleeding with or without tamponade, graft occlusion, valve dysfunction or other cardiac reason
G8578 Re-exploration not required due to mediastinal bleeding with or without tamponade, graft occlusion, valve dysfunction or other cardiac reason
G8579 Antiplatelet medication at discharge
G8580 Antiplatelet medication contraindicated
G8581 No antiplatelet medication at discharge
G8582 Beta-blocker at discharge
G8583 Beta-blocker contraindicated
G8584 No beta-blocker at discharge
G8585 Anti-lipid treatment at discharge
G8586 Anti-lipid treatment contraindicated
G8587 No anti-lipid treatment at discharge
G8593 Lipid profile results documented and reviewed (must include total cholesterol, hdl-c, triglycerides and calculated ldl-c)
G8594 Lipid profile not performed, reason not given
G8595 Most recent ldl-c < 100 mg/dl
G8597 Most recent ldl-c >= 100 mg/dl
G8598 Aspirin or another antiplatelet therapy used
G8599 Aspirin or another antiplatelet therapy not used, reason not given
G8600 Iv t-pa initiated within three hours (<= 180 minutes) of time last known well
G8601 Iv t-pa not initiated within three hours (<= 180 minutes) of time last known well for reasons documented by clinician
G8602 Iv t-pa not initiated within three hours (<= 180 minutes) of time last known well, reason not given
G8627 Surgical procedure performed within 30 days following cataract surgery for major complications (e.g., retained nuclear fragments, endophthalmitis, dislocated or wrong power iol, retinal detachment, or wound dehiscence)
G8628 Surgical procedure not performed within 30 days following cataract surgery for major complications (e.g., retained nuclear fragments, endophthalmitis, dislocated or wrong power iol, retinal detachment, or wound dehiscence)
G8629 Documentation of order for prophylactic parenteral antibiotic to be given within one hour (if fluoroquinolone or vancomycin, two hours) prior to surgical incision (or start of procedure when no incision is required)
G8630 Documentation that administration of prophylactic parenteral antibiotics was initiated within one hour (if fluoroquinolone or vancomycin, two hours) prior to surgical incision (or start of procedure when no incision is required), as ordered
G8631 Clinician documented that patient was not an eligible candidate for ordering prophylactic parenteral antibiotics to be given within one hour (if fluoroquinolone or vancomycin, two hours) prior to surgical incision (or start of procedure when no incision i
G8632 Prophylactic parenteral antibiotics were not ordered to be given or given within one hour (if fluoroquinolone or vancomycin, two hours) prior to the surgical incision (or start of procedure when no incision is required), reason not given
G8633 Pharmacologic therapy (other than minierals/vitamins) for osteoporosis prescribed
G8634 Clinician documented patient not an eligible candidate to receive pharmacologic therapy for osteoporosis
G8635 Pharmacologic therapy for osteoporosis was not prescribed, reason not given
G8645 I intend to report the asthma measures group

- G8646 All quality actions for the applicable measures in the asthma measures group have been performed for this patient
- G8647 Risk-adjusted functional status change residual score for the knee successfully calculated and the score was equal to zero (0) or greater than zero (>0)
- G8648 Risk-adjusted functional status change residual score for the knee successfully calculated and the score was less than zero (<0)
- G8649 Risk-adjusted functional status change residual scores for the knee not measured because the patient did not complete foto's status survey near discharge, not appropriate
- G8650 Risk-adjusted functional status change residual scores for the knee not measured because the patient did not complete foto's functional intake on admission and/or follow up status survey near discharge, reason not given
- G8651 Risk-adjusted functional status change residual score for the hip successfully calculated and the score was equal to zero (0) or greater than zero (>0)
- G8652 Risk-adjusted functional status change residual score for the hip successfully calculated and the score was less than zero (<0)
- G8653 Risk-adjusted functional status change residual scores for the hip not measured because the patient did not complete follow up status survey near discharge, patient not appropriate
- G8654 Risk-adjusted functional status change residual scores for the hip not measured because the patient did not complete foto's functional intake on admission and/or follow up status survey near discharge, reason not given
- G8655 Risk-adjusted functional status change residual score for the foot or ankle successfully calculated and the score was equal to zero (0) or greater than zero (> 0)
- G8656 Risk-adjusted functional status change residual score for the foot or ankle successfully calculated and the score was less than zero (< 0)
- G8657 Risk-adjusted functional status change residual scores for the foot or ankle not measured because the patient did not complete foto's status survey near discharge, patient not appropriate
- G8658 Risk-adjusted functional status change residual scores for the foot or ankle not measured because the patient did not complete foto's functional intake on admission and/or follow up status survey near discharge, reason not given
- G8659 Risk-adjusted functional status change residual score for the lumbar impairment successfully calculated and the score was equal to zero (0) or greater than zero (> 0)
- G8660 Risk-adjusted functional status change residual score for the lumbar impairment successfully calculated and the score was less than zero (< 0)
- G8661 Risk-adjusted functional status change residual scores for the lumbar impairment not measured because the patient did not complete foto's status survey near discharge, patient not appropriate
- G8662 Risk-adjusted functional status change residual scores for the lumbar impairment not measured because the patient did not complete foto's functional intake on admission and/or follow up status survey near discharge, reason not given
- G8663 Risk-adjusted functional status change residual score for the shoulder successfully calculated and the score was equal to zero (0) or greater than zero (>0)
- G8664 Risk-adjusted functional status change residual score for the shoulder successfully calculated and the score was less than zero (<0)
- G8665 Risk-adjusted functional status change residual scores for the shoulder not measured because the patient did not complete foto's functional status survey near discharge, patient not appropriate
- G8666 Risk-adjusted functional status change residual scores for the shoulder not measured because the patient did not complete foto's functional intake on admission and/or follow up status survey near discharge, reason not given

- G8667 Risk-adjusted functional status change residual score for the elbow, wrist or hand successfully calculated and the score was equal to zero (0) or greater than zero (>0)
- G8668 Risk-adjusted functional status change residual score for the elbow, wrist or hand successfully calculated and the score was less than zero (<0)
- G8669 Risk-adjusted functional status change residual scores for the elbow, wrist or hand not measured because the patient did not complete foto's functional follow up status survey near discharge, patient not appropriate
- G8670 Risk-adjusted functional status change residual scores for the elbow, wrist or hand not measured because the patient did not complete foto's functional intake on admission and/or follow up status survey near discharge, reason not given
- G8671 Risk-adjusted functional status change residual score for the neck, cranium, mandible, thoracic spine, ribs, or other general orthopaedic impairment successfully calculated and the score was equal to zero (0) or greater than zero (> 0)
- G8672 Risk-adjusted functional status change residual score for the neck, cranium, mandible, thoracic spine, ribs, or other general orthopaedic impairment successfully calculated and the score was less than zero (< 0)
- G8673 Risk-adjusted functional status change residual scores for the neck, cranium, mandible, thoracic spine, ribs, or other general orthopaedic impairment not measured because the patient did not complete foto's functional follow up status survey near discharg
- G8674 Risk-adjusted functional status change residual scores for the neck, cranium, mandible, thoracic spine, ribs, or other general orthopaedic impairment not measured because the patient did not complete foto's functional intake on admission and/or follow up
- G8682 Lvf testing documented as being performed prior to discharge or in the previous 12 months
- G8683 Lvf testing not performed prior to discharge or in the previous 12 months for a medical or patient documented reason
- G8685 Lvf testing not documented as being performed prior to discharge or in the previous 12 months, reason not given
- G8694 Left ventricular ejection fraction (lvef) < 40%
- G8696 Antithrombotic therapy prescribed at discharge
- G8697 Antithrombotic therapy not prescribed for documented reasons (e.g., patients admitted for performance of elective carotid intervention, patient had stroke during hospital stay, patient expired during inpatient stay, other medical reason(s)); (e.g., patien
- G8698 Antithrombotic therapy was not prescribed at discharge, reason not given
- G8699 Rehabilitation services (occupational, physical or speech) ordered at or prior to discharge
- G8700 Rehabilitation services (occupational, physical or speech) not indicated at or prior to discharge
- G8701 Rehabilitation services were not ordered, reason not otherwise specified
- G8702 Documentation that prophylactic antibiotics were given within 4 hours prior to surgical incision or intraoperatively
- G8703 Documentation that prophylactic antibiotics were neither given within 4 hours prior to surgical incision nor intraoperatively
- G8704 12-lead electrocardiogram (ecg) performed
- G8705 Documentation of medical reason(s) for not performing a 12-lead electrocardiogram (ecg)
- G8706 Documentation of patient reason(s) for not performing a 12-lead electrocardiogram (ecg)
- G8707 12-lead electrocardiogram (ecg) not performed, reason not given
- G8708 Patient not prescribed or dispensed antibiotic

- G8709 Patient prescribed or dispensed antibiotic for documented medical reason(s) (e.g., intestinal infection, pertussis, bacterial infection, lyme disease, otitis media, acute sinusitis, acute pharyngitis, acute tonsillitis, chronic sinusitis, infection of the
- G8710 Patient prescribed or dispensed antibiotic
- G8711 Prescribed or dispensed antibiotic
- G8712 Antibiotic not prescribed or dispensed
- G8713 Spkt/v greater than or equal to 1.2 (single-pool clearance of urea [kt] / volume [v])
- G8714 Hemodialysis treatment performed exactly three times per week for > 90 days
- G8717 Spkt/v less than 1.2 (single-pool clearance of urea [kt] / volume [v]), reason not given
- G8718 Total kt/v greater than or equal to 1.7 per week (total clearance of urea [kt] / volume [v])
- G8720 Total kt/v less than 1.7 per week (total clearance of urea [kt] / volume [v]), reason not given
- G8721 Pt category (primary tumor), pn category (regional lymph nodes), and histologic grade were documented in pathology report
- G8722 Documentation of medical reason(s) for not including the pt category, the pn category or the histologic grade in the pathology report (e.g., re-excision without residual tumor; non-carcinomasanal canal)
- G8723 Specimen site is other than anatomic location of primary tumor
- G8724 Pt category, pn category and histologic grade were not documented in the pathology report, reason not given
- G8725 Fasting lipid profile performed (triglycerides, ldl-c, hdl-c and total cholesterol)
- G8726 Clinician has documented reason for not performing fasting lipid profile (e.g., patient declined, other patient reasons)
- G8728 Fasting lipid profile not performed, reason not given
- G8730 Pain assessment documented as positive using a standardized tool and a follow-up plan is documented
- G8731 Pain assessment using a standardized tool is documented as negative, no follow-up plan required
- G8732 No documentation of pain assessment, reason not given
- G8733 Elder maltreatment screen documented as positive and a follow-up plan is documented
- G8734 Elder maltreatment screen documented as negative, no follow-up required
- G8735 Elder maltreatment screen documented as positive, follow-up plan not documented, reason not given
- G8736 Most current ldl-c <100mg/dl
- G8737 Most current ldl-c >=100mg/dl
- G8738 Left ventricular ejection fraction (lvef) < 40% or documentation of severely or moderately depressed left ventricular systolic function
- G8739 Left ventricular ejection fraction (lvef) >= 40% or documentation as normal or mildly depressed left ventricular systolic function
- G8740 Left ventricular ejection fraction (lvef) not performed or assessed, reason not given
- G8749 Absence of signs of melanoma (cough, dyspnea, tenderness, localized neurologic signs such as weakness, jaundice or any other sign suggesting systemic spread) or absence of symptoms of melanoma (pain, paresthesia, or any other symptom suggesting the possib
- G8751 Smoking status and exposure to second hand smoke in the home not assessed, reason not given
- G8752 Most recent systolic blood pressure < 140 mmhg
- G8753 Most recent systolic blood pressure >= 140 mmhg
- G8754 Most recent diastolic blood pressure < 90 mmhg

G8755 Most recent diastolic blood pressure \geq 90 mmhg

G8756 No documentation of blood pressure measurement, reason not given

G8757 All quality actions for the applicable measures in the chronic obstructive pulmonary disease (copd) measures group have been performed for this patient

G8758 All quality actions for the applicable measures in the inflammatory bowel disease (ibd) measures group have been performed for this patient

G8759 All quality actions for the applicable measures in the sleep apnea measures group have been performed for this patient

G8761 All quality actions for the applicable measures in the dementia measures group have been performed for this patient

G8762 All quality actions for the applicable measures in the parkinson's disease measures group have been performed for this patient

G8763 All quality actions for the applicable measures in the hypertension (htn) measures group have been performed for this patient

G8764 All quality actions for the applicable measures in the cardiovascular prevention measures group have been performed for this patient

G8765 All quality actions for the applicable measures in the cataract measures group have been performed for this patient

G8767 Lipid panel results documented and reviewed (must include total cholesterol, hdl-c, triglycerides and calculated ldl-c)

G8768 Documentation of medical reason(s) for not performing lipid profile (e.g., patients with palliative goals or for whom treatment of hypertension with standard treatment goals is not clinically appropriate)

G8769 Lipid profile not performed, reason not given

G8770 Urine protein test result documented and reviewed

G8771 Documentation of diagnosis of chronic kidney disease

G8772 Documentation of medical reason(s) for not performing urine protein test (e.g., patients with palliative goals or for whom treatment of hypertension with standard treatment goals is not clinically appropriate)

G8773 Urine protein test was not performed, reason not given

G8774 Serum creatinine test result documented and reviewed

G8775 Documentation of medical reason(s) for not performing serum creatinine test (e.g., patients with palliative goals or for whom treatment of hypertension with standard treatment goals is not clinically appropriate)

G8776 Serum creatinine test not performed, reason not given

G8777 Diabetes screening test performed

G8778 Documentation of medical reason(s) for not performing diabetes screening test (e.g., patients with a diagnosis of diabetes, or with palliative goals or for whom treatment of hypertension with standard treatment goals is not clinically appropriate)

G8779 Diabetes screening test not performed, reason not given

G8780 Counseling for diet and physical activity performed

G8781 Documentation of medical reason(s) for patient not receiving counseling for diet and physical activity (e.g., patients with palliative goals or for whom treatment of hypertension with standard treatment goals is not clinically appropriate)

G8782 Counseling for diet and physical activity not performed, reason not given

G8783 Normal blood pressure reading documented, follow-up not required

G8784 Blood pressure reading not documented, documentation the patient is not eligible

G8785 Blood pressure reading not documented, reason not given

G8797 Specimen site other than anatomic location of esophagus

G8798 Specimen site other than anatomic location of prostate

G8806 Performance of trans-abdominal or trans-vaginal ultrasound

G8807 Trans-abdominal or trans-vaginal ultrasound not performed for reasons documented by clinician (e.g., patient has visited the ed multiple times within 72 hours, patient has a documented intrauterine pregnancy [iup])

G8808 Trans-abdominal or trans-vaginal ultrasound not performed, reason not given

G8809 Rh-immunoglobulin (rhogam) ordered

G8810 Rh-immunoglobulin (rhogam) not ordered for reasons documented by clinician (e.g., patient had prior documented receipt of rhogam within 12 weeks, patient refusal)

G8811 Documentation rh-immunoglobulin (rhogam) was not ordered, reason not given

G8815 Documented reason in the medical records for why the statin therapy was not prescribed (i.e., lower extremity bypass was for a patient with non-atherosclerotic disease)

G8816 Statin medication prescribed at discharge

G8817 Statin therapy not prescribed at discharge, reason not given

G8818 Patient discharge to home no later than post-operative day #7

G8825 Patient not discharged to home by post-operative day #7

G8826 Patient discharge to home no later than post-operative day #2 following evar

G8833 Patient not discharged to home by post-operative day #2 following evar

G8834 Patient discharged to home no later than post-operative day #2 following cea

G8838 Patient not discharged to home by post-operative day #2 following cea

G8839 Sleep apnea symptoms assessed, including presence or absence of snoring and daytime sleepiness

G8840 Documentation of reason(s) for not documenting an assessment of sleep symptoms (e.g., patient didn't have initial daytime sleepiness, patient visited between initial testing and initiation of therapy)

G8841 Sleep apnea symptoms not assessed, reason not given

G8842 Apnea hypopnea index (ahi) or respiratory disturbance index (rdi) measured at the time of initial diagnosis

G8843 Documentation of reason(s) for not measuring an apnea hypopnea index (ahi) or a respiratory disturbance index (rdi) at the time of initial diagnosis (e.g., psychiatric disease, dementia, patient declined, financial, insurance coverage, test ordered but no

G8844 Apnea hypopnea index (ahi) or respiratory disturbance index (rdi) not measured at the time of initial diagnosis, reason not given

G8845 Positive airway pressure therapy prescribed

G8846 Moderate or severe obstructive sleep apnea (apnea hypopnea index (ahi) or respiratory disturbance index (rdi) of 15 or greater)

G8848 Mild obstructive sleep apnea (apnea hypopnea index (ahi) or respiratory disturbance index (rdi) of less than 15)

G8849 Documentation of reason(s) for not prescribing positive airway pressure therapy (e.g., patient unable to tolerate, alternative therapies use, patient declined, financial, insurance coverage)

G8850 Positive airway pressure therapy not prescribed, reason not given

G8851 Objective measurement of adherence to positive airway pressure therapy, documented

G8852 Positive airway pressure therapy prescribed

G8853 Positive airway pressure therapy not prescribed

G8854 Documentation of reason(s) for not objectively measuring adherence to positive airway pressure therapy (e.g., patient didn't bring data from continuous positive airway pressure [cpap], therapy not yet initiated, not available on machine)

G8855 Objective measurement of adherence to positive airway pressure therapy not performed, reason not given

G8856 Referral to a physician for an otologic evaluation performed

- G8857 Patient is not eligible for the referral for otologic evaluation measure (e.g., patients who are already under the care of a physician for acute or chronic dizziness)
- G8858 Referral to a physician for an otologic evaluation not performed, reason not given
- G8859 Patient receiving corticosteroids greater than or equal to 10mg/day for 60 or greater consecutive days
- G8860 Patients who have received dose of corticosteroids greater than or equal to 10mg/day for 60 or greater consecutive days
- G8861 Within the past 2 years, central dual-energy x-ray absorptiometry (dxa) ordered and documented, review of systems and medication history or pharmacologic therapy (other than minerals/vitamins) for osteoporosis prescribed
- G8862 Patients not receiving corticosteroids greater than or equal to 10mg/day for 60 or greater consecutive days
- G8863 Patients not assessed for risk of bone loss, reason not given
- G8864 Pneumococcal vaccine administered or previously received
- G8865 Documentation of medical reason(s) for not administering or previously receiving pneumococcal vaccine (e.g., patient allergic reaction, potential adverse drug reaction)
- G8866 Documentation of patient reason(s) for not administering or previously receiving pneumococcal vaccine (e.g., patient refusal)
- G8867 Pneumococcal vaccine not administered or previously received, reason not given
- G8868 Patients receiving a first course of anti-tnf therapy
- G8869 Patient has documented immunity to hepatitis b and initiating anti-tnf therapy
- G8870 Hepatitis b vaccine injection administered or previously received and is receiving a first course of anti-tnf therapy
- G8871 Patient not receiving a first course of anti-tnf therapy
- G8872 Excised tissue evaluated by imaging intraoperatively to confirm successful inclusion of targeted lesion
- G8873 Patients with needle localization specimens which are not amenable to intraoperative imaging such as mri needle wire localization, or targets which are tentatively identified on mammogram or ultrasound which do not contain a biopsy marker but which can be
- G8874 Excised tissue not evaluated by imaging intraoperatively to confirm successful inclusion of targeted lesion
- G8875 Clinician diagnosed breast cancer preoperatively by a minimally invasive biopsy method
- G8876 Documentation of reason(s) for not performing minimally invasive biopsy to diagnose breast cancer preoperatively (e.g., lesion too close to skin, implant, chest wall, etc., lesion could not be adequately visualized for needle biopsy, patient condition pre
- G8877 Clinician did not attempt to achieve the diagnosis of breast cancer preoperatively by a minimally invasive biopsy method, reason not given
- G8878 Sentinel lymph node biopsy procedure performed
- G8879 Clinically node negative (t1n0m0) or t2n0m0 invasive breast cancer
- G8880 Documentation of reason(s) sentinel lymph node biopsy not performed (e.g., reasons could include but not limited to; non-invasive cancer, incidental discovery of breast cancer on prophylactic mastectomy, incidental discovery of breast cancer on reduction
- G8881 Stage of breast cancer is greater than t1n0m0 or t2n0m0
- G8882 Sentinel lymph node biopsy procedure not performed, reason not given
- G8883 Biopsy results reviewed, communicated, tracked and documented
- G8884 Clinician documented reason that patient's biopsy results were not reviewed
- G8885 Biopsy results not reviewed, communicated, tracked or documented
- G8886 Most recent blood pressure under control

- G8887 Documentation of medical reason(s) for most recent blood pressure not being under control (e.g., patients with palliative goals or for whom treatment of hypertension with standard treatment goals is not clinically appropriate)
- G8888 Most recent blood pressure not under control, results documented and reviewed
- G8889 No documentation of blood pressure measurement, reason not given
- G8890 Most recent ldl-c under control, results documented and reviewed
- G8891 Documentation of medical reason(s) for most recent ldl-c not under control (e.g., patients with palliative goals for for whom treatment of hypertension with standard treatment goals is not clinically appropriate)
- G8892 Documentation of medical reason(s) for not performing ldl-c test (e.g. patients with palliative goals or for whom treatment of hypertension with standard treatment goals is not clinically appropriate)
- G8893 Most recent ldl-c not under control, results documented and reviewed
- G8894 Ldl-c not performed, reason not given
- G8895 Oral aspirin or other antithrombotic therapy prescribed
- G8896 Documentation of medical reason(s) for not prescribing oral aspirin or other antthrombotic therapy (e.g., patient documented to be low risk or patient with terminal illness or treatment of hypertension with standard treatment goals is not clinically appro
- G8897 Oral aspirin or other antithrombotic therapy was not prescribed, reason not given
- G8898 I intend to report the chronic obstructive pulmonary disease (copd) measures group
- G8899 I intend to report the inflammatory bowel disease (ibd) measures group
- G8900 I intend to report the sleep apnea measures group
- G8902 I intend to report the dementia measures group
- G8903 I intend to report the parkinson's disease measures group
- G8904 I intend to report the hypertension (htn) measures group
- G8905 I intend to report the cardiovascular prevention measures group
- G8906 I intend to report the cataract measures group
- G8907 Patient documented not to have experienced any of the following events: a burn prior to discharge; a fall within the facility; wrong site/side/patient/procedure/implant event; or a hospital transfer or hospital admission upon discharge from the facility
- G8908 Patient documented to have received a burn prior to discharge
- G8909 Patient documented not to have received a burn prior to discharge
- G8910 Patient documented to have experienced a fall within asc
- G8911 Patient documented not to have experienced a fall within ambulatory surgical center
- G8912 Patient documented to have experienced a wrong site, wrong side, wrong patient, wrong procedure or wrong implant event
- G8913 Patient documented not to have experienced a wrong site, wrong side, wrong patient, wrong procedure or wrong implant event
- G8914 Patient documented to have experienced a hospital transfer or hospital admission upon discharge from asc
- G8915 Patient documented not to have experienced a hospital transfer or hospital admission upon discharge from asc
- G8916 Patient with preoperative order for iv antibiotic surgical site infection (ssi) prophylaxis, antibiotic initiated on time
- G8917 Patient with preoperative order for iv antibiotic surgical site infection (ssi) prophylaxis, antibiotic not initiated on time
- G8918 Patient without preoperative order for iv antibiotic surgical site infection (ssi) prophylaxis
- G8923 Left ventricular ejection fraction (lvef) < 40% or documentation of moderately or severely depressed left ventricular systolic function

- G8924 Spirometry test results demonstrate fev1/fvc < 70%, fev < 60% predicted and patient has copd symptoms (e.g., dyspnea, cough/sputum, wheezing)
- G8925 Spirometry test results demonstrate fev1 >= 60% fev1/fvc >= 70%, predicted or patient does not have copd symptoms
- G8926 Spirometry test not performed or documented, reason not given
- G8927 Adjuvant chemotherapy referred, prescribed or previously received for ajcc stage iii, colon cancer
- G8928 Adjuvant chemotherapy not prescribed or previously received for documented reasons (e.g., medical co-morbidities, diagnosis date more than 5 years prior to the current visit date, patient's cancer has metastasized, medical contraindication/allergy, poor p
- G8929 Adjuvant chemotherapy not prescribed or previously received, reason not specified
- G8930 Assessment of depression severity at the initial evaluation
- G8931 Assessment of depression severity not documented, reason not given
- G8932 Suicide risk assessed at the initial evaluation
- G8933 Suicide risk not assessed at the initial evaluation, reason not given
- G8934 Left ventricular ejection fraction (lvef) <40% or documentation of moderately or severely depressed left ventricular systolic function
- G8935 Clinician prescribed angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy
- G8936 Clinician documented that patient was not an eligible candidate for angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy (eg, allergy, intolerance, pregnancy, renal failure due to ace inhibitor, diseases of the aorti
- G8937 Clinician did not prescribe angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy, reason not given
- G8938 Bmi is documented as being outside of normal limits, follow-up plan is not documented, documentation the patient is not eligible
- G8939 Pain assessment documented as positive, follow-up plan not documented, documentation the patient is not eligible at the time of the encounter
- G8940 Screening for clinical depression documented as positive, a follow-up plan not documented, documentation stating the patient is not eligible
- G8941 Elder maltreatment screen documented as positive, follow-up plan not documented, documentation the patient is not eligible for follow-up plan at the time of the encounter
- G8942 Functional outcomes assessment using a standardized tool is documented within the previous 30 days and care plan, based on identified deficiencies on the date of the functional outcome assessment, is documented
- G8943 Ldl-c result not present or not within 12 months prior
- G8944 Ajcc melanoma cancer stage 0 through iic melanoma
- G8946 Minimally invasive biopsy method attempted but not diagnostic of breast cancer (e.g., high risk lesion of breast such as atypical ductal hyperplasia, lobular neoplasia, atypical lobular hyperplasia, lobular carcinoma in situ, atypical columnar hyperplasia
- G8947 One or more neuropsychiatric symptoms
- G8948 No neuropsychiatric symptoms
- G8949 Documentation of patient reason(s) for patient not receiving counseling for diet and physical activity (e.g., patient is not willing to discuss diet or exercise interventions to help control blood pressure, or the patient said he/she refused to make these
- G8950 Pre-hypertensive or hypertensive blood pressure reading documented, and the indicated follow-up is documented
- G8951 Pre-hypertensive or hypertensive blood pressure reading documented, indicated follow-up not documented, documentation the patient is not eligible

- G8952 Pre-hypertensive or hypertensive blood pressure reading documented, indicated follow-up not documented, reason not given
- G8953 All quality actions for the applicable measures in the oncology measures group have been performed for this patient
- G8955 Most recent assessment of adequacy of volume management documented
- G8956 Patient receiving maintenance hemodialysis in an outpatient dialysis facility
- G8957 Patient not receiving maintenance hemodialysis in an outpatient dialysis facility
- G8958 Assessment of adequacy of volume management not documented, reason not given
- G8959 Clinician treating major depressive disorder communicates to clinician treating comorbid condition
- G8960 Clinician treating major depressive disorder did not communicate to clinician treating comorbid condition, reason not given
- G8961 Cardiac stress imaging test primarily performed on low-risk surgery patient for preoperative evaluation within 30 days preceding this surgery
- G8962 Cardiac stress imaging test performed on patient for any reason including those who did not have low risk surgery or test that was performed more than 30 days preceding low risk surgery
- G8963 Cardiac stress imaging performed primarily for monitoring of asymptomatic patient who had pci within 2 years
- G8964 Cardiac stress imaging test performed primarily for any other reason than monitoring of asymptomatic patient who had pci within 2 years (e.g., symptomatic patient, patient greater than 2 years since pci, initial evaluation, etc)
- G8965 Cardiac stress imaging test primarily performed on low chd risk patient for initial detection and risk assessment
- G8966 Cardiac stress imaging test performed on symptomatic or higher than low chd risk patient or for any reason other than initial detection and risk assessment
- G8967 Warfarin or another fda approved oral anticoagulant is prescribed
- G8968 Documentation of medical reason(s) for not prescribing warfarin or another fda-approved anticoagulant (e.g., atrial appendage device in place)
- G8969 Documentation of patient reason(s) for not prescribing warfarin or another fda-approved oral anticoagulant that is fda approved for the prevention of thromboembolism (e.g., patient choice of having atrial appendage device placed)
- G8970 No risk factors or one moderate risk factor for thromboembolism
- G8971 Warfarin or another oral anticoagulant that is fda approved not prescribed, reason not given
- G8972 One or more high risk factors for thromboembolism or more than one moderate risk factor for thromboembolism
- G8973 Most recent hemoglobin (hgb) level < 10 g/dl
- G8974 Hemoglobin level measurement not documented, reason not given
- G8975 Documentation of medical reason(s) for patient having a hemoglobin level < 10 g/dl (e.g., patients who have non-renal etiologies of anemia [e.g., sickle cell anemia or other hemoglobinopathies, hypersplenism, primary bone marrow disease, anemia related to
- G8976 Most recent hemoglobin (hgb) level >= 10 g/dl
- G8977 I intend to report the oncology measures group
- G8978 Mobility: walking & moving around functional limitation, current status, at therapy episode outset and at reporting intervals
- G8979 Mobility: walking & moving around functional limitation, projected goal status, at therapy episode outset, at reporting intervals, and at discharge or to end reporting
- G8980 Mobility: walking & moving around functional limitation, discharge status, at discharge from therapy or to end reporting

G8981 Changing & maintaining body position functional limitation, current status, at therapy episode outset and at reporting intervals

G8982 Changing & maintaining body position functional limitation, projected goal status, at therapy episode outset, at reporting intervals, and at discharge or to end reporting

G8983 Changing & maintaining body position functional limitation, discharge status, at discharge from therapy or to end reporting

G8984 Carrying, moving & handling objects functional limitation, current status, at therapy episode outset and at reporting intervals

G8985 Carrying, moving and handling objects, projected goal status, at therapy episode outset, at reporting intervals, and at discharge or to end reporting

G8986 Carrying, moving & handling objects functional limitation, discharge status, at discharge from therapy or to end reporting

G8987 Self care functional limitation, current status, at therapy episode outset and at reporting intervals

G8988 Self care functional limitation, projected goal status, at therapy episode outset, at reporting intervals, and at discharge or to end reporting

G8989 Self care functional limitation, discharge status, at discharge from therapy or to end reporting

G8990 Other physical or occupational therapy primary functional limitation, current status, at therapy episode outset and at reporting intervals

G8991 Other physical or occupational therapy primary functional limitation, projected goal status, at therapy episode outset, at reporting intervals, and at discharge or to end reporting

G8992 Other physical or occupational therapy primary functional limitation, discharge status, at discharge from therapy or to end reporting

G8993 Other physical or occupational therapy subsequent functional limitation, current status, at therapy episode outset and at reporting intervals

G8994 Other physical or occupational therapy subsequent functional limitation, projected goal status, at therapy episode outset, at reporting intervals, and at discharge or to end reporting

G8995 Other physical or occupational therapy subsequent functional limitation, discharge status, at discharge from therapy or to end reporting

G8996 Swallowing functional limitation, current status at therapy episode outset and at reporting intervals

G8997 Swallowing functional limitation, projected goal status, at therapy episode outset, at reporting intervals, and at discharge or to end reporting

G8998 Swallowing functional limitation, discharge status, at discharge from therapy or to end reporting

G8999 Motor speech functional limitation, current status at therapy episode outset and at reporting intervals

G9001 Coordinated care fee, initial rate

G9002 Coordinated care fee, maintenance rate

G9003 Coordinated care fee, risk adjusted high, initial

G9004 Coordinated care fee, risk adjusted low, initial

G9005 Coordinated care fee, risk adjusted maintenance

G9006 Coordinated care fee, home monitoring

G9007 Coordinated care fee, scheduled team conference

G9008 Coordinated care fee, physician coordinated care oversight services

G9009 Coordinated care fee, risk adjusted maintenance, level 3

G9010 Coordinated care fee, risk adjusted maintenance, level 4

G9011 Coordinated care fee, risk adjusted maintenance, level 5

G9012 Other specified case management service not elsewhere classified

G9013 Esrd demo basic bundle level i

G9014 Esrd demo expanded bundle including venous access and related services

- G9016 Smoking cessation counseling, individual, in the absence of or in addition to any other evaluation and management service, per session (6-10 minutes) [demo project code only]
- G9017 Amantadine hydrochloride, oral, per 100 mg (for use in a medicare-approved demonstration project)
- G9018 Zanamivir, inhalation powder, administered through inhaler, per 10 mg (for use in a medicare-approved demonstration project)
- G9019 Oseltamivir phosphate, oral, per 75 mg (for use in a medicare-approved demonstration project)
- G9020 Rimantadine hydrochloride, oral, per 100 mg (for use in a medicare-approved demonstration project)
- G9033 Amantadine hydrochloride, oral brand, per 100 mg (for use in a medicare-approved demonstration project)
- G9034 Zanamivir, inhalation powder, administered through inhaler, brand, per 10 mg (for use in a medicare-approved demonstration project)
- G9035 Oseltamivir phosphate, oral, brand, per 75 mg (for use in a medicare-approved demonstration project)
- G9036 Rimantadine hydrochloride, oral, brand, per 100 mg (for use in a medicare-approved demonstration project)
- G9050 Oncology; primary focus of visit; work-up, evaluation, or staging at the time of cancer diagnosis or recurrence (for use in a medicare-approved demonstration project)
- G9051 Oncology; primary focus of visit; treatment decision-making after disease is staged or restaged, discussion of treatment options, supervising/coordinating active cancer directed therapy or managing consequences of cancer directed therapy (for use in a med
- G9052 Oncology; primary focus of visit; surveillance for disease recurrence for patient who has completed definitive cancer-directed therapy and currently lacks evidence of recurrent disease; cancer directed therapy might be considered in the future (for use in
- G9053 Oncology; primary focus of visit; expectant management of patient with evidence of cancer for whom no cancer directed therapy is being administered or arranged at present; cancer directed therapy might be considered in the future (for use in a medicare-ap
- G9054 Oncology; primary focus of visit; supervising, coordinating or managing care of patient with terminal cancer or for whom other medical illness prevents further cancer treatment; includes symptom management, end-of-life care planning, management of palliat
- G9055 Oncology; primary focus of visit; other, unspecified service not otherwise listed (for use in a medicare-approved demonstration project)
- G9056 Oncology; practice guidelines; management adheres to guidelines (for use in a medicare-approved demonstration project)
- G9057 Oncology; practice guidelines; management differs from guidelines as a result of patient enrollment in an institutional review board approved clinical trial (for use in a medicare-approved demonstration project)
- G9058 Oncology; practice guidelines; management differs from guidelines because the treating physician disagrees with guideline recommendations (for use in a medicare-approved demonstration project)
- G9059 Oncology; practice guidelines; management differs from guidelines because the patient, after being offered treatment consistent with guidelines, has opted for alternative treatment or management, including no treatment (for use in a medicare-approved demo
- G9060 Oncology; practice guidelines; management differs from guidelines for reason(s) associated with patient comorbid illness or performance status not factored into guidelines (for use in a medicare-approved demonstration project)

- G9061 Oncology; practice guidelines; patient's condition not addressed by available guidelines (for use in a medicare-approved demonstration project)
- G9062 Oncology; practice guidelines; management differs from guidelines for other reason(s) not listed (for use in a medicare-approved demonstration project)
- G9063 Oncology; disease status; limited to non-small cell lung cancer; extent of disease initially established as stage i (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved
- G9064 Oncology; disease status; limited to non-small cell lung cancer; extent of disease initially established as stage ii (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved
- G9065 Oncology; disease status; limited to non-small cell lung cancer; extent of disease initially established as stage iii a (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a medicare-appro
- G9066 Oncology; disease status; limited to non-small cell lung cancer; stage iii b- iv at diagnosis, metastatic, locally recurrent, or progressive (for use in a medicare-approved demonstration project)
- G9067 Oncology; disease status; limited to non-small cell lung cancer; extent of disease unknown, staging in progress, or not listed (for use in a medicare-approved demonstration project)
- G9068 Oncology; disease status; limited to small cell and combined small cell/non-small cell; extent of disease initially established as limited with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration pro
- G9069 Oncology; disease status; small cell lung cancer, limited to small cell and combined small cell/non-small cell; extensive stage at diagnosis, metastatic, locally recurrent, or progressive (for use in a medicare-approved demonstration project)
- G9070 Oncology; disease status; small cell lung cancer, limited to small cell and combined small cell/non-small; extent of disease unknown, staging in progress, or not listed (for use in a medicare-approved demonstration project)
- G9071 Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; stage i or stage iia-iib; or t3, n1, m0; and er and/or pr positive; with no evidence of disease progression, recu
- G9072 Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; stage i, or stage iia-iib; or t3, n1, m0; and er and pr negative; with no evidence of disease progression, recurr
- G9073 Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; stage iia-iib; and not t3, n1, m0; and er and/or pr positive; with no evidence of disease progression, recurren
- G9074 Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; stage iia-iib; and not t3, n1, m0; and er and pr negative; with no evidence of disease progression, recurrence,
- G9075 Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; m1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a medicare-approved demonstration proj

- G9077 Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type; t1-t2c and gleason 2-7 and psa < or equal to 20 at diagnosis with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved
- G9078 Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type; t2 or t3a gleason 8-10 or psa > 20 at diagnosis with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration
- G9079 Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type; t3b-t4, any n; any t, n1 at diagnosis with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)
- G9080 Oncology; disease status; prostate cancer, limited to adenocarcinoma; after initial treatment with rising psa or failure of psa decline (for use in a medicare-approved demonstration project)
- G9083 Oncology; disease status; prostate cancer, limited to adenocarcinoma; extent of disease unknown, staging in progress, or not listed (for use in a medicare-approved demonstration project)
- G9084 Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as t1-3, n0, m0 with no evidence of disease progression, recurrence, or metastases (for use in a medicare-
- G9085 Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as t4, n0, m0 with no evidence of disease progression, recurrence, or metastases (for use in a medicare-ap
- G9086 Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as t1-4, n1-2, m0 with no evidence of disease progression, recurrence, or metastases (for use in a medicar
- G9087 Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; m1 at diagnosis, metastatic, locally recurrent, or progressive with current clinical, radiologic, or biochemical evidence of disease (for use in a
- G9088 Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; m1 at diagnosis, metastatic, locally recurrent, or progressive without current clinical, radiologic, or biochemical evidence of disease (for use i
- G9089 Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a medicare-approved demonstration project)
- G9090 Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as t1-2, n0, m0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurr
- G9091 Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as t3, n0, m0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence
- G9092 Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as t1-3, n1-2, m0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurr

- G9093 Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as t4, any n, m0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence
- G9094 Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; m1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a medicare-approved demonstration project)
- G9095 Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a medicare-approved demonstration project)
- G9096 Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell type; extent of disease initially established as t1-t3, n0-n1 or nx (prior to neo-adjuvant therapy, if any) with no evidence of disease p
- G9097 Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell type; extent of disease initially established as t4, any n, m0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progre
- G9098 Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell type; m1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a medicare-approved demonstration project)
- G9099 Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a medicare-approved demonstration project)
- G9100 Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; post r0 resection (with or without neoadjuvant therapy) with no evidence of disease recurrence, progression, or metastases (for use in a medicare-approved demons
- G9101 Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; post r1 or r2 resection (with or without neoadjuvant therapy) with no evidence of disease progression, or metastases (for use in a medicare-approved demonstratio
- G9102 Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; clinical or pathologic m0, unresectable with no evidence of disease progression, or metastases (for use in a medicare-approved demonstration project)
- G9103 Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; clinical or pathologic m1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a medicare-approved demonstration project)
- G9104 Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a medicare-approved demonstration project)
- G9105 Oncology; disease status; pancreatic cancer, limited to adenocarcinoma as predominant cell type; post r0 resection without evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)
- G9106 Oncology; disease status; pancreatic cancer, limited to adenocarcinoma; post r1 or r2 resection with no evidence of disease progression, or metastases (for use in a medicare-approved demonstration project)
- G9107 Oncology; disease status; pancreatic cancer, limited to adenocarcinoma; unresectable at diagnosis, m1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a medicare-approved demonstration project)

- G9108 Oncology; disease status; pancreatic cancer, limited to adenocarcinoma; extent of disease unknown, staging in progress, or not listed (for use in a medicare-approved demonstration project)
- G9109 Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell as predominant cell type; extent of disease initially established as t1-t2 and n0, m0 (prior to neo-adjuvant therapy, if any) with no
- G9110 Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell as predominant cell type; extent of disease initially established as t3-4 and/or n1-3, m0 (prior to neo-adjuvant therapy, if any) with
- G9111 Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell as predominant cell type; m1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a medicare-approved demonstration
- G9112 Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a medicare-approved demonstration
- G9113 Oncology; disease status; ovarian cancer, limited to epithelial cancer; pathologic stage ia-b (grade 1) without evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)
- G9114 Oncology; disease status; ovarian cancer, limited to epithelial cancer; pathologic stage ia-b (grade 2-3); or stage ic (all grades); or stage ii; without evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstrat
- G9115 Oncology; disease status; ovarian cancer, limited to epithelial cancer; pathologic stage iii-iv; without evidence of progression, recurrence, or metastases (for use in a medicare-approved demonstration project)
- G9116 Oncology; disease status; ovarian cancer, limited to epithelial cancer; evidence of disease progression, or recurrence, and/or platinum resistance (for use in a medicare-approved demonstration project)
- G9117 Oncology; disease status; ovarian cancer, limited to epithelial cancer; extent of disease unknown, staging in progress, or not listed (for use in a medicare-approved demonstration project)
- G9123 Oncology; disease status; chronic myelogenous leukemia, limited to philadelphia chromosome positive and/or bcr-abl positive; chronic phase not in hematologic, cytogenetic, or molecular remission (for use in a medicare-approved demonstration project)
- G9124 Oncology; disease status; chronic myelogenous leukemia, limited to philadelphia chromosome positive and/or bcr-abl positive; accelerated phase not in hematologic cytogenetic, or molecular remission (for use in a medicare-approved demonstration project)
- G9125 Oncology; disease status; chronic myelogenous leukemia, limited to philadelphia chromosome positive and/or bcr-abl positive; blast phase not in hematologic, cytogenetic, or molecular remission (for use in a medicare-approved demonstration project)
- G9126 Oncology; disease status; chronic myelogenous leukemia, limited to philadelphia chromosome positive and/or bcr-abl positive; in hematologic, cytogenetic, or molecular remission (for use in a medicare-approved demonstration project)
- G9128 Oncology; disease status; limited to multiple myeloma, systemic disease; smoldering, stage i (for use in a medicare-approved demonstration project)
- G9129 Oncology; disease status; limited to multiple myeloma, systemic disease; stage ii or higher (for use in a medicare-approved demonstration project)

- G9130 Oncology; disease status; limited to multiple myeloma, systemic disease; extent of disease unknown, staging in progress, or not listed (for use in a medicare-approved demonstration project)
- G9131 Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a medicare-approved demonstration proje
- G9132 Oncology; disease status; prostate cancer, limited to adenocarcinoma; hormone-refractory/androgen-independent (e.g., rising psa on anti-androgen therapy or post-orchiectomy); clinical metastases (for use in a medicare-approved demonstration project)
- G9133 Oncology; disease status; prostate cancer, limited to adenocarcinoma; hormone-responsive; clinical metastases or m1 at diagnosis (for use in a medicare-approved demonstration project)
- G9134 Oncology; disease status; non-hodgkin's lymphoma, any cellular classification; stage i, ii at diagnosis, not relapsed, not refractory (for use in a medicare-approved demonstration project)
- G9135 Oncology; disease status; non-hodgkin's lymphoma, any cellular classification; stage iii, iv, not relapsed, not refractory (for use in a medicare-approved demonstration project)
- G9136 Oncology; disease status; non-hodgkin's lymphoma, transformed from original cellular diagnosis to a second cellular classification (for use in a medicare-approved demonstration project)
- G9137 Oncology; disease status; non-hodgkin's lymphoma, any cellular classification; relapsed/refractory (for use in a medicare-approved demonstration project)
- G9138 Oncology; disease status; non-hodgkin's lymphoma, any cellular classification; diagnostic evaluation, stage not determined, evaluation of possible relapse or non-response to therapy, or not listed (for use in a medicare-approved demonstration project)
- G9139 Oncology; disease status; chronic myelogenous leukemia, limited to philadelphia chromosome positive and/or bcr-abl positive; extent of disease unknown, staging in progress, not listed (for use in a medicare-approved demonstration project)
- G9140 Frontier extended stay clinic demonstration; for a patient stay in a clinic approved for the cms demonstration project; the following measures should be present: the stay must be equal to or greater than 4 hours; weather or other conditions must prevent t
- G9143 Warfarin responsiveness testing by genetic technique using any method, any number of specimen(s)
- G9147 Outpatient intravenous insulin treatment (oivit) either pulsatile or continuous, by any means, guided by the results of measurements for: respiratory quotient; and/or, urine urea nitrogen (uun); and/or, arterial, venous or capillary glucose; and/or potass
- G9148 National committee for quality assurance - level 1 medical home
- G9149 National committee for quality assurance - level 2 medical home
- G9150 National committee for quality assurance - level 3 medical home
- G9151 Mapcp demonstration - state provided services
- G9152 Mapcp demonstration - community health teams
- G9153 Mapcp demonstration - physician incentive pool
- G9156 Evaluation for wheelchair requiring face to face visit with physician
- G9157 Transesophageal doppler measurement of cardiac output (including probe placement, image acquisition, and interpretation per course of treatment) for monitoring purposes
- G9158 Motor speech functional limitation, discharge status, at discharge from therapy or to end reporting

- G9159 Spoken language comprehension functional limitation, current status at therapy episode outset and at reporting intervals
- G9160 Spoken language comprehension functional limitation, projected goal status at therapy episode outset, at reporting intervals, and at discharge or to end reporting
- G9161 Spoken language comprehension functional limitation, discharge status, at discharge from therapy or to end reporting
- G9162 Spoken language expression functional limitation, current status at therapy episode outset and at reporting intervals
- G9163 Spoken language expression functional limitation, projected goal status at therapy episode outset, at reporting intervals, and at discharge or to end reporting
- G9164 Spoken language expression functional limitation, discharge status at discharge from therapy or to end reporting
- G9165 Attention functional limitation, current status at therapy episode outset and at reporting intervals
- G9166 Attention functional limitation, projected goal status at therapy episode outset, at reporting intervals, and at discharge or to end reporting
- G9167 Attention functional limitation, discharge status at discharge from therapy or to end reporting
- G9168 Memory functional limitation, current status at therapy episode outset and at reporting intervals
- G9169 Memory functional limitation, projected goal status at therapy episode outset, at reporting intervals, and at discharge or to end reporting
- G9170 Memory functional limitation, discharge status at discharge from therapy or to end reporting
- G9171 Voice functional limitation, current status at therapy episode outset and at reporting intervals
- G9172 Voice functional limitation, projected goal status at therapy episode outset, at reporting intervals, and at discharge or to end reporting
- G9173 Voice functional limitation, discharge status at discharge from therapy or to end reporting
- G9174 Other speech language pathology functional limitation, current status at therapy episode outset and at reporting intervals
- G9175 Other speech language pathology functional limitation, projected goal status at therapy episode outset, at reporting intervals, and at discharge or to end reporting
- G9176 Other speech language pathology functional limitation, discharge status at discharge from therapy or to end reporting
- G9186 Motor speech functional limitation, projected goal status at therapy episode outset, at reporting intervals, and at discharge or to end reporting
- G9187 Bundled payments for care improvement initiative home visit for patient assessment performed by a qualified health care professional for individuals not considered homebound including, but not limited to, assessment of safety, falls, clinical status, flu
- G9188 Beta-blocker therapy not prescribed, reason not given
- G9189 Beta-blocker therapy prescribed or currently being taken
- G9190 Documentation of medical reason(s) for not prescribing beta-blocker therapy (eg, allergy, intolerance, other medical reasons)
- G9191 Documentation of patient reason(s) for not prescribing beta-blocker therapy (eg, patient declined, other patient reasons)
- G9192 Documentation of system reason(s) for not prescribing beta-blocker therapy (eg, other reasons attributable to the health care system)

- G9193 Clinician documented that patient with a diagnosis of major depression was not an eligible candidate for antidepressant medication treatment or patient did not have a diagnosis of major depression
- G9194 Patient with a diagnosis of major depression documented as being treated with antidepressant medication during the entire 180 day (6 month) continuation treatment phase
- G9195 Patient with a diagnosis of major depression not documented as being treated with antidepressant medication during the entire 180 day (6 months) continuation treatment phase
- G9196 Documentation of medical reason(s) for not ordering a first or second generation cephalosporin for antimicrobial prophylaxis (e.g., patients enrolled in clinical trials, patients with documented infection prior to surgical procedure of interest, patients
- G9197 Documentation of order for first or second generation cephalosporin for antimicrobial prophylaxis
- G9198 Order for first or second generation cephalosporin for antimicrobial prophylaxis was not documented, reason not given
- G9199 Venous thromboembolism (vte) prophylaxis not administered the day of or the day after hospital admission for documented reasons (eg, patient is ambulatory, patient expired during inpatient stay, patient already on warfarin or another anticoagulant, other
- G9200 Venous thromboembolism (vte) prophylaxis was not administered the day of or the day after hospital admission, reason not given
- G9201 Venous thromboembolism (vte) prophylaxis administered the day of or the day after hospital admission
- G9202 Patients with a positive hepatitis c antibody test
- G9203 Rna testing for hepatitis c documented as performed within 12 months prior to initiation of antiviral treatment for hepatitis c
- G9204 Rna testing for hepatitis c was not documented as performed within 12 months prior to initiation of antiviral treatment for hepatitis c, reason not given
- G9205 Patient starting antiviral treatment for hepatitis c during the measurement period
- G9206 Patient starting antiviral treatment for hepatitis c during the measurement period
- G9207 Hepatitis c genotype testing documented as performed within 12 months prior to initiation of antiviral treatment for hepatitis c
- G9208 Hepatitis c genotype testing was not documented as performed within 12 months prior to initiation of antiviral treatment for hepatitis c, reason not given
- G9209 Hepatitis c quantitative rna testing documented as performed between 4-12 weeks after the initiation of antiviral treatment
- G9210 Hepatitis c quantitative rna testing not performed between 4-12 weeks after the initiation of antiviral treatment for reasons documented by clinician (eg, patients whose treatment was discontinued during the testing period prior to testing, other medical
- G9211 Hepatitis c quantitative rna testing was not documented as performed between 4-12 weeks after the initiation of antiviral treatment, reason not given
- G9212 Dsm-iv-tr criteria for major depressive disorder documented at the initial evaluation
- G9213 Dsm-iv-tr criteria for major depressive disorder not documented at the initial evaluation, reason not otherwise specified
- G9214 Cd4+ cell count or cd4+ cell percentage results documented
- G9215 Cd4+ cell count or percentage not documented as performed, reason not given
- G9216 Pcp prophylaxis was not prescribed at time of diagnosis of hiv, reason not given
- G9217 Pcp prophylaxis was not prescribed within 3 months of low cd4+ cell count below 200 cells/mm³, reason not given

- G9218 Pcp prophylaxis was not prescribed within 3 months of low cd4+ cell count below 500 cells/mm3 or a cd4 percentage below 15%, reason not given
- G9219 Pneumocystis jiroveci pneumonia prophylaxis not prescribed within 3 months of low cd4+ cell count below 200 cells/mm3 for medical reason (i.e., patient's cd4+ cell count above threshold within 3 months after cd4+ cell count below threshold, indicating tha
- G9220 Pneumocystis jiroveci pneumonia prophylaxis not prescribed within 3 months of low cd4+ cell count below 500 cells/mm3 or a cd4 percentage below 15% for medical reason (i.e., patient's cd4+ cell count above threshold within 3 months after cd4+ cell count b
- G9221 Pneumocystis jiroveci pneumonia prophylaxis prescribed
- G9222 Pneumocystis jiroveci pneumonia prophylaxis prescribed within 3 months of low cd4+ cell count below 200 cells/mm3
- G9223 Pneumocystis jiroveci pneumonia prophylaxis prescribed within 3 months of low cd4+ cell count below 500 cells/mm3 or a cd4 percentage below 15%
- G9224 Documentation of medical reason for not performing foot exam (e.g., patient with bilateral foot/leg amputation)
- G9225 Foot exam was not performed, reason not given
- G9226 Foot examination performed (includes examination through visual inspection, sensory exam with 10-g monofilament plus testing any one of the following: vibration using 128-hz tuning fork, pinprick sensation, ankle reflexes, or vibration perception threshol
- G9227 Functional outcome assessment documented, care plan not documented, documentation the patient is not eligible for a care plan at the time of the encounter
- G9228 Chlamydia, gonorrhea and syphilis screening results documented (report when results are present for all of the 3 screenings)
- G9229 Chlamydia, gonorrhea, and syphilis screening results not documented (patient refusal is the only allowed exception)
- G9230 Chlamydia, gonorrhea, and syphilis not screened, reason not given
- G9231 Documentation of end stage renal disease (esrd), dialysis, renal transplant before or during the measurement period or pregnancy during the measurement period
- G9232 Clinician treating major depressive disorder did not communicate to clinician treating comorbid condition for specified patient reason (e.g., patient is unable to communicate the diagnosis of a comorbid condition; the patient is unwilling to communicate t
- G9233 All quality actions for the applicable measures in the total knee replacement measures group have been performed for this patient
- G9234 I intend to report the total knee replacement measures group
- G9235 All quality actions for the applicable measures in the general surgery measures group have been performed for this patient
- G9236 All quality actions for the applicable measures in the optimizing patient exposure to ionizing radiation measures group have been performed for this patient
- G9237 I intend to report the general surgery measures group
- G9238 I intend to report the optimizing patient exposure to ionizing radiation measures group
- G9239 Documentation of reasons for patient initiating maintenance hemodialysis with a catheter as the mode of vascular access (e.g., patient has a maturing avf/avg, time-limited trial of hemodialysis, other medical reasons, patient declined avf/avg, other pati
- G9240 Patient whose mode of vascular access is a catheter at the time maintenance hemodialysis is initiated
- G9241 Patient whose mode of vascular access is not a catheter at the time maintenance hemodialysis is initiated

G9242 Documentation of viral load equal to or greater than 200 copies/ml or viral load not performed

G9243 Documentation of viral load less than 200 copies/ml

G9244 Antiretroviral thereapy not prescribed

G9245 Antiretroviral therapy prescribed

G9246 Patient did not have at least one medical visit in each 6 month period of the 24 month measurement period, with a minimum of 60 days between medical visits

G9247 Patient had at least one medical visit in each 6 month period of the 24 month measurement period, with a minimum of 60 days between medical visits

G9248 Patient did not have a medical visit in the last 6 months

G9249 Patient had a medical visit in the last 6 months

G9250 Documentation of patient pain brought to a comfortable level within 48 hours from initial assessment

G9251 Documentation of patient with pain not brought to a comfortable level within 48 hours from initial assessment

G9252 Adenoma(s) or other neoplasm detected during screening colonoscopy

G9253 Adenoma(s) or other neoplasm not detected during screening colonoscopy

G9254 Documentation of patient discharged to home later than post-operative day 2 following cas

G9255 Documentation of patient discharged to home no later than post operative day 2 following cas

G9256 Documentation of patient death following cas

G9257 Documentation of patient stroke following cas

G9258 Documentation of patient stroke following cea

G9259 Documentation of patient survival and absence of stroke following cas

G9260 Documentation of patient death following cea

G9261 Documentation of patient survival and absence of stroke following cea

G9262 Documentation of patient death in the hospital following endovascular aaa repair

G9263 Documentation of patient discharged alive following endovascular aaa repair

G9264 Documentation of patient receiving maintenance hemodialysis for greater than or equal to 90 days with a catheter for documented reasons (e.g., other medical reasons, patient declined avf/avg, other patient reasons)

G9265 Patient receiving maintenance hemodialysis for greater than or equal to 90 days with a catheter as the mode of vascular access

G9266 Patient receiving maintenance hemodialysis for greater than or equal to 90 days without a catheter as the mode of vascular access

G9267 Documentation of patient with one or more complications or mortality within 30 days

G9268 Documentation of patient with one or more complications within 90 days

G9269 Documentation of patient without one or more complications and without mortality within 30 days

G9270 Documentation of patient without one or more complications within 90 days

G9271 Ldl value < 100

G9272 Ldl value >= 100

G9273 Blood pressure has a systolic value of < 140 and a diastolic value of < 90

G9274 Blood pressure has a systolic value of =140 and a diastolic value of = 90 or systolic value < 140 and diastolic value = 90 or systolic value = 140 and diastolic value < 90

G9275 Documentation that patient is a current non-tobacco user

G9276 Documentation that patient is a current tobacco user

G9277 Documentation that the patient is on daily aspirin or anti-platelet or has documentation of a valid contraindication or exception to aspirin/anti-platelet; contraindications/exceptions include anti-coagulant use, allergy to aspirin or anti-platelets, hist

G9278 Documentation that the patient is not on daily aspirin or anti-platelet regimen

- G9279 Pneumococcal screening performed and documentation of vaccination received prior to discharge
- G9280 Pneumococcal vaccination not administered prior to discharge, reason not specified
- G9281 Screening performed and documentation that vaccination not indicated/patient refusal
- G9282 Documentation of medical reason(s) for not reporting the histological type or nsclc-nos classification with an explanation (e.g., biopsy taken for other purposes in a patient with a history of non-small cell lung cancer or other documented medical reasons)
- G9283 Non small cell lung cancer biopsy and cytology specimen report documents classification into specific histologic type or classified as nsclc-nos with an explanation
- G9284 Non small cell lung cancer biopsy and cytology specimen report does not document classification into specific histologic type or classified as nsclc-nos with an explanation
- G9285 Specimen site other than anatomic location of lung or is not classified as non small cell lung cancer
- G9286 Antibiotic regimen prescribed within 10 days after onset of symptoms
- G9287 Antibiotic regimen not prescribed within 10 days after onset of symptoms
- G9288 Documentation of medical reason(s) for not reporting the histological type or nsclc-nos classification with an explanation (e.g., a solitary fibrous tumor in a person with a history of non-small cell carcinoma or other documented medical reasons)
- G9289 Non small cell lung cancer biopsy and cytology specimen report documents classification into specific histologic type or classified as nsclc-nos with an explanation
- G9290 Non small cell lung cancer biopsy and cytology specimen report does not document classification into specific histologic type or classified as nsclc-nos with an explanation
- G9291 Specimen site other than anatomic location of lung, is not classified as non small cell lung cancer or classified as nsclc-nos
- G9292 Documentation of medical reason(s) for not reporting pt category and a statement on thickness and ulceration and for pt1, mitotic rate (e.g., negative skin biopsies in a patient with a history of melanoma or other documented medical reasons)
- G9293 Pathology report does not include the pt category and a statement on thickness and ulceration and for pt1, mitotic rate
- G9294 Pathology report includes the pt category and a statement on thickness and ulceration and for pt1, mitotic rate
- G9295 Specimen site other than anatomic cutaneous location
- G9296 Patients with documented shared decision-making including discussion of conservative (non-surgical) therapy (e.g., ns aids, analgesics, weight loss, exercise, injections) prior to the procedure
- G9297 Shared decision-making including discussion of conservative (non-surgical) therapy (e.g., ns aids, analgesics, weight loss, exercise, injections) prior to the procedure, not documented, reason not given
- G9298 Patients who are evaluated for venous thromboembolic and cardiovascular risk factors within 30 days prior to the procedure (e.g., history of dvt, pe, mi, arrhythmia and stroke)
- G9299 Patients who are not evaluated for venous thromboembolic and cardiovascular risk factors within 30 days prior to the procedure including (e.g., history of dvt, pe, mi, arrhythmia and stroke, reason not given)

- G9300 Documentation of medical reason(s) for not completely infusing the prophylactic antibiotic prior to the inflation of the proximal tourniquet (e.g., a tourniquet was not used)
- G9301 Patients who had the prophylactic antibiotic completely infused prior to the inflation of the proximal tourniquet
- G9302 Prophylactic antibiotic not completely infused prior to the inflation of the proximal tourniquet, reason not given
- G9303 Operative report does not identify the prosthetic implant specifications including the prosthetic implant manufacturer, the brand name of the prosthetic implant and the size of each prosthetic implant, reason not given
- G9304 Operative report identifies the prosthetic implant specifications including the prosthetic implant manufacturer, the brand name of the prosthetic implant and the size of each prosthetic implant
- G9305 Intervention for presence of leak of endoluminal contents through an anastomosis not required
- G9306 Intervention for presence of leak of endoluminal contents through an anastomosis required
- G9307 No return to the operating room for a surgical procedure, for complications of the principal operative procedure, within 30 days of the principal operative procedure
- G9308 Unplanned return to the operating room for a surgical procedure, for complications of the principal operative procedure, within 30 days of the principal operative procedure
- G9309 No unplanned hospital readmission within 30 days of principal procedure
- G9310 Unplanned hospital readmission within 30 days of principal procedure
- G9311 No surgical site infection
- G9312 Surgical site infection
- G9313 Amoxicillin, with or without clavulanate, not prescribed as first line antibiotic at the time of diagnosis for documented reason
- G9314 Amoxicillin, with or without clavulanate, not prescribed as first line antibiotic at the time of diagnosis, reason not given
- G9315 Documentation amoxicillin, with or without clavulanate, prescribed as a first line antibiotic at the time of diagnosis
- G9316 Documentation of patient-specific risk assessment with a risk calculator based on multi-institutional clinical data, the specific risk calculator used, and communication of risk assessment from risk calculator with the patient or family
- G9317 Documentation of patient-specific risk assessment with a risk calculator based on multi-institutional clinical data, the specific risk calculator used, and communication of risk assessment from risk calculator with the patient or family not completed
- G9318 Imaging study named according to standardized nomenclature
- G9319 Imaging study not named according to standardized nomenclature, reason not given
- G9320 Documentation of medical reason(s) for not naming ct studies according to a standardized nomenclature provided (eg, ct studies performed for radiation treatment planning or image-guided radiation treatment delivery)
- G9321 Count of previous ct (any type of ct) and cardiac nuclear medicine (myocardial perfusion) studies documented in the 12-month period prior to the current study
- G9322 Count of previous ct and cardiac nuclear medicine (myocardial perfusion) studies not documented in the 12-month period prior to the current study, reason not given
- G9323 Documentation of medical reason(s) for not counting previous ct and cardiac nuclear medicine (myocardial perfusion) studies (eg, ct studies performed for radiation treatment planning or image-guided radiation treatment delivery)
- G9324 All necessary data elements not included, reason not given

- G9325 Ct studies not reported to a radiation dose index registry due to medical reasons (eg, ct studies performed for radiation treatment planning or image-guided radiation treatment delivery)
- G9326 Ct studies performed not reported to a radiation dose index registry that is capable of collecting at a minimum all necessary data elements, reason not given
- G9327 Ct studies performed reported to a radiation dose index registry that is capable of collecting at a minimum all necessary data elements
- G9328 Dicom format image data availability not documented in final report due to medical reasons (eg, ct studies performed for radiation treatment planning or image-guided radiation treatment delivery)
- G9329 Dicom format image data available to non-affiliated external healthcare facilities or entities on a secure, media free, reciprocally searchable basis with patient authorization for at least a 12-month period after the study not documented in final report,
- G9340 Final report documented that dicom format image data available to non-affiliated external healthcare facilities or entities on a secure, media free, reciprocally searchable basis with patient authorization for at least a 12-month period after the study
- G9341 Search conducted for prior patient ct studies completed at non-affiliated external healthcare facilities or entities within the past 12-months and are available through a secure, authorized, media-free, shared archive prior to an imaging study being perfo
- G9342 Search not conducted prior to an imaging study being performed for prior patient ct studies completed at non-affiliated external healthcare facilities or entities within the past 12-months and are available through a secure, authorized, media-free, shared
- G9343 Search for prior patient completed dicom format images not completed due to medical reasons (eg, ct studies performed for radiation treatment planning or image-guided radiation treatment delivery)
- G9344 Due to system reasons search not conducted for dicom format images for prior patient ct imaging studies completed at non-affiliated external healthcare facilities or entities within the past 12 months that are available through a secure, authorized, media
- G9345 Follow-up recommendations documented according to recommended guidelines for incidentally detected pulmonary nodules (e.g., follow-up ct imaging studies needed or that no follow-up is needed) based at a minimum on nodule size and patient risk factors
- G9346 Follow-up recommendations according to recommended guidelines for incidentally detected pulmonary nodules not documented due to medical reasons (eg, patients with known malignant disease, patients with unexplained fever, ct studied performed for radiation
- G9347 Follow-up recommendations not documented according to recommended guidelines for incidentally detected pulmonary nodules, reason not given
- G9348 Ct scan of the paranasal sinuses ordered at the time of diagnosis for documented reasons
- G9349 Documentation of a ct scan of the paranasal sinuses ordered at the time of diagnosis or received within 28 days after date of diagnosis
- G9350 Ct scan of the paranasal sinuses not ordered at the time of diagnosis or received within 28 days after date of diagnosis
- G9351 More than one ct scan of the paranasal sinuses ordered or received within 90 days after diagnosis
- G9352 More than one ct scan of the paranasal sinuses ordered or received within 90 days after the date of diagnosis, reason not given

- G9353 More than one ct scan of the paranasal sinuses ordered or received within 90 days after the date of diagnosis for documented reasons (eg, patients with complications, second ct obtained prior to surgery, other medical reasons)
- G9354 One ct scan or no ct scan of the paranasal sinuses ordered within 90 days after the date of diagnosis
- G9355 Elective delivery or early induction not performed
- G9356 Elective delivery or early induction performed
- G9357 Post-partum screenings, evaluations and education performed
- G9358 Post-partum screenings, evaluations and education not performed
- G9359 Documentation of negative or managed positive tb screen with further evidence that tb is not active within one year of patient visit
- G9360 No documentation of negative or managed positive tb screen
- G9361 Medical indication for induction [documentation of reason(s) for elective delivery (c-section) or early induction (e.g., hemorrhage and placental complications, hypertension, preeclampsia and eclampsia, rupture of membranes-premature or prolonged, materna
- G9364 Sinusitis caused by, or presumed to be caused by, bacterial infection
- G9365 One high-risk medication ordered
- G9366 One high-risk medication not ordered
- G9367 At least two different high-risk medications ordered
- G9368 At least two different high-risk medications not ordered
- G9380 Patient offered assistance with end of life issues during the measurement period
- G9382 Patient not offered assistance with end of life issues during the measurement period
- G9383 Patient received screening for hcv infection within the 12 month reporting period
- G9384 Documentation of medical reason(s) for not receiving annual screening for hcv infection (e.g., decompensated cirrhosis indicating advanced disease [i.e., ascites, esophageal variceal bleeding, hepatic encephalopathy], hepatocellular carcinoma, waitlist fo
- G9385 Documentation of patient reason(s) for not receiving annual screening for hcv infection (e.g., patient declined, other patient reasons)
- G9386 Screening for hcv infection not received within the 12 month reporting period, reason not given
- G9389 Unplanned rupture of the posterior capsule requiring vitrectomy during cataract surgery
- G9390 No unplanned rupture of the posterior capsule requiring vitrectomy during cataract surgery
- G9393 Patient with an initial phq-9 score greater than nine who achieves remission at twelve months as demonstrated by a twelve month (+/- 30 days) phq-9 score of less than five
- G9394 Patient who had a diagnosis of bipolar disorder or personality disorder, death, permanent nursing home resident or receiving hospice or palliative care any time during the measurement or assessment period
- G9395 Patient with an initial phq-9 score greater than nine who did not achieve remission at twelve months as demonstrated by a twelve month (+/- 30 days) phq-9 score greater than or equal to five
- G9396 Patient with an initial phq-9 score greater than nine who was not assessed for remission at twelve months (+/- 30 days)
- G9399 Documentation in the patient record of a discussion between the physician/clinician and the patient that includes all of the following: treatment choices appropriate to genotype, risks and benefits, evidence of effectiveness, and patient preferences towar

- G9400 Documentation of medical or patient reason(s) for not discussing treatment options; medical reasons: patient is not a candidate for treatment due to advanced physical or mental health comorbidity (including active substance use); currently receiving antiv
- G9401 No documentation of a discussion in the patient record of a discussion between the physician or other qualified healthcare professional and the patient that includes all of the following: treatment choices appropriate to genotype, risks and benefits, evide
- G9402 Patient received follow-up on the date of discharge or within 30 days after discharge
- G9403 Clinician documented reason patient was not able to complete 30 day follow-up from acute inpatient setting discharge (e.g., patient death prior to follow-up visit, patient non-compliant for visit follow-up)
- G9404 Patient did not receive follow-up on the date of discharge or within 30 days after discharge
- G9405 Patient received follow-up within 7 days from discharge
- G9406 Clinician documented reason patient was not able to complete 7 day follow-up from acute inpatient setting discharge (i.e patient death prior to follow-up visit, patient non-compliance for visit follow-up)
- G9407 Patient did not receive follow-up on or within 7 days after discharge
- G9408 Patients with cardiac tamponade and/or pericardiocentesis occurring within 30 days
- G9409 Patients without cardiac tamponade and/or pericardiocentesis occurring within 30 days
- G9410 Patient admitted within 180 days, status post cied implantation, replacement, or revision with an infection requiring device removal or surgical revision
- G9411 Patient not admitted within 180 days, status post cied implantation, replacement, or revision with an infection requiring device removal or surgical revision
- G9412 Patient admitted within 180 days, status post cied implantation, replacement, or revision with an infection requiring device removal or surgical revision
- G9413 Patient not admitted within 180 days, status post cied implantation, replacement, or revision with an infection requiring device removal or surgical revision
- G9414 Patient had one dose of meningococcal vaccine on or between the patient's 11th and 13th birthdays
- G9415 Patient did not have one dose of meningococcal vaccine on or between the patient's 11th and 13th birthdays
- G9416 Patient had one tetanus, diphtheria toxoids and acellular pertussis vaccine (tdap) on or between the patient's 10th and 13th birthdays
- G9417 Patient did not have one tetanus, diphtheria toxoids and acellular pertussis vaccine (tdap) on or between the patient's 10th and 13th birthdays
- G9418 Primary non-small cell lung cancer biopsy and cytology specimen report documents classification into specific histologic type or classified as nslc-nos with an explanation
- G9419 Documentation of medical reason(s) for not including the histological type or nslc-nos classification with an explanation (e.g., biopsy taken for other purposes in a patient with a history of primary non-small cell lung cancer or other documented medical
- G9420 Specimen site other than anatomic location of lung or is not classified as primary non-small cell lung cancer
- G9421 Primary non-small cell lung cancer biopsy and cytology specimen report does not document classification into specific histologic type or classified as nslc-nos with an explanation

- G9422 Primary lung carcinoma resection report documents pt category, pn category and for non-small cell lung cancer, histologic type (squamous cell carcinoma, adenocarcinoma and not nslc-nos)
- G9423 Documentation of medical reason for not including pt category, pn category and histologic type [for patient with appropriate exclusion criteria (e.g., metastatic disease, benign tumors, malignant tumors other than carcinomas, inadequate surgical specimens)
- G9424 Specimen site other than anatomic location of lung, or classified as nslc-nos
- G9425 Primary lung carcinoma resection report does not document pt category, pn category and for non-small cell lung cancer, histologic type (squamous cell carcinoma, adenocarcinoma)
- G9426 Improvement in median time from ed arrival to initial ed oral or parenteral pain medication administration performed for ed admitted patients
- G9427 Improvement in median time from ed arrival to initial ed oral or parenteral pain medication administration not performed for ed admitted patients
- G9428 Pathology report includes the pt category and a statement on thickness and ulceration and for pt1, mitotic rate
- G9429 Documentation of medical reason(s) for not including pt category and a statement on thickness and ulceration and for pt1, mitotic rate (e.g., negative skin biopsies in a patient with a history of melanoma or other documented medical reasons)
- G9430 Specimen site other than anatomic cutaneous location
- G9431 Pathology report does not include the pt category and a statement on thickness and ulceration and for pt1, mitotic rate
- G9432 Asthma well-controlled based on the act, c-act, acq, or ataq score and results documented
- G9434 Asthma not well-controlled based on the act, c-act, acq, or ataq score, or specified asthma control tool not used, reason not given
- G9448 Patients who were born in the years 1945-1965
- G9449 History of receiving blood transfusions prior to 1992
- G9450 History of injection drug use
- G9451 Patient received one-time screening for hcv infection
- G9452 Documentation of medical reason(s) for not receiving one-time screening for hcv infection (e.g., decompensated cirrhosis indicating advanced disease [ie, ascites, esophageal variceal bleeding, hepatic encephalopathy], hepatocellular carcinoma, waitlist fo
- G9453 Documentation of patient reason(s) for not receiving one-time screening for hcv infection (e.g., patient declined, other patient reasons)
- G9454 One-time screening for hcv infection not received within 12 month reporting period and no documentation of prior screening for hcv infection, reason not given
- G9455 Patient underwent abdominal imaging with ultrasound, contrast enhanced ct or contrast mri for hcc
- G9456 Documentation of medical or patient reason(s) for not ordering or performing screening for hcc. medical reason: comorbid medical conditions with expected survival < 5 years, hepatic decompensation and not a candidate for liver transplantation, or other me
- G9457 Patient did not undergo abdominal imaging and did not have a documented reason for not undergoing abdominal imaging in the reporting period
- G9458 Patient documented as tobacco user and received tobacco cessation intervention (must include at least one of the following: advice given to quit smoking or tobacco use, counseling on the benefits of quitting smoking or tobacco use, assistance with or refe
- G9459 Currently a tobacco non-user

- G9460 Tobacco assessment or tobacco cessation intervention not performed, reason not given
- G9468 Patient not receiving corticosteroids greater than or equal to 10 mg/day of prednisone equivalents for 60 or greater consecutive days or a single prescription equating to 600 mg prednisone or greater for all fills
- G9469 Patients who have received or are receiving corticosteroids greater than or equal to 10 mg/day of prednisone equivalents for 60 or greater consecutive days or a single prescription equating to 600 mg prednisone or greater for all fills
- G9470 Patients not receiving corticosteroids greater than or equal to 10 mg/day of prednisone equivalents for 60 or greater consecutive days or a single prescription equating to 600 mg prednisone or greater for all fills
- G9471 Within the past 2 years, central dual-energy x-ray absorptiometry (dxa) not ordered or documented
- G9472 Within the past 2 years, central dual-energy x-ray absorptiometry (dxa) not ordered and documented, no review of systems and no medication history or pharmacologic therapy (other than minerals/vitamins) for osteoporosis prescribed
- G9473 Services performed by chaplain in the hospice setting, each 15 minutes
- G9474 Services performed by dietary counselor in the hospice setting, each 15 minutes
- G9475 Services performed by other counselor in the hospice setting, each 15 minutes
- G9476 Services performed by volunteer in the hospice setting, each 15 minutes
- G9477 Services performed by care coordinator in the hospice setting, each 15 minutes
- G9478 Services performed by other qualified therapist in the hospice setting, each 15 minutes
- G9479 Services performed by qualified pharmacist in the hospice setting, each 15 minutes
- G9480 Admission to medicare care choice model program (mccm)
- G9481 Remote in-home visit for the evaluation and management of a new patient for use only in the medicare-approved comprehensive care for joint replacement model, which requires these 3 key components: a problem focused history; a problem focused examination;
- G9482 Remote in-home visit for the evaluation and management of a new patient for use only in the medicare-approved comprehensive care for joint replacement model, which requires these 3 key components: an expanded problem focused history; an expanded problem f
- G9483 Remote in-home visit for the evaluation and management of a new patient for use only in the medicare-approved comprehensive care for joint replacement model, which requires these 3 key components: a detailed history; a detailed examination; medical decisi
- G9484 Remote in-home visit for the evaluation and management of a new patient for use only in the medicare-approved comprehensive care for joint replacement model, which requires these 3 key components: a comprehensive history; a comprehensive examination; medi
- G9485 Remote in-home visit for the evaluation and management of a new patient for use only in the medicare-approved comprehensive care for joint replacement model, which requires these 3 key components: a comprehensive history; a comprehensive examination; medi
- G9486 Remote in-home visit for the evaluation and management of an established patient for use only in the medicare-approved comprehensive care for joint replacement model, which requires at least 2 of the following 3 key components: a problem focused history;
- G9487 Remote in-home visit for the evaluation and management of an established patient for use only in the medicare-approved comprehensive care for joint replacement model, which requires at least 2 of the following 3 key components: an expanded problem focused

- G9488 Remote in-home visit for the evaluation and management of an established patient for use only in the medicare-approved comprehensive care for joint replacement model, which requires at least 2 of the following 3 key components: a detailed history; a detai
- G9489 Remote in-home visit for the evaluation and management of an established patient for use only in the medicare-approved comprehensive care for joint replacement model, which requires at least 2 of the following 3 key components: a comprehensive history; a
- G9490 Comprehensive care for joint replacement model, home visit for patient assessment performed by clinical staff for an individual not considered homebound, including, but not necessarily limited to patient assessment of clinical status, safety/fall preventi
- G9497 Received instruction from the anesthesiologist or proxy prior to the day of surgery to abstain from smoking on the day of surgery
- G9498 Antibiotic regimen prescribed
- G9500 Radiation exposure indices, or exposure time and number of fluorographic images in final report for procedures using fluoroscopy, documented
- G9501 Radiation exposure indices, or exposure time and number of fluorographic images not documented in final report for procedure using fluoroscopy, reason not given
- G9502 Documentation of medical reason for not performing foot exam (i.e., patients who have had either a bilateral amputation above or below the knee, or both a left and right amputation above or below the knee before or during the measurement period)
- G9503 Patient taking tamsulosin hydrochloride
- G9504 Documented reason for not assessing hepatitis b virus (hbv) status (e.g., patient not initiating anti-tnf therapy, patient declined) prior to initiating anti-tnf therapy
- G9505 Antibiotic regimen prescribed within 10 days after onset of symptoms for documented medical reason
- G9506 Biologic immune response modifier prescribed
- G9507 Documentation that the patient is on a statin medication or has documentation of a valid contraindication or exception to statin medications; contraindications/exceptions that can be defined by diagnosis codes include pregnancy during the measurement peri
- G9508 Documentation that the patient is not on a statin medication
- G9509 Remission at twelve months as demonstrated by a twelve month (+/-30 days) phq-9 score of less than 5
- G9510 Remission at twelve months not demonstrated by a twelve month (+/-30 days) phq-9 score of less than five; either phq-9 score was not assessed or is greater than or equal to 5
- G9511 Index date phq-9 score greater than 9 documented during the twelve month denominator identification period
- G9512 Individual had a pdc of 0.8 or greater
- G9513 Individual did not have a pdc of 0.8 or greater
- G9514 Patient required a return to the operating room within 90 days of surgery
- G9515 Patient did not require a return to the operating room within 90 days of surgery
- G9516 Patient achieved an improvement in visual acuity, from their preoperative level, within 90 days of surgery
- G9517 Patient did not achieve an improvement in visual acuity, from their preoperative level, within 90 days of surgery, reason not given
- G9518 Documentation of active injection drug use
- G9519 Patient achieves final refraction (spherical equivalent) +/- 0.5 diopters of their planned refraction within 90 days of surgery

- G9520 Patient does not achieve final refraction (spherical equivalent) +/- 0.5 diopters of their planned refraction within 90 days of surgery
- G9521 Total number of emergency department visits and inpatient hospitalizations less than two in the past 12 months
- G9522 Total number of emergency department visits and inpatient hospitalizations equal to or greater than two in the past 12 months or patient not screened, reason not given

- G9523 Patient discontinued from hemodialysis or peritoneal dialysis
- G9524 Patient was referred to hospice care
- G9525 Documentation of patient reason(s) for not referring to hospice care (e.g., patient declined, other patient reasons)
- G9526 Patient was not referred to hospice care, reason not given
- G9529 Patient with minor blunt head trauma had an appropriate indication(s) for a head ct

- G9530 Patient presented within 24 hours of a minor blunt head trauma with a gcs score of 15 and had a head ct ordered for trauma by an emergency care provider
- G9531 Patient has documentation of ventricular shunt, brain tumor, multisystem trauma, pregnancy, or is currently taking an antiplatelet medication including: asa/dipyridamole, clopidogrel, prasugrel, ticlopidine, ticagrelor or cilostazol)
- G9532 Patient's head injury occurred greater than 24 hours before presentation to the emergency department, or has a gcs score less than 15 or does not have a gcs score documented, or had a head ct for trauma ordered by someone other than an emergency care prov

- G9533 Patient with minor blunt head trauma did not have an appropriate indication(s) for a head ct

- G9534 Advanced brain imaging (cta, ct, mra or mri) was not ordered
- G9535 Patients with a normal neurological examination
- G9536 Documentation of medical reason(s) for ordering an advanced brain imaging study (i.e., patient has an abnormal neurological examination; patient has the coexistence of seizures, or both; recent onset of severe headache; change in the type of headache; sig

- G9537 Documentation of system reason(s) for ordering an advanced brain imaging study (i.e., needed as part of a clinical trial; other clinician ordered the study)
- G9538 Advanced brain imaging (cta, ct, mra or mri) was ordered
- G9539 Intent for potential removal at time of placement
- G9540 Patient alive 3 months post procedure
- G9541 Filter removed within 3 months of placement
- G9542 Documented re-assessment for the appropriateness of filter removal within 3 months of placement
- G9543 Documentation of at least two attempts to reach the patient to arrange a clinical re-assessment for the appropriateness of filter removal within 3 months of placement

- G9544 Patients that do not have the filter removed, documented re-assessment for the appropriateness of filter removal, or documentation of at least two attempts to reach the patient to arrange a clinical re-assessment for the appropriateness of filter removal

- G9547 Incidental finding: liver lesion <= 0.5 cm, cystic kidney lesion < 1.0 cm or adrenal lesion <= 1.0 cm
- G9548 Final reports for abdominal imaging studies with follow-up imaging recommended

- G9549 Documentation of medical reason(s) that follow-up imaging is indicated (e.g., patient has a known malignancy that can metastasize, other medical reason(s) such as fever in an immunocompromised patient)
- G9550 Final reports for abdominal imaging studies with follow-up imaging not recommended

- G9551 Final reports for abdominal imaging studies without an incidentally found lesion noted: liver lesion \leq 0.5 cm, cystic kidney lesion $<$ 1.0 cm or adrenal lesion \leq 1.0 cm noted or no lesion found
- G9552 Incidental thyroid nodule $<$ 1.0 cm noted in report
- G9553 Prior thyroid disease diagnosis
- G9554 Final reports for ct, cta, mri or mra of the chest or neck or ultrasound of the neck with follow-up imaging recommended
- G9555 Documentation of medical reason(s) for recommending follow up imaging (e.g., patient has multiple endocrine neoplasia, patient has cervical lymphadenopathy, other medical reason(s))
- G9556 Final reports for ct, cta, mri or mra of the chest or neck or ultrasound of the neck with follow-up imaging not recommended
- G9557 Final reports for ct, cta, mri or mra studies of the chest or neck or ultrasound of the neck without an incidentally found thyroid nodule $<$ 1.0 cm noted or no nodule found
- G9558 Patient treated with a beta-lactam antibiotic as definitive therapy
- G9559 Documentation of medical reason(s) for not prescribing a beta-lactam antibiotic (e.g., allergy, intolerance to beta-lactam antibiotics)
- G9560 Patient not treated with a beta-lactam antibiotic as definitive therapy, reason not given
- G9561 Patients prescribed opiates for longer than six weeks
- G9562 Patients who had a follow-up evaluation conducted at least every three months during opioid therapy
- G9563 Patients who did not have a follow-up evaluation conducted at least every three months during opioid therapy
- G9573 Remission at six months as demonstrated by a six month (+/-30 days) phq-9 score of less than five
- G9574 Remission at six months not demonstrated by a six month (+/-30 days) phq-9 score of less than five; either phq-9 score was not assessed or is greater than or equal to five
- G9577 Patients prescribed opiates for longer than six weeks
- G9578 Documentation of signed opioid treatment agreement at least once during opioid therapy
- G9579 No documentation of signed an opioid treatment agreement at least once during opioid therapy
- G9580 Door to puncture time of less than 2 hours
- G9582 Door to puncture time of greater than 2 hours, no reason given
- G9583 Patients prescribed opiates for longer than six weeks
- G9584 Patient evaluated for risk of misuse of opiates by using a brief validated instrument (e.g., opioid risk tool, soapp-r) or patient interviewed at least once during opioid therapy
- G9585 Patient not evaluated for risk of misuse of opiates by using a brief validated instrument (e.g., opioid risk tool, soapp-r) or patient not interviewed at least once during opioid therapy
- G9593 Pediatric patient with minor blunt head trauma classified as low risk according to the pecarn prediction rules
- G9594 Patient presented within 24 hours of a minor blunt head trauma with a gcs score of 15 and had a head ct ordered for trauma by an emergency care provider
- G9595 Patient has documentation of ventricular shunt, brain tumor, coagulopathy, including thrombocytopenia
- G9596 Pediatric patient's head injury occurred greater than 24 hours before presentation to the emergency department, or has a gcs score less than 15 or does not have a gcs score documented, or had a head ct for trauma ordered by someone other than an emergency

- G9597 Pediatric patient with minor blunt head trauma not classified as low risk according to the pecarn prediction rules
- G9598 Aortic aneurysm 5.5 - 5.9 cm maximum diameter on centerline formatted ct or minor diameter on axial formatted ct
- G9599 Aortic aneurysm 6.0 cm or greater maximum diameter on centerline formatted ct or minor diameter on axial formatted ct
- G9600 Symptomatic aas that required urgent/emergent (non-elective) repair
- G9601 Patient discharge to home no later than post-operative day #7
- G9602 Patient not discharged to home by post-operative day #7
- G9603 Patient survey score improved from baseline following treatment
- G9604 Patient survey results not available
- G9605 Patient survey score did not improve from baseline following treatment
- G9606 Intraoperative cystoscopy performed to evaluate for lower tract injury
- G9607 Documented medical reasons for not performing intraoperative cystoscopy (e.g., urethral pathology precluding cystoscopy, any patient who has a congenital or acquired absence of the urethra) or in the case of patient death
- G9608 Intraoperative cystoscopy not performed to evaluate for lower tract injury
- G9609 Documentation of an order for anti-platelet agents
- G9610 Documentation of medical reason(s) in the patient's record for not ordering anti-platelet agents
- G9611 Order for anti-platelet agents was not documented in the patient's record, reason not given
- G9612 Photodocumentation of one or more cecal landmarks to establish a complete examination
- G9613 Documentation of post-surgical anatomy (e.g., right hemicolectomy, ileocecal resection, etc.)
- G9614 No photodocumentation of cecal landmarks to establish a complete examination
- G9615 Preoperative assessment documented
- G9616 Documentation of reason(s) for not documenting a preoperative assessment (e.g., patient with a gynecologic or other pelvic malignancy noted at the time of surgery)
- G9617 Preoperative assessment not documented, reason not given
- G9618 Documentation of screening for uterine malignancy or those that had an ultrasound and/or endometrial sampling of any kind
- G9620 Patient not screened for uterine malignancy, or those that have not had an ultrasound and/or endometrial sampling of any kind, reason not given
- G9621 Patient identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method and received brief counseling
- G9622 Patient not identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method
- G9623 Documentation of medical reason(s) for not screening for unhealthy alcohol use (e.g., limited life expectancy, other medical reasons)
- G9624 Patient not screened for unhealthy alcohol use using a systematic screening method or patient did not receive brief counseling if identified as an unhealthy alcohol user, reason not given
- G9625 Patient sustained bladder injury at the time of surgery or discovered subsequently up to 1 month post-surgery
- G9626 Documented medical reason for not reporting bladder injury (e.g., gynecologic or other pelvic malignancy documented, concurrent surgery involving bladder pathology, injury that occurs during urinary incontinence procedure, patient death from non-medical c
- G9627 Patient did not sustain bladder injury at the time of surgery nor discovered subsequently up to 1 month post-surgery
- G9628 Patient sustained bowel injury at the time of surgery or discovered subsequently up to 1 month post-surgery

- G9629 Documented medical reasons for not reporting bowel injury (e.g., gynecologic or other pelvic malignancy documented, planned (e.g., not due to an unexpected bowel injury) resection and/or re-anastomosis of bowel, or patient death from non-medical causes no
- G9630 Patient did not sustain a bowel injury at the time of surgery nor discovered subsequently up to 1 month post-surgery
- G9631 Patient sustained ureter injury at the time of surgery or discovered subsequently up to 1 month post-surgery
- G9632 Documented medical reasons for not reporting ureter injury (e.g., gynecologic or other pelvic malignancy documented, concurrent surgery involving bladder pathology, injury that occurs during a urinary incontinence procedure, patient death from non-medical
- G9633 Patient did not sustain ureter injury at the time of surgery nor discovered subsequently up to 1 month post-surgery
- G9634 Health-related quality of life assessed with tool during at least two visits and quality of life score remained the same or improved
- G9635 Health-related quality of life not assessed with tool for documented reason(s) (e.g., patient has a cognitive or neuropsychiatric impairment that impairs his/her ability to complete the hrqol survey, patient has the inability to read and/or write in order
- G9636 Health-related quality of life not assessed with tool during at least two visits or quality of life score declined
- G9637 At least two orders for the same high-risk medication
- G9638 At least two orders for the same high-risk medications not ordered
- G9639 Major amputation or open surgical bypass not required within 48 hours of the index endovascular lower extremity revascularization procedure
- G9640 Documentation of planned hybrid or staged procedure
- G9641 Major amputation or open surgical bypass required within 48 hours of the index endovascular lower extremity revascularization procedure
- G9642 Current smokers (e.g., cigarette, cigar, pipe, e-cigarette or marijuana)
- G9643 Elective surgery
- G9644 Patients who abstained from smoking prior to anesthesia on the day of surgery or procedure
- G9645 Patients who did not abstain from smoking prior to anesthesia on the day of surgery or procedure
- G9646 Patients with 90 day mrs score of 0 to 2
- G9647 Patients in whom mrs score could not be obtained at 90 day follow-up
- G9648 Patients with 90 day mrs score greater than 2
- G9649 Psoriasis assessment tool documented meeting any one of the specified benchmarks (e.g., (pga; 6-point scale), body surface area (bsa), psoriasis area and severity index (pasi) and/or dermatology life quality index) (dlqi))
- G9651 Psoriasis assessment tool documented not meeting any one of the specified benchmarks (e.g., (pga; 6-point scale), body surface area (bsa), psoriasis area and severity index (pasi) and/or dermatology life quality index) (dlqi)) or psoriasis assessment tool
- G9654 Monitored anesthesia care (mac)
- G9655 A transfer of care protocol or handoff tool/checklist that includes the required key handoff elements is used
- G9656 Patient transferred directly from anesthetizing location to pacu or other non-icu location
- G9658 A transfer of care protocol or handoff tool/checklist that includes the required key handoff elements is not used

- G9659 Patients greater than 85 years of age who did not have a history of colorectal cancer or valid medical reason for the colonoscopy, including: iron deficiency anemia, lower gastrointestinal bleeding, crohn's disease (i.e., regional enteritis), familial ade
- G9660 Documentation of medical reason(s) for a colonoscopy performed on a patient greater than 85 years of age (e.g., last colonoscopy incomplete, last colonoscopy had inadequate prep, iron deficiency anemia, lower gastrointestinal bleeding, crohn's disease (i.
- G9661 Patients greater than 85 years of age who received a routine colonoscopy for a reason other than the following: an assessment of signs/symptoms of gi tract illness, and/or the patient is considered high risk, and/or to follow-up on previously diagnosed ad
- G9662 Previously diagnosed or have an active diagnosis of clinical ascvd
 G9663 Any fasting or direct ldl-c laboratory test result = 190 mg/dl
 G9664 Patients who are currently statin therapy users or received an order (prescription) for statin therapy
 G9665 Patients who are not currently statin therapy users or did not receive an order (prescription) for statin therapy
 G9666 The highest fasting or direct ldl-c laboratory test result of 70-189 mg/dl in the measurement period or two years prior to the beginning of the measurement period
- G9674 Patients with clinical ascvd diagnosis
 G9675 Patients who have ever had a fasting or direct laboratory result of ldl-c = 190 mg/dl
- G9676 Patients aged 40 to 75 years at the beginning of the measurement period with type 1 or type 2 diabetes and with an ldl-c result of 70?189 mg/dl recorded as the highest fasting or direct laboratory test result in the measurement year or during the two year
- G9678 Oncology care model (ocm) monthly enhanced oncology services (meos) payment for ocm enhanced services. g9678 payments may only be made to ocm practitioners for ocm beneficiaries for the furnishment of enhanced services as defined in the ocm participation
- G9679 This code is for onsite acute care treatment of a nursing facility resident with pneumonia; may only be billed once per day per beneficiary
 G9680 This code is for onsite acute care treatment of a nursing facility resident with chf; may only be billed once per day per beneficiary
 G9681 This code is for onsite acute care treatment of a resident with copd or asthma; may only be billed once per day per beneficiary
 G9682 This code is for the onsite acute care treatment a nursing facility resident with a skin infection; may only be billed once per day per beneficiary
 G9683 This code is for the onsite acute care treatment of a nursing facility resident with fluid or electrolyte disorder or dehydration (similar pattern); may only be billed once per day per beneficiary
 G9684 This code is for the onsite acute care treatment of a nursing facility resident for a uti; may only be billed once per day per beneficiary
 G9685 This code is for the evaluation and management of a beneficiary's acute change in condition in a nursing facility
 G9686 Onsite nursing facility conference, that is separate and distinct from an evaluation and management visit, including qualified practitioner and at least one member of the nursing facility interdisciplinary care team
 G9687 Hospice services provided to patient any time during the measurement period
 G9688 Patients using hospice services any time during the measurement period
 G9689 Patient admitted for performance of elective carotid intervention
 G9690 Patient receiving hospice services any time during the measurement period
 G9691 Patient had hospice services any time during the measurement period

G9692 Hospice services received by patient any time during the measurement period
G9693 Patient use of hospice services any time during the measurement period
G9694 Hospice services utilized by patient any time during the measurement period
G9695 Long-acting inhaled bronchodilator prescribed
G9696 Documentation of medical reason(s) for not prescribing a long-acting inhaled bronchodilator

G9697 Documentation of patient reason(s) for not prescribing a long-acting inhaled bronchodilator

G9698 Documentation of system reason(s) for not prescribing a long-acting inhaled bronchodilator

G9699 Long-acting inhaled bronchodilator not prescribed, reason not otherwise specified

G9700 Patients who use hospice services any time during the measurement period
G9701 Children who are taking antibiotics in the 30 days prior to the date of the encounter during which the diagnosis was established
G9702 Patients who use hospice services any time during the measurement period
G9703 Children who are taking antibiotics in the 30 days prior to the diagnosis of pharyngitis

G9704 Ajcc breast cancer stage i: t1 mic or t1a documented
G9705 Ajcc breast cancer stage i: t1b (tumor > 0.5 cm but <= 1 cm in greatest dimension) documented
G9706 Low (or very low) risk of recurrence, prostate cancer
G9707 Patient received hospice services any time during the measurement period
G9708 Women who had a bilateral mastectomy or who have a history of a bilateral mastectomy or for whom there is evidence of a right and a left unilateral mastectomy

G9709 Hospice services used by patient any time during the measurement period
G9710 Patient was provided hospice services any time during the measurement period
G9711 Patients with a diagnosis or past history of total colectomy or colorectal cancer
G9712 Documentation of medical reason(s) for prescribing or dispensing antibiotic (e.g., intestinal infection, pertussis, bacterial infection, lyme disease, otitis media, acute sinusitis, acute pharyngitis, acute tonsillitis, chronic sinusitis, infection of the

G9713 Patients who use hospice services any time during the measurement period
G9714 Patient is using hospice services any time during the measurement period
G9715 Patients who use hospice services any time during the measurement period
G9716 Bmi is documented as being outside of normal limits, follow-up plan is not completed for documented reason
G9717 Documentation stating the patient has an active diagnosis of depression or has a diagnosed bipolar disorder, therefore screening or follow-up not required
G9718 Hospice services for patient provided any time during the measurement period
G9719 Patient is not ambulatory, bed ridden, immobile, confined to chair, wheelchair bound, dependent on helper pushing wheelchair, independent in wheelchair or minimal help in wheelchair
G9720 Hospice services for patient occurred any time during the measurement period
G9721 Patient not ambulatory, bed ridden, immobile, confined to chair, wheelchair bound, dependent on helper pushing wheelchair, independent in wheelchair or minimal help in wheelchair
G9722 Documented history of renal failure or baseline serum creatinine = 4.0 mg/dl; renal transplant recipients are not considered to have preoperative renal failure, unless, since transplantation the cr has been or is 4.0 or higher
G9723 Hospice services for patient received any time during the measurement period
G9724 Patients who had documentation of use of anticoagulant medications overlapping the measurement year
G9725 Patients who use hospice services any time during the measurement period

G9726 Patient refused to participate

G9727 Patient unable to complete the foto knee intake prom at admission and discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not available

G9728 Patient refused to participate

G9729 Patient unable to complete the foto hip intake prom at admission and discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not available

G9730 Patient refused to participate

G9731 Patient unable to complete the foto foot or ankle intake prom at admission and discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not available

G9732 Patient refused to participate

G9733 Patient unable to complete the foto lumbar intake prom at admission and discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not available

G9734 Patient refused to participate

G9735 Patient unable to complete the foto shoulder intake prom at admission and discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not available

G9736 Patient refused to participate

G9737 Patient unable to complete the foto elbow, wrist or hand intake prom at admission and discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not available

G9738 Patient refused to participate

G9739 Patient unable to complete the foto general orthopedic intake prom at admission and discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not available

G9740 Hospice services given to patient any time during the measurement period

G9741 Patients who use hospice services any time during the measurement period

G9742 Psychiatric symptoms assessed

G9743 Psychiatric symptoms not assessed, reason not otherwise specified

G9744 Patient not eligible due to active diagnosis of hypertension

G9745 Documented reason for not screening or recommending a follow-up for high blood pressure

G9746 Patient has mitral stenosis or prosthetic heart valves or patient has transient or reversible cause of af (e.g., pneumonia, hyperthyroidism, pregnancy, cardiac surgery)

G9747 Patient is undergoing palliative dialysis with a catheter

G9748 Patient approved by a qualified transplant program and scheduled to receive a living donor kidney transplant

G9749 Patient is undergoing palliative dialysis with a catheter

G9750 Patient approved by a qualified transplant program and scheduled to receive a living donor kidney transplant

G9751 Patient died at any time during the 24-month measurement period

G9752 Emergency surgery

G9753 Documentation of medical reason for not conducting a search for dicom format images for prior patient ct imaging studies completed at non-affiliated external healthcare facilities or entities within the past 12 months that are available through a secure,

G9754 A finding of an incidental pulmonary nodule

G9755 Documentation of medical reason(s) that follow-up imaging is indicated (e.g., patient has a known malignancy that can metastasize, other medical reason(s))

G9756 Surgical procedures that included the use of silicone oil

G9757 Surgical procedures that included the use of silicone oil

- G9758 Patient in hospice at any time during the measurement period
- G9759 History of preoperative posterior capsule rupture
- G9760 Patients who use hospice services any time during the measurement period
- G9761 Patients who use hospice services any time during the measurement period
- G9762 Patient had at least two hpv vaccines (with at least 146 days between the two) or three hpv vaccines on or between the patient's 9th and 13th birthdays
- G9763 Patient did not have at least two hpv vaccines (with at least 146 days between the two) or three hpv vaccines on or between the patient's 9th and 13th birthdays
- G9764 Patient has been treated with an oral systemic or biologic medication for psoriasis vulgaris

- G9765 Documentation that the patient declined therapy change or alternative therapies were unavailable, has documented contraindications, or has not been treated with an oral systemic or biologic for at least six consecutive months (e.g., experienced adverse ef

- G9766 Patients who are transferred from one institution to another with a known diagnosis of cva for endovascular stroke treatment
- G9767 Hospitalized patients with newly diagnosed cva considered for endovascular stroke treatment
- G9768 Patients who utilize hospice services any time during the measurement period
- G9769 Patient had a bone mineral density test in the past two years or received osteoporosis medication or therapy in the past 12 months
- G9770 Peripheral nerve block (pnb)
- G9771 At least 1 body temperature measurement equal to or greater than 35.5 degrees celsius (or 95.9 degrees fahrenheit) achieved within the 30 minutes immediately before or the 15 minutes immediately after anesthesia end time
- G9772 Documentation of one of the following medical reason(s) for not achieving at least 1 body temperature measurement equal to or greater than 35.5 degrees celsius (or 95.9 degrees fahrenheit) achieved within the 30 minutes immediately before or the 15 minute

- G9773 At least 1 body temperature measurement equal to or greater than 35.5 degrees celsius (or 95.9 degrees fahrenheit) not achieved within the 30 minutes immediately before or the 15 minutes immediately after anesthesia end time
- G9774 Patients who have had a hysterectomy
- G9775 Patient received at least 2 prophylactic pharmacologic anti-emetic agents of different classes preoperatively and/or intraoperatively
- G9776 Documentation of medical reason for not receiving at least 2 prophylactic pharmacologic anti-emetic agents of different classes preoperatively and/or intraoperatively (e.g., intolerance or other medical reason)
- G9777 Patient did not receive at least 2 prophylactic pharmacologic anti-emetic agents of different classes preoperatively and/or intraoperatively
- G9778 Patients who have a diagnosis of pregnancy
- G9779 Patients who are breastfeeding
- G9780 Patients who have a diagnosis of rhabdomyolysis
- G9781 Documentation of medical reason(s) for not currently being a statin therapy user or receive an order (prescription) for statin therapy (e.g., patient with adverse effect, allergy or intolerance to statin medication therapy, patients who are receiving pall

- G9782 History of or active diagnosis of familial or pure hypercholesterolemia
- G9783 Documentation of patients with diabetes who have a most recent fasting or direct ldl- c laboratory test result < 70 mg/dl and are not taking statin therapy
- G9784 Pathologists/dermatopathologists providing a second opinion on a biopsy
- G9785 Pathology report diagnosing cutaneous basal cell carcinoma or squamous cell carcinoma (to include in situ disease) sent from the pathologist/dermatopathologist to the biopsying clinician for review within 7 days from the time when the tissue specimen was

- G9786 Pathology report diagnosing cutaneous basal cell carcinoma or squamous cell carcinoma (to include in situ disease) was not sent from the pathologist/dermatopathologist to the biopsying clinician for review within 7 days from the time when the tissue speci
- G9787 Patient alive as of the last day of the measurement year
- G9788 Most recent bp is less than or equal to 140/90 mm hg
- G9789 Blood pressure recorded during inpatient stays, emergency room visits, urgent care visits, and patient self-reported bp's (home and health fair bp results)
- G9790 Most recent bp is greater than 140/90 mm hg, or blood pressure not documented
- G9791 Most recent tobacco status is tobacco free
- G9792 Most recent tobacco status is not tobacco free
- G9793 Patient is currently on a daily aspirin or other antiplatelet
- G9794 Documentation of medical reason(s) for not on a daily aspirin or other antiplatelet (e.g., history of gastrointestinal bleed, intra-cranial bleed, idiopathic thrombocytopenic purpura (itp), gastric bypass or documentation of active anticoagulant use durin
- G9795 Patient is not currently on a daily aspirin or other antiplatelet
- G9796 Patient is currently on a statin therapy
- G9797 Patient is not on a statin therapy
- G9798 Discharge(s) for ami between july 1 of the year prior measurement year to june 30 of the measurement period
- G9799 Patients with a medication dispensing event indicator of a history of asthma any time during the patient's history through the end of the measure period
- G9800 Patients who are identified as having an intolerance or allergy to beta-blocker therapy
- G9801 Hospitalizations in which the patient was transferred directly to a non-acute care facility for any diagnosis`
- G9802 Patients who use hospice services any time during the measurement period
- G9803 Patient prescribed a 180-day course of treatment with beta-blockers post discharge for ami
- G9804 Patient was not prescribed a 180-day course of treatment with beta-blockers post discharge for ami
- G9805 Patients who use hospice services any time during the measurement period
- G9806 Patients who received cervical cytology or an hpv test
- G9807 Patients who did not receive cervical cytology or an hpv test
- G9808 Any patients who had no asthma controller medications dispensed during the measurement year
- G9809 Patients who use hospice services any time during the measurement period
- G9810 Patient achieved a pdc of at least 75% for their asthma controller medication
- G9811 Patient did not achieve a pdc of at least 75% for their asthma controller medication
- G9812 Patient died including all deaths occurring during the hospitalization in which the operation was performed, even if after 30 days, and those deaths occurring after discharge from the hospital, but within 30 days of the procedure
- G9813 Patient did not die within 30 days of the procedure or during the index hospitalization
- G9814 Death occurring during the index acute care hospitalization
- G9815 Death did not occur during the index acute care hospitalization
- G9816 Death occurring after discharge from the hospital but within 30 days post procedure
- G9817 Death did not occur after discharge from the hospital within 30 days post procedure
- G9818 Documentation of sexual activity
- G9819 Patients who use hospice services any time during the measurement period
- G9820 Documentation of a chlamydia screening test with proper follow-up

G9821 No documentation of a chlamydia screening test with proper follow-up

G9822 Women who had an endometrial ablation procedure during the year prior to the index date (exclusive of the index date)

G9823 Endometrial sampling or hysteroscopy with biopsy and results documented

G9824 Endometrial sampling or hysteroscopy with biopsy and results not documented

G9825 Her-2/neu negative or undocumented/unknown

G9826 Patient transferred to practice after initiation of chemotherapy

G9827 Her2-targeted therapies not administered during the initial course of treatment

G9828 Her2-targeted therapies administered during the initial course of treatment

G9829 Breast adjuvant chemotherapy administered

G9830 Her-2/neu positive

G9831 Ajcc stage at breast cancer diagnosis = ii or iii

G9832 Ajcc stage at breast cancer diagnosis = i (ia or ib) and t-stage at breast cancer diagnosis does not equal = t1, t1a, t1b

G9833 Patient transfer to practice after initiation of chemotherapy

G9834 Patient has metastatic disease at diagnosis

G9835 Trastuzumab administered within 12 months of diagnosis

G9836 Reason for not administering trastuzumab documented (e.g. patient declined, patient died, patient transferred, contraindication or other clinical exclusion, neoadjuvant chemotherapy or radiation not complete)

G9837 Trastuzumab not administered within 12 months of diagnosis

G9838 Patient has metastatic disease at diagnosis

G9839 Anti-egfr monoclonal antibody therapy

G9840 Ras (kras and nras) gene mutation testing performed before initiation of anti-egfr moab

G9841 Ras (kras and nras) gene mutation testing not performed before initiation of anti-egfr moab

G9842 Patient has metastatic disease at diagnosis

G9843 Ras (kras or nras) gene mutation

G9844 Patient did not receive anti-egfr monoclonal antibody therapy

G9845 Patient received anti-egfr monoclonal antibody therapy

G9846 Patients who died from cancer

G9847 Patient received chemotherapy in the last 14 days of life

G9848 Patient did not receive chemotherapy in the last 14 days of life

G9849 Patients who died from cancer

G9850 Patient had more than one emergency department visit in the last 30 days of life

G9851 Patient had one or less emergency department visits in the last 30 days of life

G9852 Patients who died from cancer

G9853 Patient admitted to the icu in the last 30 days of life

G9854 Patient was not admitted to the icu in the last 30 days of life

G9855 Patients who died from cancer

G9856 Patient was not admitted to hospice

G9857 Patient admitted to hospice

G9858 Patient enrolled in hospice

G9859 Patients who died from cancer

G9860 Patient spent less than three days in hospice care

G9861 Patient spent greater than or equal to three days in hospice care

G9862 Documentation of medical reason(s) for not recommending at least a 10 year follow-up interval (e.g., inadequate prep, familial or personal history of colonic polyps, patient had no adenoma and age is = 66 years old, or life expectancy < 10 years old, othe

G9890 Dilated macular exam performed, including documentation of the presence or absence of macular thickening or geographic atrophy or hemorrhage and the level of macular degeneration severity

G9891 Documentation of medical reason(s) for not performing a dilated macular examination

G9892 Documentation of patient reason(s) for not performing a dilated macular examination

G9893 Dilated macular exam was not performed, reason not otherwise specified

G9894 Androgen deprivation therapy prescribed/administered in combination with external beam radiotherapy to the prostate

G9895 Documentation of medical reason(s) for not prescribing/administering androgen deprivation therapy in combination with external beam radiotherapy to the prostate (e.g., salvage therapy)

G9896 Documentation of patient reason(s) for not prescribing/administering androgen deprivation therapy in combination with external beam radiotherapy to the prostate

G9897 Patients who were not prescribed/administered androgen deprivation therapy in combination with external beam radiotherapy to the prostate, reason not given

G9898 Patient age 65 or older in institutional special needs plans (snp) or residing in long-term care with pos code 32, 33, 34, 54, or 56 any time during the measurement period

G9899 Screening, diagnostic, film, digital or digital breast tomosynthesis (3d) mammography results documented and reviewed

G9900 Screening, diagnostic, film, digital or digital breast tomosynthesis (3d) mammography results were not documented and reviewed, reason not otherwise specified

G9901 Patient age 65 or older in institutional special needs plans (snp) or residing in long-term care with pos code 32, 33, 34, 54, or 56 any time during the measurement period

G9902 Patient screened for tobacco use and identified as a tobacco user

G9903 Patient screened for tobacco use and identified as a tobacco non-user

G9904 Documentation of medical reason(s) for not screening for tobacco use (e.g., limited life expectancy, other medical reason)

G9905 Patient not screened for tobacco use, reason not given

G9906 Patient identified as a tobacco user received tobacco cessation intervention (counseling and/or pharmacotherapy)

G9907 Documentation of medical reason(s) for not providing tobacco cessation intervention (e.g., limited life expectancy, other medical reason)

G9908 Patient identified as tobacco user did not receive tobacco cessation intervention (counseling and/or pharmacotherapy), reason not given

G9909 Documentation of medical reason(s) for not providing tobacco cessation intervention if identified as a tobacco user (eg, limited life expectancy, other medical reason)

G9910 Patients age 65 or older in institutional special needs plans (snp) or residing in long-term care with pos code 32, 33, 34, 54 or 56 anytime during the measurement period

G9911 Clinically node negative (t1n0m0 or t2n0m0) invasive breast cancer before or after neoadjuvant systemic therapy

G9912 Hepatitis b virus (hbv) status assessed and results interpreted prior to initiating anti-tnf (tumor necrosis factor) therapy

G9913 Hepatitis b virus (hbv) status not assessed and results interpreted prior to initiating anti-tnf (tumor necrosis factor) therapy, reason not given

G9914 Patient receiving an anti-tnf agent

G9915 No record of hbv results documented

G9916 Functional status performed once in the last 12 months

G9917 Documentation of medical reason(s) for not performing functional status (e.g., patient is severely impaired and caregiver knowledge is limited, other medical reason)

- G9918 Functional status not performed, reason not otherwise specified
- G9919 Screening performed and positive and provision of recommendations
- G9920 Screening performed and negative
- G9921 No screening performed, partial screening performed or positive screen without recommendations and reason is not given or otherwise specified
- G9922 Safety concerns screen provided and if positive then documented mitigation recommendations
- G9923 Safety concerns screen provided and negative
- G9924 Documentation of medical reason(s) for not providing safety concerns screen or for not providing recommendations, orders or referrals for positive screen (e.g., patient in palliative care, other medical reason)
- G9925 Safety concerns screening not provided, reason not otherwise specified
- G9926 Safety concerns screening positive screen is without provision of mitigation recommendations, including but not limited to referral to other resources
- G9927 Documentation of system reason(s) for not prescribing warfarin or another fda-approved anticoagulation due to patient being currently enrolled in a clinical trial related to af/atrial flutter treatment
- G9928 Warfarin or another fda-approved anticoagulant not prescribed, reason not given
- G9929 Patient with transient or reversible cause of af (e.g., pneumonia, hyperthyroidism, pregnancy, cardiac surgery)
- G9930 Patients who are receiving comfort care only
- G9931 Documentation of cha2ds2-vasc risk score of 0 or 1
- G9932 Documentation of patient reason(s) for not having records of negative or managed positive tb screen (e.g., patient does not return for mantoux (ppd) skin test evaluation)

- G9933 Adenoma(s) or colorectal cancer detected during screening colonoscopy
- G9934 Documentation that neoplasm detected is only diagnosed as traditional serrated adenoma, sessile serrated polyp, or sessile serrated adenoma
- G9935 Adenoma(s) or colorectal cancer not detected during screening colonoscopy
- G9936 Surveillance colonoscopy - personal history of colonic polyps, colon cancer, or other malignant neoplasm of rectum, rectosigmoid junction, and anus
- G9937 Diagnostic colonoscopy
- G9938 Patients age 65 or older in institutional special needs plans (snp) or residing in long-term care with pos code 32, 33, 34, 54, or 56 any time during the measurement period

- G9939 Pathologists/dermatopathologists is the same clinician who performed the biopsy

- G9940 Documentation of medical reason(s) for not on a statin (e.g., pregnancy, in vitro fertilization, clomiphene rx, esrd, cirrhosis, muscular pain and disease during the measurement period or prior year)
- G9941 Back pain was measured by the visual analog scale (vas) within three months preoperatively and at three months (6 - 20 weeks) postoperatively
- G9942 Patient had any additional spine procedures performed on the same date as the lumbar discectomy/laminotomy
- G9943 Back pain was not measured by the visual analog scale (vas) within three months preoperatively and at three months (6 - 20 weeks) postoperatively
- G9944 Back pain was measured by the visual analog scale (vas) within three months preoperatively and at one year (9 to 15 months) postoperatively
- G9945 Patient had cancer, fracture or infection related to the lumbar spine or patient had idiopathic or congenital scoliosis
- G9946 Back pain was not measured by the visual analog scale (vas) within three months preoperatively and at one year (9 to 15 months) postoperatively
- G9947 Leg pain was measured by the visual analog scale (vas) within three months preoperatively and at three months (6 to 20 weeks) postoperatively

G9948	Patient had any additional spine procedures performed on the same date as the lumbar discectomy/laminotomy	
G9949	Leg pain was not measured by the visual analog scale (vas) within three months preoperatively and at three months (6 to 20 weeks) postoperatively	
G9954	Patient exhibits 2 or more risk factors for post-operative vomiting	
G9955	Cases in which an inhalational anesthetic is used only for induction	
G9956	Patient received combination therapy consisting of at least two prophylactic pharmacologic anti-emetic agents of different classes preoperatively and/or intraoperatively	
G9957	Documentation of medical reason for not receiving combination therapy consisting of at least two prophylactic pharmacologic anti-emetic agents of different classes preoperatively and/or intraoperatively (e.g., intolerance or other medical reason)	
G9958	Patient did not receive combination therapy consisting of at least two prophylactic pharmacologic anti-emetic agents of different classes preoperatively and/or intraoperatively	
G9959	Systemic antimicrobials not prescribed	
G9960	Documentation of medical reason(s) for prescribing systemic antimicrobials	
G9961	Systemic antimicrobials prescribed	
G9962	Embolization endpoints are documented separately for each embolized vessel and ovarian artery angiography or embolization performed in the presence of variant uterine artery anatomy	
G9963	Embolization endpoints are not documented separately for each embolized vessel or ovarian artery angiography or embolization not performed in the presence of variant uterine artery anatomy	
G9964	Patient received at least one well-child visit with a pcp during the performance period	
G9965	Patient did not receive at least one well-child visit with a pcp during the performance period	
G9966	Children who were screened for risk of developmental, behavioral and social delays using a standardized tool with interpretation and report	
G9967	Children who were not screened for risk of developmental, behavioral and social delays using a standardized tool with interpretation and report	
G9968	Patient was referred to another provider or specialist during the performance period	
G9969	Provider who referred the patient to another provider received a report from the provider to whom the patient was referred	
G9970	Provider who referred the patient to another provider did not receive a report from the provider to whom the patient was referred	
G9974	Dilated macular exam performed, including documentation of the presence or absence of macular thickening or geographic atrophy or hemorrhage and the level of macular degeneration severity	
G9975	Documentation of medical reason(s) for not performing a dilated macular examination	
G9976	Documentation of patient reason(s) for not performing a dilated macular examination	
G9977	Dilated macular exam was not performed, reason not otherwise specified	
GD	Hospital based ESRD facility to Diagnostic or therapeutic site	
GE	Hospital based ESRD facility to Residential, domiciliary, custodial facility	
GentamOir	Gentamycin Sulfate Ointment	\$30.90
Gentamyci	Gentamycin Opth Drops	\$61.50
GG	Hospital based ESRD facility to Hospital based ESRD facility	
GH	Hospital based ESRD facility to Hospital	
GI	Hospital based ESRD facility to Site of transfer between modes of ambulance transport	

GJ	Hospital based ESRD facility to Freestanding ESRD facility	
GLYC	Glycerin PR suppository (1 each)	\$5.00
GN	Hospital based ESRD facility to SNF	
GP	Hospital based ESRD facility to Physician's office	
GR	Hospital based ESRD facility to Residence	
GS	Hospital based ESRD facility to Scene of accident or acute event	
GX	Hospital based ESRD facility to Intermediate stop at physician's office on way to hospital	
HYDRALAZ	Hydralazine 25mg PO	\$17.64
HYDROELIX	Hydrocodone/APAP Elixir 4.1 mg PO	\$11.19
HYOS	Hyoscyamine Sulfate/Anaspas .125mg/5ml, PO	\$85.50
IBU450	Ibuprofen465/ 600mg PO	\$12.66
IBUPROPE	Ibuprofen 10 mg PO Peds	\$7.50
IcePack	Ice/Cold Pack	\$4.80
Imodium	Imodium/ Loperamide PO	\$7.50
INDERAL	Inderal 60mg PO	\$21.62
InfSens	Infant Sensor - Pedi Sensor	\$75.00
Integrilin	Integrilin / Eptifibatide, 2mg/ml, 10ml vial	\$690.00
IVPump	IV Pump	\$90.00
J	Freestanding ESRD facility	
J0120	Injection, tetracycline, up to 250 mg	
J0129	Injection, abatacept, 10 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	
J0130	Injection abciximab, 10 mg	
J0131	Injection, acetaminophen, 10 mg	\$2.29
J0132	Injection, acetylcysteine, 100 mg	\$5.22
J0133	Injection, acyclovir, 5 mg	
J0135	Injection, adalimumab, 20 mg	
J0150	Injection, adenosine for therapeutic use, 6 mg (not to be used to report any adenosine phosphate compounds, instead use a9270)	
J0151	Injection, adenosine for diagnostic use, 1 mg (not to be used to report any adenosine phosphate compounds, instead use a9270)	
J0153	Injection, adenosine, 1 mg (not to be used to report any adenosine phosphate compounds)	\$14.22
J0171	Injection, adrenalin, epinephrine, 0.1 mg	\$12.06
J0178	Injection, aflibercept, 1 mg	
J0180	Injection, agalsidase beta, 1 mg	
J0190	Injection, biperiden lactate, per 5 mg	
J0200	Injection, alatrofloxacin mesylate, 100 mg	
J0202	Injection, alemtuzumab, 1 mg	
J0205	Injection, alglucerase, per 10 units	
J0207	Injection, amifostine, 500 mg	
J0210	Injection, methyl dopate hcl, up to 250 mg	
J0215	Injection, alefacept, 0.5 mg	
J0220	Injection, alglucosidase alfa, 10 mg, not otherwise specified	
J0221	Injection, alglucosidase alfa, (lumizyme), 10 mg	
J0256	Injection, alpha 1 proteinase inhibitor (human), not otherwise specified, 10 mg	
J0257	Injection, alpha 1 proteinase inhibitor (human), (glassia), 10 mg	
J0270	Injection, alprostadil, 1.25 mcg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	
J0275	Alprostadil urethral suppository (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	

J0278	Injection, amikacin sulfate, 100 mg	
J0280	Injection, aminophyllin, up to 250 mg	
J0282	Injection, amiodarone hydrochloride, 30 mg	\$17.94
J0285	Injection, amphotericin b, 50 mg	
J0287	Injection, amphotericin b lipid complex, 10 mg	
J0288	Injection, amphotericin b cholesteryl sulfate complex, 10 mg	
J0289	Injection, amphotericin b liposome, 10 mg	
J0290	Injection, ampicillin sodium, 500 mg	\$28.14
J0295	Injection, ampicillin sodium/sulbactam sodium, per 1.5 gm	\$40.38
J0300	Injection, amobarbital, up to 125 mg	
J0330	Injection, succinylcholine chloride, up to 20 mg	\$226.56
J0348	Injection, anidulafungin, 1 mg	
J0350	Injection, anistreplase, per 30 units	
J0360	Injection, hydralazine hcl, up to 20 mg	
J0364	Injection, apomorphine hydrochloride, 1 mg	
J0365	Injection, aprotonin, 10,000 kiu	
J0380	Injection, metaraminol bitartrate, per 10 mg	
J0390	Injection, chloroquine hydrochloride, up to 250 mg	\$92.79
J0395	Injection, arbutamine hcl, 1 mg	
J0400	Injection, aripiprazole, intramuscular, 0.25 mg	
J0401	Injection, aripiprazole, extended release, 1 mg	
J0456	Injection, azithromycin, 500 mg	\$106.38
J0461	Injection, atropine sulfate, 0.01 mg	\$5.46
J0470	Injection, dimercaprol, per 100 mg	
J0475	Injection, baclofen, 10 mg	
J0476	Injection, baclofen, 50 mcg for intrathecal trial	
J0480	Injection, basiliximab, 20 mg	
J0485	Injection, belatacept, 1 mg	
J0490	Injection, belimumab, 10 mg	
J0500	Injection, dicyclomine hcl, up to 20 mg	\$28.14
J0515	Injection, benzotropine mesylate, per 1 mg	
J0520	Injection, bethanechol chloride, myotonachol or urecholine, up to 5 mg	
J0558	Injection, penicillin g benzathine and penicillin g procaine, 100,000 units	\$85.41
J0561	Injection, penicillin g benzathine, 100,000 units	\$76.86
J0565	Injection, bezlotoxumab, 10 mg	
J0570	Buprenorphine implant, 74.2 mg	\$7,542.66
J0571	Buprenorphine, oral, 1 mg	
J0572	Buprenorphine/naloxone, oral, less than or equal to 3 mg buprenorphine	
J0573	Buprenorphine/naloxone, oral, greater than 3 mg, but less than or equal to 6 mg buprenorphine	
J0574	Buprenorphine/naloxone, oral, greater than 6 mg, but less than or equal to 10 mg buprenorphine	
J0575	Buprenorphine/naloxone, oral, greater than 10 mg buprenorphine	
J0583	Injection, bivalirudin, 1 mg	
J0585	Injection, onabotulinumtoxin a, 1 unit	
J0586	Injection, abobotulinumtoxin a, 5 units	
J0587	Injection, rimabotulinumtoxin b, 100 units	
J0588	Injection, incobotulinumtoxin a, 1 unit	
J0592	Injection, buprenorphine hydrochloride, 0.1 mg	
J0594	injection, busulfan, 1 mg	
J0595	Injection, butorphanol tartrate, 1 mg	\$18.36
J0596	Injection, c1 esterase inhibitor (recombinant), ruconest, 10 units	
J0597	Injection, c-1 esterase inhibitor (human), berinert, 10 units	
J0598	Injection, c-1 esterase inhibitor (human), cinryze, 10 units	
J0600	Injection, edetate calcium disodium, up to 1000 mg	

J0604	Cinacalcet, oral, 1 mg, (for esrd on dialysis)	
J0606	Injection, etelcalcetide, 0.1 mg	
J0610	Injection, calcium gluconate, per 10 ml	\$190.14
J0620	Injection, calcium glycerophosphate and calcium lactate, per 10 ml	
J0630	Injection, calcitonin salmon, up to 400 units	
J0636	Injection, calcitriol, 0.1 mcg	
J0637	Injection, caspofungin acetate, 5 mg	
J0638	Injection, canakinumab, 1 mg	
J0640	Injection, leucovorin calcium, per 50 mg	
J0641	Injection, levoleucovorin calcium, 0.5 mg	
J0670	Injection, mepivacaine hydrochloride, per 10 ml	
J0690	Injection, cefazolin sodium, 500 mg	\$27.96
J0692	Injection, cefepime hydrochloride, 500 mg	\$46.20
J0694	Injection, ceftoxitin sodium, 1 gm	\$60.84
J0695	Injection, ceftolozane 50 mg and tazobactam 25 mg	
J0696	Injection, ceftriaxone sodium, per 250 mg	\$174.30
J0697	Injection, sterile cefuroxime sodium, per 750 mg	
J0698	Injection, cefotaxime sodium, per gm	\$34.98
J0702	Injection, betamethasone acetate 3 mg and betamethasone sodium phosphate 3 mg	
J0706	Injection, caffeine citrate, 5 mg	\$18.70
J0710	Injection, cephalirin sodium, up to 1 gm	
J0712	Injection, ceftaroline fosamil, 10 mg	
J0713	Injection, ceftazidime, per 500 mg	
J0714	Injection, ceftazidime and avibactam, 0.5 g/0.125 g	
J0715	Injection, ceftizoxime sodium, per 500 mg	
J0716	Injection, centrurptides immune f(ab)2, up to 120 milligrams	
J0717	Injection, certolizumab pegol, 1 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	
J0720	Injection, chloramphenicol sodium succinate, up to 1 gm	
J0725	Injection, chorionic gonadotropin, per 1,000 usp units	
J0735	Injection, clonidine hydrochloride, 1 mg	\$9.72
J0740	Injection, cidofovir, 375 mg	
J0743	Injection, cilastatin sodium; imipenem, per 250 mg	
J0744	Injection, ciprofloxacin for intravenous infusion, 200 mg	\$187.50
J0745	Injection, codeine phosphate, per 30 mg	
J0760	Injection, colchicine, per 1mg	
J0770	Injection, colistimethate sodium, up to 150 mg	
J0775	Injection, collagenase, clostridium histolyticum, 0.01 mg	
J0780	Injection, prochlorperazine, up to 10 mg, Compazine	\$16.80
J0795	Injection, corticorelin ovine triflutate, 1 microgram	
J0800	Injection, corticotropin, up to 40 units	
J0833	Injection, cosyntropin, not otherwise specified, 0.25 mg	
J0834	Injection, cosyntropin (cortrosyn), 0.25 mg	
J0840	Injection, crotalidae polyvalent immune fab (ovine), up to 1 gram	
J0850	Injection, cytomegalovirus immune globulin intravenous (human), per vial	
J0875	Injection, dalbavancin, 5 mg	
J0878	Injection, daptomycin, 1 mg	
J0881	Injection, darbepoetin alfa, 1 microgram (non-esrd use)	
J0882	Injection, darbepoetin alfa, 1 microgram (for esrd on dialysis)	
J0883	Injection, argatroban, 1 mg (for non-esrd use)	
J0884	Injection, argatroban, 1 mg (for esrd on dialysis)	
J0885	Injection, epoetin alfa, (for non-esrd use), 1000 units	
J0886	Injection, epoetin alfa, 1000 units (for esrd on dialysis)	

J0887	Injection, epoetin beta, 1 microgram, (for esrd on dialysis)	
J0888	Injection, epoetin beta, 1 microgram, (for non esrd use)	
J0890	Injection, peginesatide, 0.1 mg (for esrd on dialysis)	
J0894	Injection, decitabine, 1 mg	
J0895	Injection, deferoxamine mesylate, 500 mg	
J0897	Injection, denosumab, 1 mg	
J0900	Injection, testosterone enanthate and estradiol valerate, up to 1 cc	
J0945	Injection, brompheniramine maleate, per 10 mg	
J1000	Injection, depo-estradiol cypionate, up to 5 mg	
J1020	Injection, methylprednisolone acetate, 20 mg	\$3.57
J1030	Injection, methylprednisolone acetate, 40 mg	\$37.90
J1040	Injection, methylprednisolone acetate, 80 mg	\$45.43
J1050	Injection, medroxyprogesterone acetate, 1 mg	
J1060	Injection, testosterone cypionate and estradiol cypionate, up to 1 ml	
J1070	Injection, testosterone cypionate, up to 100 mg	
J1071	Injection, testosterone cypionate, 1 mg	
J1080	Injection, testosterone cypionate, 1 cc, 200 mg	
J1094	Injection, dexamethasone acetate, 1 mg	
J1100	Injection, dexamethasone sodium phosphate, 1 mg	\$28.14
J1110	Injection, dihydroergotamine mesylate, per 1 mg	\$25.60
J1120	Injection, acetazolamide sodium, up to 500 mg	
J1130	Injection, diclofenac sodium, 0.5 mg	
J1160	Injection, digoxin, up to 0.5 mg	\$46.20
J1162	Injection, digoxin immune fab (ovine), per vial	
J1165	Injection, phenytoin sodium, per 50 mg	\$53.58
J1170	Injection, hydromorphone, up to 4 mg	\$53.58
J1180	Injection, dyphylline, up to 500 mg	
J1190	Injection, dexrazoxane hydrochloride, per 250 mg	
J1200	Injection, diphenhydramine hcl, up to 50 mg	\$28.14
J1205	Injection, chlorothiazide sodium, per 500 mg	
J1212	Injection, dmsol, dimethyl sulfoxide, 50%, 50 ml	
J1230	Injection, methadone hcl, up to 10 mg	
J1240	Injection, dimenhydrinate, up to 50 mg	
J1245	Injection, dipyridamole, per 10 mg	
J1250	Injection, dobutamine hydrochloride, per 250 mg	
J1260	Injection, dolasetron mesylate, 10 mg	
J1265	Injection, dopamine hcl, 40 mg	\$23.40
J1267	Injection, doripenem, 10 mg	
J1270	Injection, doxercalciferol, 1 mcg	
J1290	Injection, ecallantide, 1 mg	
J1300	Injection, eculizumab, 10 mg	
J1320	Injection, amitriptyline hcl, up to 20 mg	
J1322	Injection, elosulfase alfa, 1 mg	
J1324	Injection, enfuvirtide, 1 mg	
J1325	Injection, epoprostenol, 0.5 mg	
J1327	Injection, eptifibatide, 5 mg	\$122.94
J1330	Injection, ergonovine maleate, up to 0.2 mg	
J1335	Injection, ertapenem sodium, 500 mg	
J1364	Injection, erythromycin lactobionate, per 500 mg	
J1380	Injection, estradiol valerate, up to 10 mg	
J1410	Injection, estrogen conjugated, per 25 mg	
J1428	Injection, eteplirsen, 10 mg	
J1430	Injection, ethanolamine oleate, 100 mg	
J1435	Injection, estrone, per 1 mg	
J1436	Injection, etidronate disodium, per 300 mg	

J1438	Injection, etanercept, 25 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	
J1439	Injection, ferric carboxymaltose, 1 mg	
J1442	Injection, filgrastim (g-csf), excludes biosimilars, 1 microgram	
J1443	Injection, ferric pyrophosphate citrate solution, 0.1 mg of iron	
J1446	Injection, tbo-filgrastim, 5 micrograms	
J1447	Injection, tbo-filgrastim, 1 microgram	
J1450	Injection fluconazole, 200 mg	
J1451	Injection, fomepizole, 15 mg	
J1452	Injection, fomivirsen sodium, intraocular, 1.65 mg	
J1453	Injection, fosaprepitant, 1 mg	
J1455	Injection, foscarnet sodium, per 1000 mg	
J1457	Injection, gallium nitrate, 1 mg	
J1458	Injection, galsulfase, 1 mg	
J1459	Injection, immune globulin (privigen), intravenous, non-lyophilized (e.g., liquid), 500 mg	
J1460	Injection, gamma globulin, intramuscular, 1 cc	
J1555	Injection, immune globulin (cuvitru), 100 mg	
J1556	Injection, immune globulin (bivigam), 500 mg	
J1557	Injection, immune globulin, (gammaplex), intravenous, non-lyophilized (e.g., liquid), 500 mg	
J1559	Injection, immune globulin (hizentra), 100 mg	
J1560	Injection, gamma globulin, intramuscular, over 10 cc	
J1561	Injection, immune globulin, (gamunex-c/gammaked), non-lyophilized (e.g., liquid), 500 mg	
J1562	Injection, immune globulin (vivaglobin), 100 mg	
J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg	
J1568	Injection, immune globulin, (octagam), intravenous, non-lyophilized (e.g., liquid), 500 mg	
J1569	Injection, immune globulin, (gammagard liquid), non-lyophilized, (e.g., liquid), 500 mg	
J1570	Injection, ganciclovir sodium, 500 mg	
J1571	Injection, hepatitis b immune globulin (hepagam b), intramuscular, 0.5 ml	
J1572	Injection, immune globulin, (flebogamma/flebogamma dif), intravenous, non-lyophilized (e.g., liquid), 500 mg	
J1573	Injection, hepatitis b immune globulin (hepagam b), intravenous, 0.5 ml	
J1575	Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immunoglobulin	
J1580	Injection, garamycin, gentamicin, up to 80 mg	\$65.82
J1590	Injection, gatifloxacin, 10mg	
J1595	Injection, glatiramer acetate, 20 mg	
J1599	Injection, immune globulin, intravenous, non-lyophilized (e.g., liquid), not otherwise specified, 500 mg	
J1600	Injection, gold sodium thiomalate, up to 50 mg	
J1602	Injection, golimumab, 1 mg, for intravenous use	
J1610	Injection, glucagon hydrochloride, per 1 mg	\$1,314.84
J1620	Injection, gonadorelin hydrochloride, per 100 mcg	
J1626	Injection, granisetron hydrochloride, 100 mcg	
J1627	Injection, granisetron, extended-release, 0.1 mg	
J1630	Injection, haloperidol, up to 5 mg	\$35.64
J1631	Injection, haloperidol decanoate, per 50 mg	
J1640	Injection, hemin, 1 mg	
J1642	Injection, heparin sodium, (heparin lock flush), per 10 units	\$17.64
J1644	Injection, heparin sodium, per 1000 units	\$459.18

J1645	Injection, dalteparin sodium, per 2500 iu	
J1650	Injection, enoxaparin sodium, 10 mg	\$423.36
J1652	Injection, fondaparinux sodium, 0.5 mg	
J1655	Injection, tinzaparin sodium, 1000 iu	
J1670	Injection, tetanus immune globulin, human, up to 250 units	
J1675	Injection, histrelin acetate, 10 micrograms	
J1700	Injection, hydrocortisone acetate, up to 25 mg	
J1710	Injection, hydrocortisone sodium phosphate, up to 50 mg	
J1720	Injection, hydrocortisone sodium succinate, up to 100 mg	
J1725	Injection, hydroxyprogesterone caproate, 1 mg	
J1726	Injection, hydroxyprogesterone caproate, (makena), 10 mg	
J1729	Injection, hydroxyprogesterone caproate, not otherwise specified, 10 mg	
J1730	Injection, diazoxide, up to 300 mg	
J1740	Injection, ibandronate sodium, 1 mg	
J1741	Injection, ibuprofen, 100 mg	
J1742	Injection, ibutilide fumarate, 1 mg	
J1743	Injection, idursulfase, 1 mg	
J1744	Injection, icatibant, 1 mg	
J1745	Injection, infliximab, excludes biosimilar, 10 mg	
J1750	Injection, iron dextran, 50 mg	
J1756	Injection, iron sucrose, 1 mg	
J1786	Injection, imiglucerase, 10 units	
J1790	Injection, droperidol, up to 5 mg	\$4.20
J1800	Injection, propranolol hcl, up to 1 mg	
J1810	Injection, droperidol and fentanyl citrate, up to 2 ml ampule	
J1815	Injection, insulin, per 5 units	\$40.50
J1817	Insulin for administration through dme (i.e., insulin pump) per 50 units	
J1826	Injection, interferon beta-1a, 30 mcg	
J1830	Injection, interferon beta-1b, 0.25 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	
J1833	Injection, isavuconazonium, 1 mg	
J1835	Injection, itraconazole, 50 mg	
J1840	Injection, kanamycin sulfate, up to 500 mg	
J1850	Injection, kanamycin sulfate, up to 75 mg	
J1885	Injection, ketorolac tromethamine, per 15 mg	\$49.98
J1890	Injection, cephalothin sodium, up to 1 gram	
J1930	Injection, lanreotide, 1 mg	
J1931	Injection, laronidase, 0.1 mg	
J1940	Injection, furosemide, up to 20 mg	\$28.14
J1942	Injection, aripiprazole lauroxil, 1 mg	
J1945	Injection, lepirudin, 50 mg	
J1950	Injection, leuprolide acetate (for depot suspension), per 3.75 mg	
J1953	Injection, levetiracetam, 10 mg	\$7.45
J1955	Injection, levocarnitine, per 1 gm	
J1956	Injection, levofloxacin, 250 mg (Levaquin)	\$156.90
J1960	Injection, levorphanol tartrate, up to 2 mg	
J1980	Injection, hyoscyamine sulfate, up to 0.25 mg (Levsin)	\$48.72
J1990	Injection, chlordiazepoxide hcl, up to 100 mg	
J2001	Injection, lidocaine hcl for intravenous infusion, 10 mg	\$10.49
J2010	Injection, lincomycin hcl, up to 300 mg	
J2020	Injection, linezolid, 200 mg	\$247.52
J2060	Injection, lorazepam/Ativan, 2 mg	\$130.26
J2150	Injection, mannitol, 25% in 50 ml	
J2170	Injection, mecasecamin, 1 mg	

J2175	Injection, meperidine hydrochloride, per 100 mg	\$35.82
J2180	Injection, meperidine and promethazine hcl, up to 50 mg	
J2182	Injection, mepolizumab, 1 mg	
J2185	Injection, meropenem, 100 mg	\$45.36
J2210	Injection, methylergonovine maleate, up to 0.2 mg	
J2212	Injection, methylnaltrexone, 0.1 mg	
J2248	Injection, micafungin sodium, 1 mg	
J2250	Injection, Versed/midazolam hydrochloride, per 1 mg	\$15.00
J2260	Injection, milrinone lactate, 5 mg	
J2265	Injection, minocycline hydrochloride, 1 mg	
J2270	Injection, morphine sulfate, up to 10 mg	\$28.14
J2271	Injection, morphine sulfate, 100mg	
J2274	Injection, morphine sulfate, preservative-free for epidural or intrathecal use, 10 mg	
J2275	Injection, morphine sulfate (preservative-free sterile solution), per 10 mg	
J2278	Injection, ziconotide, 1 microgram	
J2280	Injection, moxifloxacin, 100 mg	
J2300	Injection, nalbuphine hydrochloride, per 10 mg	
J2310	Injection, Narcan/naloxone hydrochloride, per 1 mg	\$38.28
J2315	Injection, naltrexone, depot form, 1 mg	
J2320	Injection, nandrolone decanoate, up to 50 mg	
J2323	Injection, natalizumab, 1 mg	
J2325	Injection, nesiritide, 0.1 mg	
J2326	Injection, nusinersen, 0.1 mg	
J2350	Injection, ocrelizumab, 1 mg	
J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg	
J2354	Injection, octreotide, non-depot form for subcutaneous or intravenous injection, 25 mcg	
J2355	Injection, oprelvekin, 5 mg	
J2357	Injection, omalizumab, 5 mg	
J2358	Injection, olanzapine, long-acting, 1 mg	\$35.50
J2360	Injection, Norflex/Orphenadrine citrate, up to 60 mg	\$161.10
J2370	Injection, phenylephrine hcl, up to 1 ml	
J2400	Injection, chloroprocaine hydrochloride, per 30 ml	
J2405	Injection, ondansetron hydrochloride, per 1 mg	\$28.14
J2407	Injection, oritavancin, 10 mg	
J2410	Injection, oxymorphone hcl, up to 1 mg	
J2425	Injection, palifermin, 50 micrograms	
J2426	Injection, paliperidone palmitate extended release, 1 mg	
J2430	Injection, pamidronate disodium, per 30 mg	
J2440	Injection, papaverine hcl, up to 60 mg	
J2460	Injection, oxytetracycline hcl, up to 50 mg	
J2469	Injection, palonosetron hcl, 25 mcg	
J2501	Injection, paricalcitol, 1 mcg	
J2502	Injection, pasireotide long acting, 1 mg	
J2503	Injection, pegaptanib sodium, 0.3 mg	
J2504	Injection, pegademase bovine, 25 iu	
J2505	Injection, pegfilgrastim, 6 mg	
J2507	Injection, pegloticase, 1 mg	
J2510	Injection, penicillin g procaine, aqueous, up to 600,000 units	
J2513	Injection, pentastarch, 10% solution, 100 ml	
J2515	Injection, pentobarbital sodium, per 50 mg	
J2540	Injection, penicillin g potassium, up to 600,000 units	
J2543	Injection, Zosyn/Piperacillin sodium/tazobactam sodium, 1 gram/0.125 grams (1.125 grams)	\$76.56

J2545	Pentamidine isethionate, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per 300 mg	
J2547	Injection, peramivir, 1 mg	
J2550	Injection, Phenergan/Promethazine hcl, up to 50 mg	\$28.14
J2560	Injection, phenobarbital sodium, up to 120 mg	
J2562	Injection, plerixafor, 1 mg	
J2590	Injection, oxytocin, up to 10 units	
J2597	Injection, desmopressin acetate, per 1 mcg	
J2650	Injection, prednisolone acetate, up to 1 ml	
J2670	Injection, tolazoline hcl, up to 25 mg	
J2675	Injection, progesterone, per 50 mg	\$253.32
J2680	Injection, fluphenazine decanoate, up to 25 mg	
J2690	Injection, procainamide hcl, up to 1 gm	
J2700	Injection, oxacillin sodium, up to 250 mg	
J2704	Injection, propofol, 10 mg	\$30.78
J2710	Injection, neostigmine methylsulfate, up to 0.5 mg	
J2720	Injection, protamine sulfate, per 10 mg	
J2724	Injection, protein c concentrate, intravenous, human, 10 iu	
J2725	Injection, protirelin, per 250 mcg	
J2730	Injection, pralidoxime chloride, up to 1 gm	
J2760	Injection, phentolamine mesylate, up to 5 mg	
J2765	Injection, Metoclopramide hcl, up to 10 mg (Reglan)	\$3.48
J2770	Injection, quinupristin/dalfopristin, 500 mg (150/350)	
J2778	Injection, ranibizumab, 0.1 mg	
J2780	Injection, Zantac/Ranitidine hydrochloride, 25 mg	\$14.04
J2783	Injection, rasburicase, 0.5 mg	
J2785	Injection, regadenoson, 0.1 mg	
J2786	Injection, reslizumab, 1 mg	
J2788	Injection, rho d immune globulin, human, minidose, 50 micrograms (250 i.u.)	\$211.32
J2790	Injection, rho d immune globulin, human, full dose, 300 micrograms (1500 i.u.)	\$261.42
J2791	Injection, rho(d) immune globulin (human), (rhophylac), intramuscular or intravenous, 100 iu	
J2792	Injection, rho d immune globulin, intravenous, human, solvent detergent, 100 iu	
J2793	Injection, riloncept, 1 mg	
J2794	Injection, risperidone, long acting, 0.5 mg	
J2795	Injection, ropivacaine hydrochloride, 1 mg	
J2796	Injection, romiplostim, 10 micrograms	
J2800	Injection, methocarbamol, up to 10 ml (Robaxin)	\$27.96
J2805	Injection, sincalide, 5 micrograms	
J2810	Injection, theophylline, per 40 mg	
J2820	Injection, sargramostim (gm-csf), 50 mcg	
J2840	Injection, sebelipase alfa, 1 mg	
J2850	Injection, secretin, synthetic, human, 1 microgram	
J2860	Injection, siltuximab, 10 mg	
J2910	Injection, aurothioglucose, up to 50 mg	
J2916	Injection, sodium ferric gluconate complex in sucrose injection, 12.5 mg	
J2920	Injection, methylprednisolone sodium succinate, up to 40 mg	\$13.62
J2930	Injection, methylprednisolone sodium succinate, up to 125 mg	\$21.54
J2940	Injection, somatrem, 1 mg	
J2941	Injection, somatropin, 1 mg	
J2950	Injection, promazine hcl, up to 25 mg	
J2993	Injection, reteplase, 18.1 mg	
J2995	Injection, streptokinase, per 250,000 iu	
J2997	Injection, alteplase recombinant, 1 mg	\$375.96
J3000	Injection, streptomycin, up to 1 gm	

J3010	Injection, fentanyl citrate, 0.1 mg	\$3.48
J3030	Injection, Imitrex/Sumatriptan succinate, 6 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	\$8.46
J3060	Injection, taliglucerase alfa, 10 units	
J3070	Injection, pentazocine, 30 mg	
J3090	Injection, tedizolid phosphate, 1 mg	
J3095	Injection, telavancin, 10 mg	
J3101	Injection, tenecteplase, 1 mg	
J3105	Injection, terbutaline sulfate, up to 1 mg	
J3110	Injection, teriparatide, 10 mcg	
J3120	Injection, testosterone enanthate, up to 100 mg	
J3121	Injection, testosterone enanthate, 1 mg	
J3130	Injection, testosterone enanthate, up to 200 mg	
J3140	Injection, testosterone suspension, up to 50 mg	
J3145	Injection, testosterone undecanoate, 1 mg	
J3150	Injection, testosterone propionate, up to 100 mg	
J3230	Injection, chlorpromazine hcl, up to 50 mg	
J3240	Injection, thyrotropin alpha, 0.9 mg, provided in 1.1 mg vial	
J3243	Injection, tigecycline, 1 mg	
J3246	Injection, tirofiban hcl, 0.25 mg	
J3250	Injection, trimethobenzamide hcl, up to 200 mg	
J3260	Injection, tobramycin sulfate, up to 80 mg	
J3262	Injection, tocilizumab, 1 mg	
J3265	Injection, torsemide, 10 mg/ml	
J3280	Injection, thiethylperazine maleate, up to 10 mg	
J3285	Injection, treprostinil, 1 mg	
J3300	Injection, triamcinolone acetonide, preservative free, 1 mg	
J3301	Injection, triamcinolone acetonide, (Kenalog) 10 mg	\$22.80
J3302	Injection, triamcinolone diacetate, per 5 mg	
J3303	Injection, triamcinolone hexacetonide, per 5 mg	
J3305	Injection, trimetrexate glucuronate, per 25 mg	
J3310	Injection, perphenazine, up to 5 mg	
J3315	Injection, triptorelin pamoate, 3.75 mg	
J3320	Injection, spectinomycin dihydrochloride, up to 2 gm	
J3350	Injection, urea, up to 40 gm	
J3355	Injection, urofollitropin, 75 iu	
J3357	Ustekinumab, for subcutaneous injection, 1 mg	
J3358	Ustekinumab, for intravenous injection, 1 mg	
J3360	Injection, Valium/Diazepam, up to 5 mg	\$14.10
J3364	Injection, urokinase, 5000 iu vial	
J3365	Injection, iv, urokinase, 250,000 i.u. vial	
J3370	Injection, Vancomycin hcl, 500 mg	\$300.00
J3380	Injection, vedolizumab, 1 mg	
J3385	Injection, velaglucerase alfa, 100 units	
J3396	Injection, verteporfin, 0.1 mg	
J3400	Injection, triflupromazine hcl, up to 20 mg	
J3410	Injection, Atarax/Hydroxyzine hcl, up to 25 mg	\$28.14
J3411	Injection, thiamine hcl, 100 mg	\$15.30
J3415	Injection, pyridoxine hcl, 100 mg	
J3420	Injection, vitamin b-12 cyanocobalamin, up to 1000 mcg	
J3430	Injection, phytonadione (vitamin k), per 1 mg	
J3465	Injection, voriconazole, 10 mg	
J3470	Injection, hyaluronidase, up to 150 units	

J3471	Injection, hyaluronidase, ovine, preservative free, per 1 usp unit (up to 999 usp units)	
J3472	Injection, hyaluronidase, ovine, preservative free, per 1000 usp units	
J3473	Injection, hyaluronidase, recombinant, 1 usp unit	
J3475	Injection, magnesium sulfate, per 500 mg	\$32.52
J3480	Injection, potassium chloride, per 2 meq	\$3.48
J3485	Injection, zidovudine, 10 mg	
J3486	Injection, ziprasidone mesylate, 10 mg	
J3489	Injection, zoledronic acid, 1 mg	\$973.19
J3490	Unclassified drugs	\$300.00
J3520	Edetate disodium, per 150 mg	
J3530	Nasal vaccine inhalation	
J3535	Drug administered through a metered dose inhaler	\$156.12
J3570	Laetrile, amygdalin, vitamin b17	
J3590	Unclassified biologics	
J7030	Infusion, normal saline solution , 1000 cc	\$69.78
J7040	Infusion, normal saline solution, sterile (500 ml = 1 unit)	\$34.92
J7042	5% dextrose/normal saline (500 ml = 1 unit)	\$34.92
J7050	Infusion, normal saline solution, 250 cc	\$34.26
J7060	5% dextrose/water (500 ml = 1 unit)	\$34.68
J7070	Infusion, d5w, 1000 cc	
J7100	Infusion, dextran 40, 500 ml	
J7110	Infusion, dextran 75, 500 ml	
J7120	Ringers lactate infusion, up to 1000 cc	\$118.80
J7121	5% dextrose in lactated ringers infusion, up to 1000 cc	
J7131	Hypertonic saline solution, 1 ml	
J7175	Injection, factor x, (human), 1 i.u.	
J7178	Injection, human fibrinogen concentrate, 1 mg	
J7179	Injection, von willebrand factor (recombinant), (vonvendi), 1 i.u. vwf:rc0	
J7180	Injection, factor xiii (antihemophilic factor, human), 1 i.u.	
J7181	Injection, factor xiii a-subunit, (recombinant), per iu	
J7182	Injection, factor viii, (antihemophilic factor, recombinant), (novoeight), per iu	
J7183	Injection, von willebrand factor complex (human), wilate, 1 i.u. vwf:rc0	
J7185	Injection, factor viii (antihemophilic factor, recombinant) (xyntha), per i.u.	
J7186	Injection, antihemophilic factor viii/von willebrand factor complex (human), per factor viii i.u.	
J7187	Injection, von willebrand factor complex (humate-p), per iu vwf:rc0	
J7188	Injection, factor viii (antihemophilic factor, recombinant), (obizur), per i.u.	
J7189	Factor viia (antihemophilic factor, recombinant), per 1 microgram	
J7190	Factor viii (antihemophilic factor, human) per i.u.	
J7191	Factor viii (antihemophilic factor (porcine)), per i.u.	
J7192	Factor viii (antihemophilic factor, recombinant) per i.u., not otherwise specified	
J7193	Factor ix (antihemophilic factor, purified, non-recombinant) per i.u.	
J7194	Factor ix, complex, per i.u.	
J7195	Injection, factor ix (antihemophilic factor, recombinant) per iu, not otherwise specified	
J7196	Injection, antithrombin recombinant, 50 i.u.	
J7197	Antithrombin iii (human), per i.u.	
J7198	Anti-inhibitor, per i.u.	
J7199	Hemophilia clotting factor, not otherwise classified	
J7200	Injection, factor ix, (antihemophilic factor, recombinant), rixubis, per iu	
J7201	Injection, factor ix, fc fusion protein, (recombinant), alprolix, 1 i.u.	
J7202	Injection, factor ix, albumin fusion protein, (recombinant), idelvion, 1 i.u.	
J7205	Injection, factor viii fc fusion protein (recombinant), per iu	
J7207	Injection, factor viii, (antihemophilic factor, recombinant), pegylated, 1 i.u.	

J7209	Injection, factor viii, (antihemophilic factor, recombinant), (nuwiq), 1 i.u.	
J7210	Injection, factor viii, (antihemophilic factor, recombinant), (afstyla), 1 i.u.	
J7211	Injection, factor viii, (antihemophilic factor, recombinant), (koyaltry), 1 i.u.	
J7296	Levonorgestrel-releasing intrauterine contraceptive system, (kyleena), 19.5 mg	
J7297	Levonorgestrel-releasing intrauterine contraceptive system (liletta), 52 mg	
J7298	Levonorgestrel-releasing intrauterine contraceptive system (mirena), 52 mg	
J7300	Intrauterine copper contraceptive	
J7301	Levonorgestrel-releasing intrauterine contraceptive system (skylia), 13.5 mg	
J7302	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg	
J7303	Contraceptive supply, hormone containing vaginal ring, each	
J7304	Contraceptive supply, hormone containing patch, each	
J7306	Levonorgestrel (contraceptive) implant system, including implants and supplies	
J7307	Etonogestrel (contraceptive) implant system, including implant and supplies	
J7308	Aminolevulinic acid hcl for topical administration, 20%, single unit dosage form (354 mg)	
J7309	Methyl aminolevulinate (mal) for topical administration, 16.8%, 1 gram	
J7310	Ganciclovir, 4.5 mg, long-acting implant	
J7311	Fluocinolone acetonide, intravitreal implant	
J7312	Injection, dexamethasone, intravitreal implant, 0.1 mg	
J7313	Injection, fluocinolone acetonide, intravitreal implant, 0.01 mg	
J7315	Mitomycin, ophthalmic, 0.2 mg	
J7316	Injection, ocriplasmin, 0.125 mg	
J7320	Hyaluronan or derivative, genvisc 850, for intra-articular injection, 1 mg	
J7321	Hyaluronan or derivative, hyalgan, supartz or visco-3, for intra-articular injection, per dose	
J7322	Hyaluronan or derivative, hymovis, for intra-articular injection, 1 mg	
J7323	Hyaluronan or derivative, euflexxa, for intra-articular injection, per dose	
J7324	Hyaluronan or derivative, orthovisc, for intra-articular injection, per dose	
J7325	Hyaluronan or derivative, synvisc or synvisc-one, for intra-articular injection, 1 mg	
J7326	Hyaluronan or derivative, gel-one, for intra-articular injection, per dose	
J7327	Hyaluronan or derivative, monovisc, for intra-articular injection, per dose	
J7328	Hyaluronan or derivative, gelsyn-3, for intra-articular injection, 0.1 mg	
J7330	Autologous cultured chondrocytes, implant	
J7335	Capsaicin 8% patch, per 10 square centimeters	
J7336	Capsaicin 8% patch, per square centimeter	
J7340	Carbidopa 5 mg/levodopa 20 mg enteral suspension, 100 ml	
J7342	Instillation, ciprofloxacin otic suspension, 6 mg	
J7345	Aminolevulinic acid hcl for topical administration, 10% gel, 10 mg	
J7500	Azathioprine, oral, 50 mg	
J7501	Azathioprine, parenteral, 100 mg	
J7502	Cyclosporine, oral, 100 mg	
J7503	Tacrolimus, extended release, (envarsus xr), oral, 0.25 mg	
J7504	Lymphocyte immune globulin, antithymocyte globulin, equine, parenteral, 250 mg	
J7505	Muromonab-cd3, parenteral, 5 mg	
J7506	Prednisone, oral, per 5mg	
J7507	Tacrolimus, immediate release, oral, 1 mg	
J7508	Tacrolimus, extended release, (astagraf xl), oral, 0.1 mg	
J7509	Methylprednisolone oral, per 4 mg	
J7510	Prednisolone oral, per 5 mg	\$9.72
J7511	Lymphocyte immune globulin, antithymocyte globulin, rabbit, parenteral, 25 mg	
J7512	Prednisone, immediate release or delayed release, oral, 1 mg	\$14.58
J7513	Daclizumab, parenteral, 25 mg	
J7515	Cyclosporine, oral, 25 mg	

J7516	Cyclosporin, parenteral, 250 mg	
J7517	Mycophenolate mofetil, oral, 250 mg	
J7518	Mycophenolic acid, oral, 180 mg	
J7520	Sirolimus, oral, 1 mg	
J7525	Tacrolimus, parenteral, 5 mg	
J7527	Everolimus, oral, 0.25 mg	
J7599	Immunosuppressive drug, not otherwise classified	
J7604	Acetylcysteine, inhalation solution, compounded product, administered through dme, unit dose form, per gram	
J7605	Arformoterol, inhalation solution, fda approved final product, non-compounded, administered through dme, unit dose form, 15 micrograms	
J7606	Formoterol fumarate, inhalation solution, fda approved final product, non-compounded, administered through dme, unit dose form, 20 micrograms	
J7607	Levalbuterol, inhalation solution, compounded product, administered through dme, concentrated form, 0.5 mg	
J7608	Acetylcysteine, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per gram	
J7609	Albuterol, inhalation solution, compounded product, administered through dme, unit dose, 1 mg	
J7610	Albuterol, inhalation solution, compounded product, administered through dme, concentrated form, 1 mg	
J7611	Albuterol, inhalation solution, fda-approved final product, non-compounded, administered through dme, concentrated form, 1 mg	\$18.54
J7612	Levalbuterol, inhalation solution, fda-approved final product, non-compounded, administered through dme, concentrated form, 0.5 mg	\$18.66
J7613	Albuterol, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose, 1 mg	\$18.54
J7614	Levalbuterol, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose, 0.5 mg	\$24.66
J7615	Levalbuterol, inhalation solution, compounded product, administered through dme, unit dose, 0.5 mg	
J7620	Albuterol, up to 2.5 mg and ipratropium bromide, up to 0.5 mg, fda-approved final product, non-compounded, administered through dme	\$18.54
J7622	Beclomethasone, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	
J7624	Betamethasone, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	
J7626	Budesonide, inhalation solution, fda-approved final product, up to 0.5 mg	\$15.14
J7627	Budesonide, inhalation solution, compounded product, administered through dme, unit dose form, up to 0.5 mg	
J7628	Bitolterol mesylate, inhalation solution, compounded product, administered through dme, concentrated form, per milligram	
J7629	Bitolterol mesylate, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	
J7631	Cromolyn sodium, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per 10 milligrams	
J7632	Cromolyn sodium, inhalation solution, compounded product, administered through dme, unit dose form, per 10 milligrams	
J7633	Budesonide, inhalation solution, fda-approved final product, non-compounded, administered through dme, concentrated form, per 0.25 milligram	
J7634	Budesonide, inhalation solution, compounded product, administered through dme, concentrated form, per 0.25 milligram	
J7635	Atropine, inhalation solution, compounded product, administered through dme, concentrated form, per milligram	

J7636	Atropine, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	\$138.60
J7637	Dexamethasone, inhalation solution, compounded product, administered through dme, concentrated form, per milligram	
J7638	Dexamethasone, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	
J7639	Dornase alfa, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per milligram	
J7640	Formoterol, inhalation solution, compounded product, administered through dme, unit dose form, 12 micrograms	
J7641	Flunisolide, inhalation solution, compounded product, administered through dme, unit dose, per milligram	
J7642	Glycopyrrolate, inhalation solution, compounded product, administered through dme, concentrated form, per milligram	
J7643	Glycopyrrolate, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	
J7644	Ipratropium bromide, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per milligram	\$40.02
J7645	Ipratropium bromide, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	
J7647	Isoetharine hcl, inhalation solution, compounded product, administered through dme, concentrated form, per milligram	
J7648	Isoetharine hcl, inhalation solution, fda-approved final product, non-compounded, administered through dme, concentrated form, per milligram	
J7649	Isoetharine hcl, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per milligram	
J7650	Isoetharine hcl, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	
J7657	Isoproterenol hcl, inhalation solution, compounded product, administered through dme, concentrated form, per milligram	
J7658	Isoproterenol hcl, inhalation solution, fda-approved final product, non-compounded, administered through dme, concentrated form, per milligram	
J7659	Isoproterenol hcl, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per milligram	
J7660	Isoproterenol hcl, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	
J7665	Mannitol, administered through an inhaler, 5 mg	
J7667	Metaproterenol sulfate, inhalation solution, compounded product, concentrated form, per 10 milligrams	
J7668	Metaproterenol sulfate, inhalation solution, fda-approved final product, non-compounded, administered through dme, concentrated form, per 10 milligrams	
J7669	Metaproterenol sulfate, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, per 10 milligrams	
J7670	Metaproterenol sulfate, inhalation solution, compounded product, administered through dme, unit dose form, per 10 milligrams	
J7674	Methacholine chloride administered as inhalation solution through a nebulizer, per 1 mg	
J7676	Pentamidine isethionate, inhalation solution, compounded product, administered through dme, unit dose form, per 300 mg	
J7680	Terbutaline sulfate, inhalation solution, compounded product, administered through dme, concentrated form, per milligram	
J7681	Terbutaline sulfate, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	
J7682	Tobramycin, inhalation solution, fda-approved final product, non-compounded, unit dose form, administered through dme, per 300 milligrams	

J7683	Triamcinolone, inhalation solution, compounded product, administered through dme, concentrated form, per milligram	
J7684	Triamcinolone, inhalation solution, compounded product, administered through dme, unit dose form, per milligram	
J7685	Tobramycin, inhalation solution, compounded product, administered through dme, unit dose form, per 300 milligrams	
J7686	Treprostinil, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, 1.74 mg	
J7699	Noc drugs, inhalation solution administered through dme	\$10.76
J7799	Noc drugs, other than inhalation drugs, administered through dme	
J7999	Compounded drug, not otherwise classified	
J8498	Antiemetic drug, rectal/suppository, not otherwise specified	
J8499	Prescription drug, oral, non chemotherapeutic, nos	
J8501	Aprepitant, oral, 5 mg	
J8510	Busulfan; oral, 2 mg	
J8515	Cabergoline, oral, 0.25 mg	
J8520	Capecitabine, oral, 150 mg	
J8521	Capecitabine, oral, 500 mg	
J8530	Cyclophosphamide; oral, 25 mg	
J8540	Dexamethasone, oral, 0.25 mg	\$24.90
J8560	Etoposide; oral, 50 mg	
J8562	Fludarabine phosphate, oral, 10 mg	
J8565	Gefitinib, oral, 250 mg	
J8597	Antiemetic drug, oral, not otherwise specified	
J8600	Melphalan; oral, 2 mg	
J8610	Methotrexate; oral, 2.5 mg	
J8650	Nabilone, oral, 1 mg	
J8655	Netupitant 300 mg and palonosetron 0.5 mg	
J8670	Rolapitant, oral, 1 mg	
J8700	Temozolomide, oral, 5 mg	
J8705	Topotecan, oral, 0.25 mg	
J8999	Prescription drug, oral, chemotherapeutic, nos	
J9000	Injection, doxorubicin hydrochloride, 10 mg	
J9010	Injection, alemtuzumab, 10 mg	
J9015	Injection, aldesleukin, per single use vial	
J9017	Injection, arsenic trioxide, 1 mg	
J9019	Injection, asparaginase (erwinaze), 1,000 iu	
J9020	Injection, asparaginase, not otherwise specified, 10,000 units	
J9022	Injection, atezolizumab, 10 mg	
J9023	Injection, avelumab, 10 mg	
J9025	Injection, azacitidine, 1 mg	
J9027	Injection, clofarabine, 1 mg	
J9031	Bcg (intravesical) per instillation	
J9032	Injection, belinostat, 10 mg	
J9033	Injection, bendamustine hcl (treanda), 1 mg	
J9034	Injection, bendamustine hcl (bendeka), 1 mg	
J9035	Injection, bevacizumab, 10 mg	
J9039	Injection, blinatumomab, 1 microgram	
J9040	Injection, bleomycin sulfate, 15 units	
J9041	Injection, bortezomib, 0.1 mg	
J9042	Injection, brentuximab vedotin, 1 mg	
J9043	Injection, cabazitaxel, 1 mg	
J9045	Injection, carboplatin, 50 mg	
J9047	Injection, carfilzomib, 1 mg	
J9050	Injection, carmustine, 100 mg	

J9055 Injection, cetuximab, 10 mg
J9060 Injection, cisplatin, powder or solution, 10 mg
J9065 Injection, cladribine, per 1 mg
J9070 Cyclophosphamide, 100 mg
J9098 Injection, cytarabine liposome, 10 mg
J9100 Injection, cytarabine, 100 mg
J9120 Injection, dactinomycin, 0.5 mg
J9130 Dacarbazine, 100 mg
J9145 Injection, daratumumab, 10 mg
J9150 Injection, daunorubicin, 10 mg
J9151 Injection, daunorubicin citrate, liposomal formulation, 10 mg
J9155 Injection, degarelix, 1 mg
J9160 Injection, denileukin diftitox, 300 micrograms
J9165 Injection, diethylstilbestrol diphosphate, 250 mg
J9171 Injection, docetaxel, 1 mg
J9175 Injection, elliotts' b solution, 1 ml
J9176 Injection, elotuzumab, 1 mg
J9178 Injection, epirubicin hcl, 2 mg
J9179 Injection, eribulin mesylate, 0.1 mg
J9181 Injection, etoposide, 10 mg
J9185 Injection, fludarabine phosphate, 50 mg
J9190 Injection, fluorouracil, 500 mg
J9200 Injection, floxuridine, 500 mg
J9201 Injection, gemcitabine hydrochloride, 200 mg
J9202 Goserelin acetate implant, per 3.6 mg
J9203 Injection, gemtuzumab ozogamicin, 0.1 mg
J9205 Injection, irinotecan liposome, 1 mg
J9206 Injection, irinotecan, 20 mg
J9207 Injection, ixabepilone, 1 mg
J9208 Injection, ifosfamide, 1 gram
J9209 Injection, mesna, 200 mg
J9211 Injection, idarubicin hydrochloride, 5 mg
J9212 Injection, interferon alfacon-1, recombinant, 1 microgram
J9213 Injection, interferon, alfa-2a, recombinant, 3 million units
J9214 Injection, interferon, alfa-2b, recombinant, 1 million units
J9215 Injection, interferon, alfa-n3, (human leukocyte derived), 250,000 iu
J9216 Injection, interferon, gamma 1-b, 3 million units
J9217 Leuprolide acetate (for depot suspension), 7.5 mg
J9218 Leuprolide acetate, per 1 mg
J9219 Leuprolide acetate implant, 65 mg
J9225 Histrelin implant (vantas), 50 mg
J9226 Histrelin implant (supprelin la), 50 mg
J9228 Injection, ipilimumab, 1 mg
J9230 Injection, mechlorethamine hydrochloride, (nitrogen mustard), 10 mg
J9245 Injection, melphalan hydrochloride, 50 mg
J9250 Methotrexate sodium, 5 mg
J9260 Methotrexate sodium, 50 mg
J9261 Injection, nelarabine, 50 mg
J9262 Injection, omacetaxine mepesuccinate, 0.01 mg
J9263 Injection, oxaliplatin, 0.5 mg
J9264 Injection, paclitaxel protein-bound particles, 1 mg
J9265 Injection, paclitaxel, 30 mg
J9266 Injection, pegaspargase, per single dose vial
J9267 Injection, paclitaxel, 1 mg
J9268 Injection, pentostatin, 10 mg

J9270	Injection, plicamycin, 2.5 mg	
J9271	Injection, pembrolizumab, 1 mg	
J9280	Injection, mitomycin, 5 mg	
J9285	Injection, olaratumab, 10 mg	
J9293	Injection, mitoxantrone hydrochloride, per 5 mg	
J9295	Injection, necitumumab, 1 mg	
J9299	Injection, nivolumab, 1 mg	
J9300	Injection, gemtuzumab ozogamicin, 5 mg	
J9301	Injection, obinutuzumab, 10 mg	
J9302	Injection, ofatumumab, 10 mg	
J9303	Injection, panitumumab, 10 mg	
J9305	Injection, pemetrexed, 10 mg	
J9306	Injection, pertuzumab, 1 mg	
J9307	Injection, pralatrexate, 1 mg	
J9308	Injection, ramucirumab, 5 mg	
J9310	Injection, rituximab, 100 mg	
J9315	Injection, romidepsin, 1 mg	
J9320	Injection, streptozocin, 1 gram	
J9325	Injection, talimogene laherparepvec, per 1 million plaque forming units	
J9328	Injection, temozolomide, 1 mg	
J9330	Injection, temsirolimus, 1 mg	
J9340	Injection, thiotepa, 15 mg	
J9351	Injection, topotecan, 0.1 mg	
J9352	Injection, trabectedin, 0.1 mg	
J9354	Injection, ado-trastuzumab emtansine, 1 mg	
J9355	Injection, trastuzumab, 10 mg	
J9357	Injection, valrubicin, intravesical, 200 mg	
J9360	Injection, vinblastine sulfate, 1 mg	
J9370	Vincristine sulfate, 1 mg	
J9371	Injection, vincristine sulfate liposome, 1 mg	
J9390	Injection, vinorelbine tartrate, 10 mg	
J9395	Injection, fulvestrant, 25 mg	
J9400	Injection, ziv-aflibercept, 1 mg	
J9600	Injection, porfimer sodium, 75 mg	
J9999	Not otherwise classified, antineoplastic drugs	
JD	Freestanding ESRD facility to Diagnostic or therapeutic site	
JE	Freestanding ESRD facility to Residential, domiciliary, custodial facility	
JG	Freestanding ESRD facility to Hospital based ESRD facility	
JH	Freestanding ESRD facility to Hospital	
JI	Freestanding ESRD facility to Site of transfer between modes of ambulance transport	
JJ	Freestanding ESRD facility to Freestanding ESRD facility	
JN	Freestanding ESRD facility to SNF	
JP	Freestanding ESRD facility to Physician's office	
JR	Freestanding ESRD facility to Residence	
JS	Freestanding ESRD facility to Scene of accident or acute event	
JX	Freestanding ESRD facility to Intermediate stop at physician's office on way to hospital	
Katz	Katz Extractor (i.e. for Nasal foreign body)	\$75.00
Kayex	Kayexalate / Sodium Polystyrene, Susp 15g/6m	\$123.00
KDur	KDur / Potassium, 40 meq, oral	\$25.50
KENALOG	Kenalog .1% topical	\$22.80
Ketam10	Ketamine 10 mg IV/IM	\$43.50
Ketam20	Ketamine, 20 mg, for sedation, IV/IM	\$84.00
Ketam40	Ketamine, 40 mg, IV/IM	\$165.00

Ketam5	Ketamine 5 mg IV/IM	\$30.90
Ketam50	Ketamine, 100 mg/ml, IV/IM	\$225.00
Kexalate	Kexalate, Kionex PO	\$27.00
L0112	Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated	
L0113	Cranial cervical orthosis, torticollis type, with or without joint, with or without soft interface material, prefabricated, includes fitting and adjustment	
L0120	Cervical, flexible, non-adjustable, prefabricated, off-the-shelf (foam collar)	\$420.96
L0130	Cervical, flexible, thermoplastic collar, molded to patient	\$170.64
L0140	Cervical, semi-rigid, adjustable (plastic collar)	
L0150	Cervical, semi-rigid, adjustable molded chin cup (plastic collar with mandibular/occipital piece)	
L0160	Cervical, semi-rigid, wire frame occipital/mandibular support, prefabricated, off-the-shelf	
L0170	Cervical, collar, molded to patient model	
L0172	Cervical, collar, semi-rigid thermoplastic foam, two-piece, prefabricated, off-the-shelf	\$53.58
L0174	Cervical, collar, semi-rigid, thermoplastic foam, two piece with thoracic extension, prefabricated, off-the-shelf	
L0180	Cervical, multiple post collar, occipital/mandibular supports, adjustable	
L0190	Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars (somi, guilford, taylor types)	
L0200	Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars, and thoracic extension	
L0220	Thoracic, rib belt, custom fabricated	
L0450	Tlso, flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated, off-the-shelf	
L0452	Tlso, flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, custom fabricated	
L0454	Tlso flexible, provides trunk support, extends from sacrococcygeal junction to above t-9 vertebra, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s),	
L0455	Tlso, flexible, provides trunk support, extends from sacrococcygeal junction to above t-9 vertebra, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s)	
L0456	Tlso, flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross trunk motion in the sagittal plane, produc	
L0457	Tlso, flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross trunk motion in the sagittal plane, produc	
L0458	Tlso, triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner	
L0460	Tlso, triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft	

- L0462 Tlso, triplanar control, modular segmented spinal system, three rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, so
- L0464 Tlso, triplanar control, modular segmented spinal system, four rigid plastic shells, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to the sternal notch, soft liner, res
- L0466 Tlso, sagittal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, restricts gross trunk motion in sagittal plane, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated item th
- L0467 Tlso, sagittal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, restricts gross trunk motion in sagittal plane, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated, off-th
- L0468 Tlso, sagittal-coronal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction over scapulae, lateral strength provided by pelvic, thoracic, and lateral frame pieces, restrict
- L0469 Tlso, sagittal-coronal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction over scapulae, lateral strength provided by pelvic, thoracic, and lateral frame pieces, restrict
- L0470 Tlso, triplanar control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction to scapula, lateral strength provided by pelvic, thoracic, and lateral frame pieces, rotational strengt
- L0472 Tlso, triplanar control, hyperextension, rigid anterior and lateral frame extends from symphysis pubis to sternal notch with two anterior components (one pubic and one sternal), posterior and lateral pads with straps and closures, limits spinal flexion, r
- L0480 Tlso, triplanar control, one piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to ster
- L0482 Tlso, triplanar control, one piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notc
- L0484 Tlso, triplanar control, two piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to ster
- L0486 Tlso, triplanar control, two piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notc
- L0488 Tlso, triplanar control, one piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notc

- L0490 Tlso, sagittal-coronal control, one piece rigid plastic shell, with overlapping reinforced anterior, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates at or before the t-9 vertebra, anterior extends from symp
- L0491 Tlso, sagittal-coronal control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, sof
- L0492 Tlso, sagittal-coronal control, modular segmented spinal system, three rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, s
- L0621 Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, off-the-shelf
- L0622 Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated
- L0623 Sacroiliac orthosis, provides pelvic-sacral support, with rigid or semi-rigid panels over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, off-the-shelf
- L0624 Sacroiliac orthosis, provides pelvic-sacral support, with rigid or semi-rigid panels placed over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated
- L0625 Lumbar orthosis, flexible, provides lumbar support, posterior extends from l-1 to below l-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include pendulous abdomen design, shoulder str
- L0626 Lumbar orthosis, sagittal control, with rigid posterior panel(s), posterior extends from l-1 to below l-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder
- L0627 Lumbar orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from l-1 to below l-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shou
- L0628 Lumbar-sacral orthosis, flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to t-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shou
- L0629 Lumbar-sacral orthosis, flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to t-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shou
- L0630 Lumbar-sacral orthosis, sagittal control, with rigid posterior panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include pad
- L0631 Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to t-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may

- L0632 Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to t-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may
- L0633 Lumbar-sacral orthosis, sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load
- L0634 Lumbar-sacral orthosis, sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce loa
- L0635 Lumbar-sacral orthosis, sagittal-coronal control, lumbar flexion, rigid posterior frame/panel(s), lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to t-9 vertebra, lateral strength provided by rigid late
- L0636 Lumbar sacral orthosis, sagittal-coronal control, lumbar flexion, rigid posterior frame/panels, lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to t-9 vertebra, lateral strength provided by rigid latera
- L0637 Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to t-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to r
- L0638 Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to t-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to r
- L0639 Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebr
- L0640 Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebr
- L0641 Lumbar orthosis, sagittal control, with rigid posterior panel(s), posterior extends from l-1 to below l-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder
- L0642 Lumbar orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from l-1 to below l-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shou
- L0643 Lumbar-sacral orthosis, sagittal control, with rigid posterior panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include pad
- L0648 Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to t-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may

- L0649 Lumbar-sacral orthosis, sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load
- L0650 Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure
- L0651 Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to t-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebr
- L0700 Cervical-thoracic-lumbar-sacral-orthoses (ctlso), anterior-posterior-lateral control, molded to patient model, (minerva type)
- L0710 Ctlso, anterior-posterior-lateral-control, molded to patient model, with interface material, (minerva type)
- L0810 Halo procedure, cervical halo incorporated into jacket vest
- L0820 Halo procedure, cervical halo incorporated into plaster body jacket
- L0830 Halo procedure, cervical halo incorporated into milwaukee type orthosis
- L0859 Addition to halo procedure, magnetic resonance image compatible systems, rings and pins, any material
- L0861 Addition to halo procedure, replacement liner/interface material
- L0970 Tlso, corset front
- L0972 Lso, corset front
- L0974 Tlso, full corset
- L0976 Lso, full corset
- L0978 Axillary crutch extension
- L0980 Peroneal straps, prefabricated, off-the-shelf, pair
- L0982 Stocking supporter grips, prefabricated, off-the-shelf, set of four (4)
- L0984 Protective body sock, prefabricated, off-the-shelf, each
- L0999 Addition to spinal orthosis, not otherwise specified
- L1000 Cervical-thoracic-lumbar-sacral orthosis (ctlso) (milwaukee), inclusive of furnishing initial orthosis, including model
- L1001 Cervical thoracic lumbar sacral orthosis, immobilizer, infant size, prefabricated, includes fitting and adjustment
- L1005 Tension based scoliosis orthosis and accessory pads, includes fitting and adjustment
- L1010 Addition to cervical-thoracic-lumbar-sacral orthosis (ctlso) or scoliosis orthosis, axilla sling
- L1020 Addition to ctlso or scoliosis orthosis, kyphosis pad
- L1025 Addition to ctlso or scoliosis orthosis, kyphosis pad, floating
- L1030 Addition to ctlso or scoliosis orthosis, lumbar bolster pad
- L1040 Addition to ctlso or scoliosis orthosis, lumbar or lumbar rib pad
- L1050 Addition to ctlso or scoliosis orthosis, sternal pad
- L1060 Addition to ctlso or scoliosis orthosis, thoracic pad
- L1070 Addition to ctlso or scoliosis orthosis, trapezius sling
- L1080 Addition to ctlso or scoliosis orthosis, outrigger
- L1085 Addition to ctlso or scoliosis orthosis, outrigger, bilateral with vertical extensions
- L1090 Addition to ctlso or scoliosis orthosis, lumbar sling
- L1100 Addition to ctlso or scoliosis orthosis, ring flange, plastic or leather
- L1110 Addition to ctlso or scoliosis orthosis, ring flange, plastic or leather, molded to patient model
- L1120 Addition to ctlso, scoliosis orthosis, cover for upright, each
- L1200 Thoracic-lumbar-sacral-orthosis (tlso), inclusive of furnishing initial orthosis only
- L1210 Addition to tlso, (low profile), lateral thoracic extension

L1220	Addition to tlso, (low profile), anterior thoracic extension	
L1230	Addition to tlso, (low profile), milwaukee type superstructure	
L1240	Addition to tlso, (low profile), lumbar derotation pad	
L1250	Addition to tlso, (low profile), anterior asis pad	
L1260	Addition to tlso, (low profile), anterior thoracic derotation pad	
L1270	Addition to tlso, (low profile), abdominal pad	
L1280	Addition to tlso, (low profile), rib gusset (elastic), each	
L1290	Addition to tlso, (low profile), lateral trochanteric pad	
L1300	Other scoliosis procedure, body jacket molded to patient model	
L1310	Other scoliosis procedure, post-operative body jacket	
L1499	Spinal orthosis, not otherwise specified	
L1600	Hip orthosis, abduction control of hip joints, flexible, frejka type with cover, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	
L1610	Hip orthosis, abduction control of hip joints, flexible, (frejka cover only), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	
L1620	Hip orthosis, abduction control of hip joints, flexible, (pavlik harness), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	
L1630	Hip orthosis, abduction control of hip joints, semi-flexible (von rosen type), custom fabricated	
L1640	Hip orthosis, abduction control of hip joints, static, pelvic band or spreader bar, thigh cuffs, custom fabricated	
L1650	Hip orthosis, abduction control of hip joints, static, adjustable, (ilfled type), prefabricated, includes fitting and adjustment	
L1652	Hip orthosis, bilateral thigh cuffs with adjustable abductor spreader bar, adult size, prefabricated, includes fitting and adjustment, any type	
L1660	Hip orthosis, abduction control of hip joints, static, plastic, prefabricated, includes fitting and adjustment	
L1680	Hip orthosis, abduction control of hip joints, dynamic, pelvic control, adjustable hip motion control, thigh cuffs (rancho hip action type), custom fabricated	
L1685	Hip orthosis, abduction control of hip joint, postoperative hip abduction type, custom fabricated	
L1686	Hip orthosis, abduction control of hip joint, postoperative hip abduction type, prefabricated, includes fitting and adjustment	
L1690	Combination, bilateral, lumbo-sacral, hip, femur orthosis providing adduction and internal rotation control, prefabricated, includes fitting and adjustment	
L1700	Legg perthes orthosis, (toronto type), custom fabricated	
L1710	Legg perthes orthosis, (newington type), custom fabricated	
L1720	Legg perthes orthosis, trilateral, (tachdijan type), custom fabricated	
L1730	Legg perthes orthosis, (scottish rite type), custom fabricated	
L1755	Legg perthes orthosis, (patten bottom type), custom fabricated	
L1810	Knee orthosis, elastic with joints, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	
L1812	Knee orthosis, elastic with joints, prefabricated, off-the-shelf	
L1820	Knee orthosis, elastic with condylar pads and joints, with or without patellar control, prefabricated, includes fitting and adjustment	\$123.90
L1830	KO; Knee orthosis, immobilizer, canvas longitudinal, prefabricated, off-the-shelf	\$31.86
L1831	Knee orthosis, locking knee joint(s), positional orthosis, prefabricated, includes fitting and adjustment	

L1832	Knee orthosis, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	
L1833	Knee orthosis, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, off-the shelf	
L1834	Knee orthosis, without knee joint, rigid, custom fabricated	
L1836	Knee orthosis, rigid, without joint(s), includes soft interface material, prefabricated, off-the-shelf	
L1840	Knee orthosis, derotation, medial-lateral, anterior cruciate ligament, custom fabricated	
L1843	Knee orthosis, single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated item that has been trimmed, bent, molded, a	
L1844	Knee orthosis, single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated	
L1845	Knee orthosis, double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated item that has been trimmed, bent, molded, a	
L1846	Knee orthosis, double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated	
L1847	Knee orthosis, double upright with adjustable joint, with inflatable air support chamber(s), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	
L1848	Knee orthosis, double upright with adjustable joint, with inflatable air support chamber(s), prefabricated, off-the-shelf	
L1850	Knee orthosis, swedish type, prefabricated, off-the-shelf	
L1851	Knee orthosis (ko), single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, off-the-shelf	
L1852	Knee orthosis (ko), double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, off-the-shelf	
L1860	Knee orthosis, modification of supracondylar prosthetic socket, custom fabricated (sk)	
L1900	Ankle foot orthosis, spring wire, dorsiflexion assist calf band, custom fabricated	
L1902	Ankle orthosis, ankle gauntlet or similar, with or without joints, prefabricated, off-the-shelf	\$587.70
L1904	Ankle orthosis, ankle gauntlet or similar, with or without joints, custom fabricated	
L1906	Ankle foot orthosis, multiligamentous ankle support, prefabricated, off-the-shelf	
L1907	Ankle orthosis, supramalleolar with straps, with or without interface/pads, custom fabricated	
L1910	Ankle foot orthosis, posterior, single bar, clasp attachment to shoe counter, prefabricated, includes fitting and adjustment	
L1920	Ankle foot orthosis, single upright with static or adjustable stop (phelps or perlstein type), custom fabricated	
L1930	Ankle foot orthosis, plastic or other material, prefabricated, includes fitting and adjustment	

L1932 Afo, rigid anterior tibial section, total carbon fiber or equal material, prefabricated, includes fitting and adjustment

L1940 Ankle foot orthosis, plastic or other material, custom fabricated

L1945 Ankle foot orthosis, plastic, rigid anterior tibial section (floor reaction), custom fabricated

L1950 Ankle foot orthosis, spiral, (institute of rehabilitative medicine type), plastic, custom fabricated

L1951 Ankle foot orthosis, spiral, (institute of rehabilitative medicine type), plastic or other material, prefabricated, includes fitting and adjustment

L1960 Ankle foot orthosis, posterior solid ankle, plastic, custom fabricated

L1970 Ankle foot orthosis, plastic with ankle joint, custom fabricated

L1971 Ankle foot orthosis, plastic or other material with ankle joint, prefabricated, includes fitting and adjustment

L1980 Ankle foot orthosis, single upright free plantar dorsiflexion, solid stirrup, calf band/cuff (single bar 'bk' orthosis), custom fabricated

L1990 Ankle foot orthosis, double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar 'bk' orthosis), custom fabricated

L2000 Knee ankle foot orthosis, single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar 'ak' orthosis), custom fabricated

L2005 Knee ankle foot orthosis, any material, single or double upright, stance control, automatic lock and swing phase release, any type activation, includes ankle joint, any type, custom fabricated

L2010 Knee ankle foot orthosis, single upright, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar 'ak' orthosis), without knee joint, custom fabricated

L2020 Knee ankle foot orthosis, double upright, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar 'ak' orthosis), custom fabricated

L2030 Knee ankle foot orthosis, double upright, free ankle, solid stirrup, thigh and calf bands/cuffs, (double bar 'ak' orthosis), without knee joint, custom fabricated

L2034 Knee ankle foot orthosis, full plastic, single upright, with or without free motion knee, medial lateral rotation control, with or without free motion ankle, custom fabricated

L2035 Knee ankle foot orthosis, full plastic, static (pediatric size), without free motion ankle, prefabricated, includes fitting and adjustment

L2036 Knee ankle foot orthosis, full plastic, double upright, with or without free motion knee, with or without free motion ankle, custom fabricated

L2037 Knee ankle foot orthosis, full plastic, single upright, with or without free motion knee, with or without free motion ankle, custom fabricated

L2038 Knee ankle foot orthosis, full plastic, with or without free motion knee, multi-axis ankle, custom fabricated

L2040 Hip knee ankle foot orthosis, torsion control, bilateral rotation straps, pelvic band/belt, custom fabricated

L2050 Hip knee ankle foot orthosis, torsion control, bilateral torsion cables, hip joint, pelvic band/belt, custom fabricated

L2060 Hip knee ankle foot orthosis, torsion control, bilateral torsion cables, ball bearing hip joint, pelvic band/ belt, custom fabricated

L2070 Hip knee ankle foot orthosis, torsion control, unilateral rotation straps, pelvic band/belt, custom fabricated

L2080 Hip knee ankle foot orthosis, torsion control, unilateral torsion cable, hip joint, pelvic band/belt, custom fabricated

L2090 Hip knee ankle foot orthosis, torsion control, unilateral torsion cable, ball bearing hip joint, pelvic band/ belt, custom fabricated

L2106 Ankle foot orthosis, fracture orthosis, tibial fracture cast orthosis, thermoplastic type casting material, custom fabricated

L2108 Ankle foot orthosis, fracture orthosis, tibial fracture cast orthosis, custom fabricated

- L2112 Ankle foot orthosis, fracture orthosis, tibial fracture orthosis, soft, prefabricated, includes fitting and adjustment
- L2114 Ankle foot orthosis, fracture orthosis, tibial fracture orthosis, semi-rigid, prefabricated, includes fitting and adjustment
- L2116 Ankle foot orthosis, fracture orthosis, tibial fracture orthosis, rigid, prefabricated, includes fitting and adjustment
- L2126 Knee ankle foot orthosis, fracture orthosis, femoral fracture cast orthosis, thermoplastic type casting material, custom fabricated
- L2128 Knee ankle foot orthosis, fracture orthosis, femoral fracture cast orthosis, custom fabricated

- L2132 Kafo, fracture orthosis, femoral fracture cast orthosis, soft, prefabricated, includes fitting and adjustment
- L2134 Kafo, fracture orthosis, femoral fracture cast orthosis, semi-rigid, prefabricated, includes fitting and adjustment
- L2136 Kafo, fracture orthosis, femoral fracture cast orthosis, rigid, prefabricated, includes fitting and adjustment
- L2180 Addition to lower extremity fracture orthosis, plastic shoe insert with ankle joints

- L2182 Addition to lower extremity fracture orthosis, drop lock knee joint
- L2184 Addition to lower extremity fracture orthosis, limited motion knee joint
- L2186 Addition to lower extremity fracture orthosis, adjustable motion knee joint, lerman type

- L2188 Addition to lower extremity fracture orthosis, quadrilateral brim
- L2190 Addition to lower extremity fracture orthosis, waist belt
- L2192 Addition to lower extremity fracture orthosis, hip joint, pelvic band, thigh flange, and pelvic belt
- L2200 Addition to lower extremity, limited ankle motion, each joint
- L2210 Addition to lower extremity, dorsiflexion assist (plantar flexion resist), each joint
- L2220 Addition to lower extremity, dorsiflexion and plantar flexion assist/resist, each joint

- L2230 Addition to lower extremity, split flat caliper stirrups and plate attachment
- L2232 Addition to lower extremity orthosis, rocker bottom for total contact ankle foot orthosis, for custom fabricated orthosis only
- L2240 Addition to lower extremity, round caliper and plate attachment
- L2250 Addition to lower extremity, foot plate, molded to patient model, stirrup attachment

- L2260 Addition to lower extremity, reinforced solid stirrup (scott-craig type)
- L2265 Addition to lower extremity, long tongue stirrup
- L2270 Addition to lower extremity, varus/valgus correction ('t') strap, padded/lined or malleolus pad
- L2275 Addition to lower extremity, varus/valgus correction, plastic modification, padded/lined

- L2280 Addition to lower extremity, molded inner boot
- L2300 Addition to lower extremity, abduction bar (bilateral hip involvement), jointed, adjustable

- L2310 Addition to lower extremity, abduction bar-straight
- L2320 Addition to lower extremity, non-molded lacer, for custom fabricated orthosis only

- L2330 Addition to lower extremity, lacer molded to patient model, for custom fabricated orthosis only
- L2335 Addition to lower extremity, anterior swing band
- L2340 Addition to lower extremity, pre-tibial shell, molded to patient model
- L2350 Addition to lower extremity, prosthetic type, (bk) socket, molded to patient model, (used for 'ptb' 'afo' orthoses)
- L2360 Addition to lower extremity, extended steel shank

L2370 Addition to lower extremity, patten bottom

L2375 Addition to lower extremity, torsion control, ankle joint and half solid stirrup

L2380 Addition to lower extremity, torsion control, straight knee joint, each joint

L2385 Addition to lower extremity, straight knee joint, heavy duty, each joint

L2387 Addition to lower extremity, polycentric knee joint, for custom fabricated knee ankle foot orthosis, each joint

L2390 Addition to lower extremity, offset knee joint, each joint

L2395 Addition to lower extremity, offset knee joint, heavy duty, each joint

L2397 Addition to lower extremity orthosis, suspension sleeve

L2405 Addition to knee joint, drop lock, each

L2415 Addition to knee lock with integrated release mechanism (bail, cable, or equal), any material, each joint

L2425 Addition to knee joint, disc or dial lock for adjustable knee flexion, each joint

L2430 Addition to knee joint, ratchet lock for active and progressive knee extension, each joint

L2492 Addition to knee joint, lift loop for drop lock ring

L2500 Addition to lower extremity, thigh/weight bearing, gluteal/ ischial weight bearing, ring

L2510 Addition to lower extremity, thigh/weight bearing, quadri- lateral brim, molded to patient model

L2520 Addition to lower extremity, thigh/weight bearing, quadri- lateral brim, custom fitted

L2525 Addition to lower extremity, thigh/weight bearing, ischial containment/narrow m-l brim molded to patient model

L2526 Addition to lower extremity, thigh/weight bearing, ischial containment/narrow m-l brim, custom fitted

L2530 Addition to lower extremity, thigh-weight bearing, lacer, non-molded

L2540 Addition to lower extremity, thigh/weight bearing, lacer, molded to patient model

L2550 Addition to lower extremity, thigh/weight bearing, high roll cuff

L2570 Addition to lower extremity, pelvic control, hip joint, clevis type two position joint, each

L2580 Addition to lower extremity, pelvic control, pelvic sling

L2600 Addition to lower extremity, pelvic control, hip joint, clevis type, or thrust bearing, free, each

L2610 Addition to lower extremity, pelvic control, hip joint, clevis or thrust bearing, lock, each

L2620 Addition to lower extremity, pelvic control, hip joint, heavy duty, each

L2622 Addition to lower extremity, pelvic control, hip joint, adjustable flexion, each

L2624 Addition to lower extremity, pelvic control, hip joint, adjustable flexion, extension, abduction control, each

L2627 Addition to lower extremity, pelvic control, plastic, molded to patient model, reciprocating hip joint and cables

L2628 Addition to lower extremity, pelvic control, metal frame, reciprocating hip joint and cables

L2630 Addition to lower extremity, pelvic control, band and belt, unilateral

L2640 Addition to lower extremity, pelvic control, band and belt, bilateral

L2650 Addition to lower extremity, pelvic and thoracic control, gluteal pad, each

L2660 Addition to lower extremity, thoracic control, thoracic band

L2670 Addition to lower extremity, thoracic control, paraspinal uprights

L2680 Addition to lower extremity, thoracic control, lateral support uprights

L2750 Addition to lower extremity orthosis, plating chrome or nickel, per bar

L2755 Addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, per segment, for custom fabricated orthosis only

L2760 Addition to lower extremity orthosis, extension, per extension, per bar (for lineal adjustment for growth)

L2768 Orthotic side bar disconnect device, per bar

L2780 Addition to lower extremity orthosis, non-corrosive finish, per bar

L2785 Addition to lower extremity orthosis, drop lock retainer, each

L2795 Addition to lower extremity orthosis, knee control, full kneecap

L2800 Addition to lower extremity orthosis, knee control, knee cap, medial or lateral pull, for use with custom fabricated orthosis only

L2810 Addition to lower extremity orthosis, knee control, condylar pad

L2820 Addition to lower extremity orthosis, soft interface for molded plastic, below knee section

L2830 Addition to lower extremity orthosis, soft interface for molded plastic, above knee section

L2840 Addition to lower extremity orthosis, tibial length sock, fracture or equal, each

L2850 Addition to lower extremity orthosis, femoral length sock, fracture or equal, each

L2861 Addition to lower extremity joint, knee or ankle, concentric adjustable torsion style mechanism for custom fabricated orthotics only, each

L2999 Lower extremity orthoses, not otherwise specified

L3000 Foot, insert, removable, molded to patient model, 'ucb' type, berkeley shell, each

L3001 Foot, insert, removable, molded to patient model, spenco, each

L3002 Foot, insert, removable, molded to patient model, plastazote or equal, each

L3003 Foot, insert, removable, molded to patient model, silicone gel, each

L3010 Foot, insert, removable, molded to patient model, longitudinal arch support, each

L3020 Foot, insert, removable, molded to patient model, longitudinal/ metatarsal support, each

L3030 Foot, insert, removable, formed to patient foot, each

L3031 Foot, insert/plate, removable, addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, each

L3040 Foot, arch support, removable, premolded, longitudinal, each

L3050 Foot, arch support, removable, premolded, metatarsal, each

L3060 Foot, arch support, removable, premolded, longitudinal/ metatarsal, each

L3070 Foot, arch support, non-removable attached to shoe, longitudinal, each

L3080 Foot, arch support, non-removable attached to shoe, metatarsal, each

L3090 Foot, arch support, non-removable attached to shoe, longitudinal/metatarsal, each

L3100 Hallus-valgus night dynamic splint, prefabricated, off-the-shelf

L3140 Foot, abduction rotation bar, including shoes

L3150 Foot, abduction rotation bar, without shoes

L3160 Foot, adjustable shoe-styled positioning device

L3170 Foot, plastic, silicone or equal, heel stabilizer, prefabricated, off-the-shelf, each

L3201 Orthopedic shoe, oxford with supinator or pronator, infant

L3202 Orthopedic shoe, oxford with supinator or pronator, child

L3203 Orthopedic shoe, oxford with supinator or pronator, junior

L3204 Orthopedic shoe, hightop with supinator or pronator, infant

L3206 Orthopedic shoe, hightop with supinator or pronator, child

L3207 Orthopedic shoe, hightop with supinator or pronator, junior

L3208 Surgical boot, each, infant

L3209 Surgical boot, each, child

L3211 Surgical boot, each, junior

L3212 Benesch boot, pair, infant

L3213 Benesch boot, pair, child

L3214 Benesch boot, pair, junior

L3215 Orthopedic footwear, ladies shoe, oxford, each

L3216	Orthopedic footwear, ladies shoe, depth inlay, each	
L3217	Orthopedic footwear, ladies shoe, hightop, depth inlay, each	
L3219	Orthopedic footwear, mens shoe, oxford, each	
L3221	Orthopedic footwear, mens shoe, depth inlay, each	
L3222	Orthopedic footwear, mens shoe, hightop, depth inlay, each	
L3224	Orthopedic footwear, woman's shoe, oxford, used as an integral part of a brace (orthosis)	
L3225	Orthopedic footwear, man's shoe, oxford, used as an integral part of a brace (orthosis)	
L3230	Orthopedic footwear, custom shoe, depth inlay, each	
L3250	Orthopedic footwear, custom molded shoe, removable inner mold, prosthetic shoe, each	
L3251	Foot, shoe molded to patient model, silicone shoe, each	
L3252	Foot, shoe molded to patient model, plastazote (or similar), custom fabricated, each	
L3253	Foot, molded shoe plastazote (or similar) custom fitted, each	
L3254	Non-standard size or width	
L3255	Non-standard size or length	
L3257	Orthopedic footwear, additional charge for split size	
L3260	Surgical boot/shoe, each	\$114.78
L3265	Plastazote sandal, each	\$51.18
L3300	Lift, elevation, heel, tapered to metatarsals, per inch	
L3310	Lift, elevation, heel and sole, neoprene, per inch	
L3320	Lift, elevation, heel and sole, cork, per inch	
L3330	Lift, elevation, metal extension (skate)	
L3332	Lift, elevation, inside shoe, tapered, up to one-half inch	
L3334	Lift, elevation, heel, per inch	
L3340	Heel wedge, sach	
L3350	Heel wedge	
L3360	Sole wedge, outside sole	
L3370	Sole wedge, between sole	
L3380	Clubfoot wedge	
L3390	Outflare wedge	
L3400	Metatarsal bar wedge, rocker	
L3410	Metatarsal bar wedge, between sole	
L3420	Full sole and heel wedge, between sole	
L3430	Heel, counter, plastic reinforced	
L3440	Heel, counter, leather reinforced	
L3450	Heel, sach cushion type	
L3455	Heel, new leather, standard	
L3460	Heel, new rubber, standard	
L3465	Heel, thomas with wedge	
L3470	Heel, thomas extended to ball	
L3480	Heel, pad and depression for spur	
L3485	Heel, pad, removable for spur	
L3500	Orthopedic shoe addition, insole, leather	
L3510	Orthopedic shoe addition, insole, rubber	
L3520	Orthopedic shoe addition, insole, felt covered with leather	
L3530	Orthopedic shoe addition, sole, half	
L3540	Orthopedic shoe addition, sole, full	
L3550	Orthopedic shoe addition, toe tap standard	
L3560	Orthopedic shoe addition, toe tap, horseshoe	
L3570	Orthopedic shoe addition, special extension to instep (leather with eyelets)	
L3580	Orthopedic shoe addition, convert instep to velcro closure	
L3590	Orthopedic shoe addition, convert firm shoe counter to soft counter	

L3595	Orthopedic shoe addition, march bar	
L3600	Transfer of an orthosis from one shoe to another, caliper plate, existing	
L3610	Transfer of an orthosis from one shoe to another, caliper plate, new	
L3620	Transfer of an orthosis from one shoe to another, solid stirrup, existing	
L3630	Transfer of an orthosis from one shoe to another, solid stirrup, new	
L3640	Transfer of an orthosis from one shoe to another, dennis browne splint (riveton), both shoes	
L3649	Orthopedic shoe, modification, addition or transfer, not otherwise specified	
L3650	Shoulder orthosis, figure of eight design abduction restrainer, prefabricated, off-the-shelf	\$329.10
L3660	Shoulder orthosis, figure of eight design abduction restrainer, canvas and webbing, prefabricated, off-the-shelf	\$344.94
L3670	Shoulder orthosis, acromio/clavicular (canvas and webbing type), prefabricated, off-the-shelf	\$429.00
L3671	Shoulder orthosis, shoulder joint design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
L3674	Shoulder orthosis, abduction positioning (airplane design), thoracic component and support bar, with or without nontorsion joint/turnbuckle, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
L3675	Shoulder orthosis, vest type abduction restrainer, canvas webbing type or equal, prefabricated, off-the-shelf	
L3677	Shoulder orthosis, shoulder joint design, without joints, may include soft interface, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	
L3678	Shoulder orthosis, shoulder joint design, without joints, may include soft interface, straps, prefabricated, off-the-shelf	
L3702	Elbow orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
L3710	Elbow orthosis, elastic with metal joints, prefabricated, off-the-shelf	
L3720	Elbow orthosis, double upright with forearm/arm cuffs, free motion, custom fabricated	
L3730	Elbow orthosis, double upright with forearm/arm cuffs, extension/ flexion assist, custom fabricated	
L3740	Elbow orthosis, double upright with forearm/arm cuffs, adjustable position lock with active control, custom fabricated	
L3760	Elbow orthosis (eo), with adjustable position locking joint(s), prefabricated, item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	
L3761	Elbow orthosis (eo), with adjustable position locking joint(s), prefabricated, off-the-shelf	
L3762	Elbow orthosis, rigid, without joints, includes soft interface material, prefabricated, off-the-shelf	
L3763	Elbow wrist hand orthosis, rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
L3764	Elbow wrist hand orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
L3765	Elbow wrist hand finger orthosis, rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
L3766	Elbow wrist hand finger orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	

L3806	Wrist hand finger orthosis, includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, custom fabricated, includes fitting and adjustment	
L3807	Wrist hand finger orthosis, without joint(s), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	\$475.19
L3808	Wrist hand finger orthosis, rigid without joints, may include soft interface material; straps, custom fabricated, includes fitting and adjustment	\$101.04
L3809	Wrist hand finger orthosis, without joint(s), prefabricated, off-the-shelf, any type	
L3891	Addition to upper extremity joint, wrist or elbow, concentric adjustable torsion style mechanism for custom fabricated orthotics only, each	
L3900	Wrist hand finger orthosis, dynamic flexor hinge, reciprocal wrist extension/ flexion, finger flexion/extension, wrist or finger driven, custom fabricated	
L3901	Wrist hand finger orthosis, dynamic flexor hinge, reciprocal wrist extension/ flexion, finger flexion/extension, cable driven, custom fabricated	
L3904	Wrist hand finger orthosis, external powered, electric, custom fabricated	
L3905	Wrist hand orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
L3906	Wrist hand orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
L3908	Wrist hand orthosis, wrist extension control cock-up, non molded, prefabricated, off-the-shelf	\$114.78
L3912	Hand finger orthosis (hfo), flexion glove with elastic finger control, prefabricated, off-the-shelf	
L3913	Hand finger orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
L3915	Wrist hand orthosis, includes one or more nontorsion joint(s), elastic bands, turnbuckles, may include soft interface, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an indiv	
L3916	Wrist hand orthosis, includes one or more nontorsion joint(s), elastic bands, turnbuckles, may include soft interface, straps, prefabricated, off-the-shelf	
L3917	Hand orthosis, metacarpal fracture orthosis, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	
L3918	Hand orthosis, metacarpal fracture orthosis, prefabricated, off-the-shelf	
L3919	Hand orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
L3921	Hand finger orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
L3923	Hand finger orthosis, without joints, may include soft interface, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	\$470.04
L3924	Hand finger orthosis, without joints, may include soft interface, straps, prefabricated, off-the-shelf	
L3925	Finger orthosis, proximal interphalangeal (pip)/distal interphalangeal (dip), non torsion joint/spring, extension/flexion, may include soft interface material, prefabricated, off-the-shelf	
L3927	Finger orthosis, proximal interphalangeal (pip)/distal interphalangeal (dip), without joint/spring, extension/flexion (e.g., static or ring type), may include soft interface material, prefabricated, off-the-shelf	

- L3929 Hand finger orthosis, includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific p
- L3930 Hand finger orthosis, includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated, off-the-shelf
- L3931 Wrist hand finger orthosis, includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated, includes fitting and adjustment
- L3933 Finger orthosis, without joints, may include soft interface, custom fabricated, includes fitting and adjustment
- L3935 Finger orthosis, nontorsion joint, may include soft interface, custom fabricated, includes fitting and adjustment
- L3956 Addition of joint to upper extremity orthosis, any material; per joint
- L3960 Shoulder elbow wrist hand orthosis, abduction positioning, airplane design, prefabricated, includes fitting and adjustment
- L3961 Shoulder elbow wrist hand orthosis, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
- L3962 Shoulder elbow wrist hand orthosis, abduction positioning, erb's palsey design, prefabricated, includes fitting and adjustment
- L3967 Shoulder elbow wrist hand orthosis, abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
- L3971 Shoulder elbow wrist hand orthosis, shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment
- L3973 Shoulder elbow wrist hand orthosis, abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting an
- L3975 Shoulder elbow wrist hand finger orthosis, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
- L3976 Shoulder elbow wrist hand finger orthosis, abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment
- L3977 Shoulder elbow wrist hand finger orthosis, shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment
- L3978 Shoulder elbow wrist hand finger orthosis, abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fit
- L3980 Upper extremity fracture orthosis, humeral, prefabricated, includes fitting and adjustment
- L3981 Upper extremity fracture orthosis, humeral, prefabricated, includes shoulder cap design, with or without joints, forearm section, may include soft interface, straps, includes fitting and adjustments
- L3982 Upper extremity fracture orthosis, radius/ulnar, prefabricated, includes fitting and adjustment
- L3984 Upper extremity fracture orthosis, wrist, prefabricated, includes fitting and adjustment
- L3995 Addition to upper extremity orthosis, sock, fracture or equal, each
- L3999 Upper limb orthosis, not otherwise specified

L4000	Replace girdle for spinal orthosis (ctlso or so)	
L4002	Replacement strap, any orthosis, includes all components, any length, any type	
L4010	Replace trilateral socket brim	
L4020	Replace quadrilateral socket brim, molded to patient model	
L4030	Replace quadrilateral socket brim, custom fitted	
L4040	Replace molded thigh lacer, for custom fabricated orthosis only	
L4045	Replace non-molded thigh lacer, for custom fabricated orthosis only	
L4050	Replace molded calf lacer, for custom fabricated orthosis only	
L4055	Replace non-molded calf lacer, for custom fabricated orthosis only	
L4060	Replace high roll cuff	
L4070	Replace proximal and distal upright for kafo	
L4080	Replace metal bands kafo, proximal thigh	
L4090	Replace metal bands kafo-afo, calf or distal thigh	
L4100	Replace leather cuff kafo, proximal thigh	
L4110	Replace leather cuff kafo-afo, calf or distal thigh	
L4130	Replace pretibial shell	
L4205	Repair of orthotic device, labor component, per 15 minutes	
L4210	Repair of orthotic device, repair or replace minor parts	
L4350	Ankle Brace; Ankle control orthosis, stirrup style, rigid, includes any type interface	\$507.66
L4360	Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	\$1,101.19
L4361	Walking boot, pneumatic and/or vacuum, with or without joints	\$331.38
L4370	Pneumatic full leg splint, prefabricated, off-the-shelf	
L4386	Walking boot, non-pneumatic, with or without joints	\$1,104.06
L4387	Walking boot, non-pneumatic, with or without joints, with or without interface material, prefabricated, off-the-shelf	\$1,104.60
L4392	Replacement, soft interface material, static afo	
L4394	Replace soft interface material, foot drop splint	
L4396	Static or dynamic ankle foot orthosis, including soft interface material, adjustable for fit, for positioning, may be used for minimal ambulation, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific	
L4397	Static or dynamic ankle foot orthosis, including soft interface material, adjustable for fit, for positioning, may be used for minimal ambulation, prefabricated, off-the-shelf	
L4398	Foot drop splint, recumbent positioning device, prefabricated, off-the-shelf	
L4631	Ankle foot orthosis, walking boot type, varus/valgus correction, rocker bottom, anterior tibial shell, soft interface, custom arch support, plastic or other material, includes straps and closures, custom fabricated	
L5000	Partial foot, shoe insert with longitudinal arch, toe filler	
L5010	Partial foot, molded socket, ankle height, with toe filler	
L5020	Partial foot, molded socket, tibial tubercle height, with toe filler	
L5050	Ankle, symes, molded socket, sach foot	
L5060	Ankle, symes, metal frame, molded leather socket, articulated ankle/foot	
L5100	Below knee, molded socket, shin, sach foot	
L5105	Below knee, plastic socket, joints and thigh lacer, sach foot	
L5150	Knee disarticulation (or through knee), molded socket, external knee joints, shin, sach foot	
L5160	Knee disarticulation (or through knee), molded socket, bent knee configuration, external knee joints, shin, sach foot	
L5200	Above knee, molded socket, single axis constant friction knee, shin, sach foot	

- L5210 Above knee, short prosthesis, no knee joint ('stubbies'), with foot blocks, no ankle joints, each
- L5220 Above knee, short prosthesis, no knee joint ('stubbies'), with articulated ankle/foot, dynamically aligned, each
- L5230 Above knee, for proximal femoral focal deficiency, constant friction knee, shin, sach foot
- L5250 Hip disarticulation, canadian type; molded socket, hip joint, single axis constant friction knee, shin, sach foot
- L5270 Hip disarticulation, tilt table type; molded socket, locking hip joint, single axis constant friction knee, shin, sach foot
- L5280 Hemipelvectomy, canadian type; molded socket, hip joint, single axis constant friction knee, shin, sach foot
- L5301 Below knee, molded socket, shin, sach foot, endoskeletal system
- L5312 Knee disarticulation (or through knee), molded socket, single axis knee, pylon, sach foot, endoskeletal system
- L5321 Above knee, molded socket, open end, sach foot, endoskeletal system, single axis knee
- L5331 Hip disarticulation, canadian type, molded socket, endoskeletal system, hip joint, single axis knee, sach foot
- L5341 Hemipelvectomy, canadian type, molded socket, endoskeletal system, hip joint, single axis knee, sach foot
- L5400 Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee
- L5410 Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, below knee, each additional cast change and realignment
- L5420 Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension and one cast change 'ak' or knee disarticulation
- L5430 Immediate post surgical or early fitting, application of initial rigid dressing, incl. fitting, alignment and suspension, 'ak' or knee disarticulation, each additional cast change and realignment
- L5450 Immediate post surgical or early fitting, application of non-weight bearing rigid dressing, below knee
- L5460 Immediate post surgical or early fitting, application of non-weight bearing rigid dressing, above knee
- L5500 Initial, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, plaster socket, direct formed
- L5505 Initial, above knee - knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, sach foot, plaster socket, direct formed
- L5510 Preparatory, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, plaster socket, molded to model
- L5520 Preparatory, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, thermoplastic or equal, direct formed
- L5530 Preparatory, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, thermoplastic or equal, molded to model
- L5535 Preparatory, below knee 'ptb' type socket, non-alignable system, no cover, sach foot, prefabricated, adjustable open end socket
- L5540 Preparatory, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, laminated socket, molded to model
- L5560 Preparatory, above knee- knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, sach foot, plaster socket, molded to model
- L5570 Preparatory, above knee - knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, sach foot, thermoplastic or equal, direct formed

L5580 Preparatory, above knee - knee disarticulation ischial level socket, non-alignable system, pylon, no cover, sach foot, thermoplastic or equal, molded to model

L5585 Preparatory, above knee - knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, sach foot, prefabricated adjustable open end socket

L5590 Preparatory, above knee - knee disarticulation ischial level socket, non-alignable system, pylon no cover, sach foot, laminated socket, molded to model

L5595 Preparatory, hip disarticulation-hemipelvectomy, pylon, no cover, sach foot, thermoplastic or equal, molded to patient model

L5600 Preparatory, hip disarticulation-hemipelvectomy, pylon, no cover, sach foot, laminated socket, molded to patient model

L5610 Addition to lower extremity, endoskeletal system, above knee, hydracadence system

L5611 Addition to lower extremity, endoskeletal system, above knee - knee disarticulation, 4 bar linkage, with friction swing phase control

L5613 Addition to lower extremity, endoskeletal system, above knee-knee disarticulation, 4 bar linkage, with hydraulic swing phase control

L5614 Addition to lower extremity, exoskeletal system, above knee-knee disarticulation, 4 bar linkage, with pneumatic swing phase control

L5616 Addition to lower extremity, endoskeletal system, above knee, universal multiplex system, friction swing phase control

L5617 Addition to lower extremity, quick change self-aligning unit, above knee or below knee, each

L5618 Addition to lower extremity, test socket, symes

L5620 Addition to lower extremity, test socket, below knee

L5622 Addition to lower extremity, test socket, knee disarticulation

L5624 Addition to lower extremity, test socket, above knee

L5626 Addition to lower extremity, test socket, hip disarticulation

L5628 Addition to lower extremity, test socket, hemipelvectomy

L5629 Addition to lower extremity, below knee, acrylic socket

L5630 Addition to lower extremity, symes type, expandable wall socket

L5631 Addition to lower extremity, above knee or knee disarticulation, acrylic socket

L5632 Addition to lower extremity, symes type, 'ptb' brim design socket

L5634 Addition to lower extremity, symes type, posterior opening (canadian) socket

L5636 Addition to lower extremity, symes type, medial opening socket

L5637 Addition to lower extremity, below knee, total contact

L5638 Addition to lower extremity, below knee, leather socket

L5639 Addition to lower extremity, below knee, wood socket

L5640 Addition to lower extremity, knee disarticulation, leather socket

L5642 Addition to lower extremity, above knee, leather socket

L5643 Addition to lower extremity, hip disarticulation, flexible inner socket, external frame

L5644 Addition to lower extremity, above knee, wood socket

L5645 Addition to lower extremity, below knee, flexible inner socket, external frame

L5646 Addition to lower extremity, below knee, air, fluid, gel or equal, cushion socket

L5647 Addition to lower extremity, below knee suction socket

L5648 Addition to lower extremity, above knee, air, fluid, gel or equal, cushion socket

L5649 Addition to lower extremity, ischial containment/narrow m-l socket

L5650 Additions to lower extremity, total contact, above knee or knee disarticulation socket

L5651 Addition to lower extremity, above knee, flexible inner socket, external frame

L5652 Addition to lower extremity, suction suspension, above knee or knee disarticulation socket

L5653 Addition to lower extremity, knee disarticulation, expandable wall socket

L5654 Addition to lower extremity, socket insert, symes, (kemblo, pelite, aliplast, plastazote or equal)

- L5655 Addition to lower extremity, socket insert, below knee (kemblo, pelite, aliplast, plastazote or equal)
- L5656 Addition to lower extremity, socket insert, knee disarticulation (kemblo, pelite, aliplast, plastazote or equal)
- L5658 Addition to lower extremity, socket insert, above knee (kemblo, pelite, aliplast, plastazote or equal)
- L5661 Addition to lower extremity, socket insert, multi-durometer symes
- L5665 Addition to lower extremity, socket insert, multi-durometer, below knee
- L5666 Addition to lower extremity, below knee, cuff suspension
- L5668 Addition to lower extremity, below knee, molded distal cushion
- L5670 Addition to lower extremity, below knee, molded supracondylar suspension ('pts' or similar)

- L5671 Addition to lower extremity, below knee / above knee suspension locking mechanism (shuttle, lanyard or equal), excludes socket insert
- L5672 Addition to lower extremity, below knee, removable medial brim suspension
- L5673 Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism
- L5676 Additions to lower extremity, below knee, knee joints, single axis, pair
- L5677 Additions to lower extremity, below knee, knee joints, polycentric, pair
- L5678 Additions to lower extremity, below knee, joint covers, pair
- L5679 Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism
- L5680 Addition to lower extremity, below knee, thigh lacer, nonmolded
- L5681 Addition to lower extremity, below knee/above knee, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code

- L5682 Addition to lower extremity, below knee, thigh lacer, gluteal/ischial, molded
- L5683 Addition to lower extremity, below knee/above knee, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initia

- L5684 Addition to lower extremity, below knee, fork strap
- L5685 Addition to lower extremity prosthesis, below knee, suspension/sealing sleeve, with or without valve, any material, each
- L5686 Addition to lower extremity, below knee, back check (extension control)
- L5688 Addition to lower extremity, below knee, waist belt, webbing
- L5690 Addition to lower extremity, below knee, waist belt, padded and lined
- L5692 Addition to lower extremity, above knee, pelvic control belt, light
- L5694 Addition to lower extremity, above knee, pelvic control belt, padded and lined
- L5695 Addition to lower extremity, above knee, pelvic control, sleeve suspension, neoprene or equal, each
- L5696 Addition to lower extremity, above knee or knee disarticulation, pelvic joint
- L5697 Addition to lower extremity, above knee or knee disarticulation, pelvic band
- L5698 Addition to lower extremity, above knee or knee disarticulation, silesian bandage

- L5699 All lower extremity prostheses, shoulder harness
- L5700 Replacement, socket, below knee, molded to patient model
- L5701 Replacement, socket, above knee/knee disarticulation, including attachment plate, molded to patient model
- L5702 Replacement, socket, hip disarticulation, including hip joint, molded to patient model

L5703 Ankle, symes, molded to patient model, socket without solid ankle cushion heel (sach) foot, replacement only

L5704 Custom shaped protective cover, below knee

L5705 Custom shaped protective cover, above knee

L5706 Custom shaped protective cover, knee disarticulation

L5707 Custom shaped protective cover, hip disarticulation

L5710 Addition, exoskeletal knee-shin system, single axis, manual lock

L5711 Additions exoskeletal knee-shin system, single axis, manual lock, ultra-light material

L5712 Addition, exoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)

L5714 Addition, exoskeletal knee-shin system, single axis, variable friction swing phase control

L5716 Addition, exoskeletal knee-shin system, polycentric, mechanical stance phase lock

L5718 Addition, exoskeletal knee-shin system, polycentric, friction swing and stance phase control

L5722 Addition, exoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control

L5724 Addition, exoskeletal knee-shin system, single axis, fluid swing phase control

L5726 Addition, exoskeletal knee-shin system, single axis, external joints fluid swing phase control

L5728 Addition, exoskeletal knee-shin system, single axis, fluid swing and stance phase control

L5780 Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control

L5781 Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system

L5782 Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy duty

L5785 Addition, exoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)

L5790 Addition, exoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal)

L5795 Addition, exoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)

L5810 Addition, endoskeletal knee-shin system, single axis, manual lock

L5811 Addition, endoskeletal knee-shin system, single axis, manual lock, ultra-light material

L5812 Addition, endoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)

L5814 Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock

L5816 Addition, endoskeletal knee-shin system, polycentric, mechanical stance phase lock

L5818 Addition, endoskeletal knee-shin system, polycentric, friction swing, and stance phase control

L5822 Addition, endoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control

L5824 Addition, endoskeletal knee-shin system, single axis, fluid swing phase control

L5826 Addition, endoskeletal knee-shin system, single axis, hydraulic swing phase control, with miniature high activity frame

L5828 Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control

L5830 Addition, endoskeletal knee-shin system, single axis, pneumatic/ swing phase control

L5840 Addition, endoskeletal knee/shin system, 4-bar linkage or multiaxial, pneumatic swing phase control

L5845 Addition, endoskeletal, knee-shin system, stance flexion feature, adjustable

L5848 Addition to endoskeletal knee-shin system, fluid stance extension, dampening feature, with or without adjustability

L5850 Addition, endoskeletal system, above knee or hip disarticulation, knee extension assist

L5855 Addition, endoskeletal system, hip disarticulation, mechanical hip extension assist

L5856 Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type

L5857 Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type

L5858 Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type

L5859 Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s)

L5910 Addition, endoskeletal system, below knee, alignable system

L5920 Addition, endoskeletal system, above knee or hip disarticulation, alignable system

L5925 Addition, endoskeletal system, above knee, knee disarticulation or hip disarticulation, manual lock

L5930 Addition, endoskeletal system, high activity knee control frame

L5940 Addition, endoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)

L5950 Addition, endoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal)

L5960 Addition, endoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)

L5961 Addition, endoskeletal system, polycentric hip joint, pneumatic or hydraulic control, rotation control, with or without flexion and/or extension control

L5962 Addition, endoskeletal system, below knee, flexible protective outer surface covering system

L5964 Addition, endoskeletal system, above knee, flexible protective outer surface covering system

L5966 Addition, endoskeletal system, hip disarticulation, flexible protective outer surface covering system

L5968 Addition to lower limb prosthesis, multiaxial ankle with swing phase active dorsiflexion feature

L5969 Addition, endoskeletal ankle-foot or ankle system, power assist, includes any type motor(s)

L5970 All lower extremity prostheses, foot, external keel, sach foot

L5971 All lower extremity prosthesis, solid ankle cushion heel (sach) foot, replacement only

L5972 All lower extremity prostheses, foot, flexible keel

L5973 Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source

L5974 All lower extremity prostheses, foot, single axis ankle/foot

L5975 All lower extremity prosthesis, combination single axis ankle and flexible keel foot

L5976 All lower extremity prostheses, energy storing foot (seattle carbon copy ii or equal)

L5978 All lower extremity prostheses, foot, multiaxial ankle/foot

L5979 All lower extremity prosthesis, multi-axial ankle, dynamic response foot, one piece system

L5980 All lower extremity prostheses, flex foot system

L5981 All lower extremity prostheses, flex-walk system or equal

L5982 All exoskeletal lower extremity prostheses, axial rotation unit

L5984 All endoskeletal lower extremity prosthesis, axial rotation unit, with or without adjustability

L5985 All endoskeletal lower extremity prostheses, dynamic prosthetic pylon

L5986 All lower extremity prostheses, multi-axial rotation unit ('mcp' or equal)

L5987 All lower extremity prosthesis, shank foot system with vertical loading pylon

L5988 Addition to lower limb prosthesis, vertical shock reducing pylon feature

L5990 Addition to lower extremity prosthesis, user adjustable heel height

L5999 Lower extremity prosthesis, not otherwise specified

L6000 Partial hand, thumb remaining

L6010 Partial hand, little and/or ring finger remaining

L6020 Partial hand, no finger remaining

L6025 Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, two batteries, charger, myoelectric control of terminal device

L6026 Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, two batteries, charger, myoelectric control of terminal device, excludes terminal device

L6050 Wrist disarticulation, molded socket, flexible elbow hinges, triceps pad

L6055 Wrist disarticulation, molded socket with expandable interface, flexible elbow hinges, triceps pad

L6100 Below elbow, molded socket, flexible elbow hinge, triceps pad

L6110 Below elbow, molded socket, (muenster or northwestern suspension types)

L6120 Below elbow, molded double wall split socket, step-up hinges, half cuff

L6130 Below elbow, molded double wall split socket, stump activated locking hinge, half cuff

L6200 Elbow disarticulation, molded socket, outside locking hinge, forearm

L6205 Elbow disarticulation, molded socket with expandable interface, outside locking hinges, forearm

L6250 Above elbow, molded double wall socket, internal locking elbow, forearm

L6300 Shoulder disarticulation, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm

L6310 Shoulder disarticulation, passive restoration (complete prosthesis)

L6320 Shoulder disarticulation, passive restoration (shoulder cap only)

L6350 Interscapular thoracic, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm

L6360 Interscapular thoracic, passive restoration (complete prosthesis)

L6370 Interscapular thoracic, passive restoration (shoulder cap only)

L6380 Immediate post surgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, wrist disarticulation or below elbow

L6382 Immediate post surgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, elbow disarticulation or above elbow

L6384 Immediate post surgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, shoulder disarticulation or interscapular thoracic

L6386 Immediate post surgical or early fitting, each additional cast change and realignment

L6388 Immediate post surgical or early fitting, application of rigid dressing only

L6400 Below elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping

L6450 Elbow disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping

L6500 Above elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping

L6550 Shoulder disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping

L6570 Interscapular thoracic, molded socket, endoskeletal system, including soft prosthetic tissue shaping

L6580 Preparatory, wrist disarticulation or below elbow, single wall plastic socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, bowden cable control, usmc or equal pylon, no cover, molded to patient model

L6582 Preparatory, wrist disarticulation or below elbow, single wall socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, bowden cable control, usmc or equal pylon, no cover, direct formed

L6584 Preparatory, elbow disarticulation or above elbow, single wall plastic socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, usmc or equal pylon, no cover, molded to patient model

L6586 Preparatory, elbow disarticulation or above elbow, single wall socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, usmc or equal pylon, no cover, direct formed

L6588 Preparatory, shoulder disarticulation or interscapular thoracic, single wall plastic socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, usmc or equal pylon, no cover, molded to patient model

L6590 Preparatory, shoulder disarticulation or interscapular thoracic, single wall socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, usmc or equal pylon, no cover, direct formed

L6600 Upper extremity additions, polycentric hinge, pair

L6605 Upper extremity additions, single pivot hinge, pair

L6610 Upper extremity additions, flexible metal hinge, pair

L6611 Addition to upper extremity prosthesis, external powered, additional switch, any type

L6615 Upper extremity addition, disconnect locking wrist unit

L6616 Upper extremity addition, additional disconnect insert for locking wrist unit, each

L6620 Upper extremity addition, flexion/extension wrist unit, with or without friction

L6621 Upper extremity prosthesis addition, flexion/extension wrist with or without friction, for use with external powered terminal device

L6623 Upper extremity addition, spring assisted rotational wrist unit with latch release

L6624 Upper extremity addition, flexion/extension and rotation wrist unit

L6625 Upper extremity addition, rotation wrist unit with cable lock

L6628 Upper extremity addition, quick disconnect hook adapter, otto bock or equal

L6629 Upper extremity addition, quick disconnect lamination collar with coupling piece, otto bock or equal

L6630 Upper extremity addition, stainless steel, any wrist

L6632 Upper extremity addition, latex suspension sleeve, each

L6635 Upper extremity addition, lift assist for elbow

L6637 Upper extremity addition, nudge control elbow lock

L6638 Upper extremity addition to prosthesis, electric locking feature, only for use with manually powered elbow

L6640 Upper extremity additions, shoulder abduction joint, pair

L6641 Upper extremity addition, excursion amplifier, pulley type

L6642 Upper extremity addition, excursion amplifier, lever type

L6645 Upper extremity addition, shoulder flexion-abduction joint, each

L6646 Upper extremity addition, shoulder joint, multipositional locking, flexion, adjustable abduction friction control, for use with body powered or external powered system

L6647 Upper extremity addition, shoulder lock mechanism, body powered actuator

L6648 Upper extremity addition, shoulder lock mechanism, external powered actuator

L6650 Upper extremity addition, shoulder universal joint, each

L6655 Upper extremity addition, standard control cable, extra

L6660 Upper extremity addition, heavy duty control cable

L6665 Upper extremity addition, teflon, or equal, cable lining

L6670 Upper extremity addition, hook to hand, cable adapter

L6672 Upper extremity addition, harness, chest or shoulder, saddle type

L6675 Upper extremity addition, harness, (e.g., figure of eight type), single cable design

L6676 Upper extremity addition, harness, (e.g., figure of eight type), dual cable design

L6677 Upper extremity addition, harness, triple control, simultaneous operation of terminal device and elbow

L6680 Upper extremity addition, test socket, wrist disarticulation or below elbow

L6682 Upper extremity addition, test socket, elbow disarticulation or above elbow

L6684 Upper extremity addition, test socket, shoulder disarticulation or interscapular thoracic

L6686 Upper extremity addition, suction socket

L6687 Upper extremity addition, frame type socket, below elbow or wrist disarticulation

L6688 Upper extremity addition, frame type socket, above elbow or elbow disarticulation

L6689 Upper extremity addition, frame type socket, shoulder disarticulation

L6690 Upper extremity addition, frame type socket, interscapular-thoracic

L6691 Upper extremity addition, removable insert, each

L6692 Upper extremity addition, silicone gel insert or equal, each

L6693 Upper extremity addition, locking elbow, forearm counterbalance

L6694 Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism

L6695 Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism

L6696 Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than init

L6697 Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for othe

L6698 Addition to upper extremity prosthesis, below elbow/above elbow, lock mechanism, excludes socket insert

L6703 Terminal device, passive hand/mitt, any material, any size

L6704 Terminal device, sport/recreational/work attachment, any material, any size

L6706 Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined

L6707 Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined

L6708 Terminal device, hand, mechanical, voluntary opening, any material, any size

L6709 Terminal device, hand, mechanical, voluntary closing, any material, any size

L6711 Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined, pediatric

L6712 Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined, pediatric

L6713 Terminal device, hand, mechanical, voluntary opening, any material, any size, pediatric

L6714 Terminal device, hand, mechanical, voluntary closing, any material, any size, pediatric

L6715 Terminal device, multiple articulating digit, includes motor(s), initial issue or replacement

L6721 Terminal device, hook or hand, heavy duty, mechanical, voluntary opening, any material, any size, lined or unlined

L6722 Terminal device, hook or hand, heavy duty, mechanical, voluntary closing, any material, any size, lined or unlined

L6805 Addition to terminal device, modifier wrist unit

L6810 Addition to terminal device, precision pinch device

L6880 Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)

L6881 Automatic grasp feature, addition to upper limb electric prosthetic terminal device

L6882 Microprocessor control feature, addition to upper limb prosthetic terminal device

L6883 Replacement socket, below elbow/wrist disarticulation, molded to patient model, for use with or without external power

L6884 Replacement socket, above elbow/elbow disarticulation, molded to patient model, for use with or without external power

L6885 Replacement socket, shoulder disarticulation/interscapular thoracic, molded to patient model, for use with or without external power

L6890 Addition to upper extremity prosthesis, glove for terminal device, any material, prefabricated, includes fitting and adjustment

L6895 Addition to upper extremity prosthesis, glove for terminal device, any material, custom fabricated

L6900 Hand restoration (casts, shading and measurements included), partial hand, with glove, thumb or one finger remaining

L6905 Hand restoration (casts, shading and measurements included), partial hand, with glove, multiple fingers remaining

L6910 Hand restoration (casts, shading and measurements included), partial hand, with glove, no fingers remaining

L6915 Hand restoration (shading, and measurements included), replacement glove for above

L6920 Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, otto bock or equal, switch, cables, two batteries and one charger, switch control of terminal device

L6925 Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device

L6930 Below elbow, external power, self-suspended inner socket, removable forearm shell, otto bock or equal switch, cables, two batteries and one charger, switch control of terminal device

L6935 Below elbow, external power, self-suspended inner socket, removable forearm shell, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device

L6940 Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, otto bock or equal switch, cables, two batteries and one charger, switch control of terminal device

L6945 Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device

L6950 Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, otto bock or equal switch, cables, two batteries and one charger, switch control of terminal device

L6955 Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device

L6960 Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, otto bock or equal switch, cables, two batteries and one charger, switch control of terminal device

L6965 Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal

L6970 Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, otto bock or equal switch, cables, two batteries and one charger, switch control of terminal device

L6975 Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, otto bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal d

L7007 Electric hand, switch or myoelectric controlled, adult

L7008 Electric hand, switch or myoelectric, controlled, pediatric

L7009 Electric hook, switch or myoelectric controlled, adult

L7040 Prehensile actuator, switch controlled

L7045 Electric hook, switch or myoelectric controlled, pediatric

L7170 Electronic elbow, hosmer or equal, switch controlled

L7180 Electronic elbow, microprocessor sequential control of elbow and terminal device

L7181 Electronic elbow, microprocessor simultaneous control of elbow and terminal device

L7185 Electronic elbow, adolescent, variety village or equal, switch controlled

L7186 Electronic elbow, child, variety village or equal, switch controlled

L7190 Electronic elbow, adolescent, variety village or equal, myoelectronically controlled

L7191 Electronic elbow, child, variety village or equal, myoelectronically controlled

L7259 Electronic wrist rotator, any type

L7260 Electronic wrist rotator, otto bock or equal

L7261 Electronic wrist rotator, for utah arm

L7360 Six volt battery, each

L7362 Battery charger, six volt, each

L7364 Twelve volt battery, each

L7366 Battery charger, twelve volt, each

L7367 Lithium ion battery, rechargeable, replacement

L7368 Lithium ion battery charger, replacement only

L7400 Addition to upper extremity prosthesis, below elbow/wrist disarticulation, ultralight material (titanium, carbon fiber or equal)

L7401 Addition to upper extremity prosthesis, above elbow disarticulation, ultralight material (titanium, carbon fiber or equal)

L7402 Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, ultralight material (titanium, carbon fiber or equal)

L7403 Addition to upper extremity prosthesis, below elbow/wrist disarticulation, acrylic material

L7404 Addition to upper extremity prosthesis, above elbow disarticulation, acrylic material

L7405 Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, acrylic material

L7499 Upper extremity prosthesis, not otherwise specified

L7510 Repair of prosthetic device, repair or replace minor parts

L7520 Repair prosthetic device, labor component, per 15 minutes

L7600 Prosthetic donning sleeve, any material, each

L7700 Gasket or seal, for use with prosthetic socket insert, any type, each

L7900 Male vacuum erection system

L7902 Tension ring, for vacuum erection device, any type, replacement only, each

L8000 Breast prosthesis, mastectomy bra, without integrated breast prosthesis form, any size, any type

L8001 Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral, any size, any type

L8002 Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral, any size, any type

L8010 Breast prosthesis, mastectomy sleeve

L8015 External breast prosthesis garment, with mastectomy form, post mastectomy

L8020 Breast prosthesis, mastectomy form

L8030 Breast prosthesis, silicone or equal, without integral adhesive

L8031 Breast prosthesis, silicone or equal, with integral adhesive

L8032 Nipple prosthesis, reusable, any type, each

L8035 Custom breast prosthesis, post mastectomy, molded to patient model

L8039 Breast prosthesis, not otherwise specified

L8040 Nasal prosthesis, provided by a non-physician

L8041 Midfacial prosthesis, provided by a non-physician

L8042 Orbital prosthesis, provided by a non-physician

L8043 Upper facial prosthesis, provided by a non-physician

L8044 Hemi-facial prosthesis, provided by a non-physician

L8045 Auricular prosthesis, provided by a non-physician

L8046 Partial facial prosthesis, provided by a non-physician

L8047 Nasal septal prosthesis, provided by a non-physician

L8048 Unspecified maxillofacial prosthesis, by report, provided by a non-physician

L8049 Repair or modification of maxillofacial prosthesis, labor component, 15 minute increments, provided by a non-physician

L8300 Truss, single with standard pad

L8310 Truss, double with standard pads

L8320 Truss, addition to standard pad, water pad

L8330 Truss, addition to standard pad, scrotal pad

L8400 Prosthetic sheath, below knee, each

L8410 Prosthetic sheath, above knee, each

L8415 Prosthetic sheath, upper limb, each

L8417 Prosthetic sheath/sock, including a gel cushion layer, below knee or above knee, each

L8420 Prosthetic sock, multiple ply, below knee, each

L8430 Prosthetic sock, multiple ply, above knee, each

L8435 Prosthetic sock, multiple ply, upper limb, each
 L8440 Prosthetic shrinker, below knee, each
 L8460 Prosthetic shrinker, above knee, each
 L8465 Prosthetic shrinker, upper limb, each
 L8470 Prosthetic sock, single ply, fitting, below knee, each
 L8480 Prosthetic sock, single ply, fitting, above knee, each
 L8485 Prosthetic sock, single ply, fitting, upper limb, each
 L8499 Unlisted procedure for miscellaneous prosthetic services
 L8500 Artificial larynx, any type
 L8501 Tracheostomy speaking valve
 L8505 Artificial larynx replacement battery / accessory, any type
 L8507 Tracheo-esophageal voice prosthesis, patient inserted, any type, each
 L8509 Tracheo-esophageal voice prosthesis, inserted by a licensed health care provider, any type

 L8510 Voice amplifier
 L8511 Insert for indwelling tracheoesophageal prosthesis, with or without valve, replacement only, each
 L8512 Gelatin capsules or equivalent, for use with tracheoesophageal voice prosthesis, replacement only, per 10
 L8513 Cleaning device used with tracheoesophageal voice prosthesis, pipet, brush, or equal, replacement only, each
 L8514 Tracheoesophageal puncture dilator, replacement only, each
 L8515 Gelatin capsule, application device for use with tracheoesophageal voice prosthesis, each

 L8600 Implantable breast prosthesis, silicone or equal
 L8603 Injectable bulking agent, collagen implant, urinary tract, 2.5 ml syringe, includes shipping and necessary supplies
 L8604 Injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, urinary tract, 1 ml, includes shipping and necessary supplies
 L8605 Injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, anal canal, 1 ml, includes shipping and necessary supplies
 L8606 Injectable bulking agent, synthetic implant, urinary tract, 1 ml syringe, includes shipping and necessary supplies
 L8607 Injectable bulking agent for vocal cord medialization, 0.1 ml, includes shipping and necessary supplies
 L8609 Artificial cornea
 L8610 Ocular implant
 L8612 Aqueous shunt
 L8613 Ossicula implant
 L8614 Cochlear device, includes all internal and external components
 L8615 Headset/headpiece for use with cochlear implant device, replacement
 L8616 Microphone for use with cochlear implant device, replacement
 L8617 Transmitting coil for use with cochlear implant device, replacement
 L8618 Transmitter cable for use with cochlear implant device or auditory osseointegrated device, replacement
 L8619 Cochlear implant, external speech processor and controller, integrated system, replacement

 L8621 Zinc air battery for use with cochlear implant device and auditory osseointegrated sound processors, replacement, each
 L8622 Alkaline battery for use with cochlear implant device, any size, replacement, each

 L8623 Lithium ion battery for use with cochlear implant device speech processor, other than ear level, replacement, each
 L8624 Lithium ion battery for use with cochlear implant or auditory osseointegrated device speech processor, ear level, replacement, each

L8625	External recharging system for battery for use with cochlear implant or auditory osseointegrated device, replacement only, each	
L8627	Cochlear implant, external speech processor, component, replacement	
L8628	Cochlear implant, external controller component, replacement	
L8629	Transmitting coil and cable, integrated, for use with cochlear implant device, replacement	
L8630	Metacarpophalangeal joint implant	
L8631	Metacarpal phalangeal joint replacement, two or more pieces, metal (e.g., stainless steel or cobalt chrome), ceramic-like material (e.g., pyrocarbon), for surgical implantation (all sizes, includes entire system)	
L8641	Metatarsal joint implant	
L8642	Hallux implant	
L8658	Interphalangeal joint spacer, silicone or equal, each	
L8659	Interphalangeal finger joint replacement, 2 or more pieces, metal (e.g., stainless steel or cobalt chrome), ceramic-like material (e.g., pyrocarbon) for surgical implantation, any size	
L8670	Vascular graft material, synthetic, implant	
L8679	Implantable neurostimulator, pulse generator, any type	
L8680	Implantable neurostimulator electrode, each	
L8681	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only	
L8682	Implantable neurostimulator radiofrequency receiver	
L8683	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver	
L8684	Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladder management, replacement	
L8685	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension	
L8686	Implantable neurostimulator pulse generator, single array, non-rechargeable, includes extension	
L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension	
L8688	Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension	
L8689	External recharging system for battery (internal) for use with implantable neurostimulator, replacement only	
L8690	Auditory osseointegrated device, includes all internal and external components	
L8691	Auditory osseointegrated device, external sound processor, excludes transducer/actuator, replacement only, each	
L8692	Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment	
L8693	Auditory osseointegrated device abutment, any length, replacement only	
L8694	Auditory osseointegrated device, transducer/actuator, replacement only, each	
L8695	External recharging system for battery (external) for use with implantable neurostimulator, replacement only	
L8696	Antenna (external) for use with implantable diaphragmatic/phrenic nerve stimulation device, replacement, each	
L8699	Prosthetic implant, not otherwise specified	
L9900	Orthotic and prosthetic supply, accessory, and/or service component of another hcpcs "I" code	
Labetalol	Labetalol HCl, 5mg/ml, IV	\$40.50
LACTUL	Lactulose 10mg/15ml	\$58.50
LASIX	Lasix/Furosemide, 20mg, PO	\$4.50
Lev250	Levaquin/Levofloxacin, 250 mg tablet (oral)	\$72.00

Lev500	Levaquin/Levofloxacin, 500mg tablet (oral)	\$51.00
Levothyrox	Levothyroxine 75 mcg PO	\$18.82
LEVSIN	Hyoscyamine Sulfate 0.125 mg tablet	\$3.25
LIB25	Librium 25mg PO	\$31.28
LIBRIUM	chlordiazepoxide HCl / LIBRIUM INJECTION up to 100mg	\$4.83
Lido1-20	Lidocaine 1% with EPI, 20ml, IV	\$15.00
Lido1noEPI	Lidocaine HCL, MDV 1%, 10ml	\$9.00
Lido2-10	Lidocaine 2%, 10ml, IV	\$7.50
Lido2-20	Lidocaine 2%, 20ml	\$24.90
Lido2EPI	Lidocaine 2% with EPI	\$16.50
Lido4	Lidocaine 4%, 250ml, IV	\$46.50
Lido4Top	Lidocaine 4%, 50ml, topical solution	\$37.50
LIDO-INHA	Lidocaine Inhalation	\$68.22
LIDOJELLY	Lidocaine 2% jelly	\$7.25
LIDOPATCH	Lidocaine Patch 5%	\$25.50
LISINOPRIL	Lisinopril 10 mg tab PO	\$8.25
Lomotil	Lomotil, 2.5 mg, oral	\$10.50
LOP5	Lopressor 5mg IV	\$48.74
LOPERIMID	LOPERIMIDE 2mg PO	\$11.46
Lopr25	Lopressor/Metoprolol Tartrate 25 mg oral	\$9.00
Lopr50	Lopressor/Metoprolol Tartrate 50 mg oral	\$15.00
LOR10	Lortab 10mg/500mg PO	\$39.93
LORAT	Loratadine (Claritin) 10 mg PO	\$7.75
Lortab	Lortab, 7.5/500 mg (oral)	\$31.50
LOSAR	Losartan 50 mg PO	\$31.28
LUBRI	Lubri Fresh PM Eye drops (2 drops)	\$11.46
LWBS	LWBS (Left Without Being Seen)	
Maalox	Mylanta/Maalox (oral)	\$9.00
MACROBID	Macrobid 100 mg	\$8.06
MagCitate	Magnesium citrate, 1 bottle	\$34.50
Marc25	Marcaine / Bupivacaine 0.25% 10 ml SDV	\$30.00
Marc50	Marcaine 0.5%, 50 ml, single vial	\$34.98
Mastisol	Mastisol 2/3cc	\$30.00
Meclizine	Meclizine / Dramamine / Antivert, 25 mg, oral	\$7.50
MEPIVACA	Mepivacaine 1% up to 10ML	\$31.28
Merocel	Merocel	\$30.00
MET500	Metformin 500mg PO	\$5.62
METHOCAL	Methocarbamol 1500mg PO	\$19.58
METOPRO	Metoprolol 50 mg tabs PO	\$6.75
Metoprolol	Metoprolol Tartrate / Lopressor, 1mg/ml, IV	\$67.50
MillerBlad	Miller Blade	\$99.96
MIRA	Miralax PO	\$3.98
MorDelSet	Morgan Lens Delivery Set	\$90.00
Morgan	Morgan Lens Medi Flow	\$249.96
MOT600	Motrin 600mg PO	\$8.46
Motrin200	Motrin/Ibuprofen tablet, 200mg, coated (oral)	\$7.50
MOTRIN80	Motrin 800mg PO	\$9.96
MotrinCH	Motrin / Ibuprofen, Children's Elixir	\$10.50
MSE	Medical Screening Exam (MSE)	
MUCINEX	Mucinex 600 mg	\$4.50
Mucinex 12	Mucinex PO 1200mg	\$31.28
Mucomyst	Mucomyst	\$16.50
MULTIVIT	Multivitamin IV bag	\$38.68
MULVIPO	Multivitamin 1mg PO	\$31.28
MVI	MVI	\$68.76

NasalCur	Nasal Speculum Currette	\$19.98
NeoEye	Neosporin eye drops	\$34.50
Neomycin	Neomycin Hydrocortisone Otic Drops	\$135.00
NeoSyn	Neo-Synephrine	\$32.52
Nitro Tub	Nitro Tubing	\$30.00
NitroBid	Nitro-Bid, ointment 2%, 1gm	\$49.98
NitroDrip	Nitroglycerin, 0.2mg/250ml, IV	\$150.00
NitroPaste	Nitroglycerin paste, 1" strip	\$49.98
Nitroquick	Nitroquick SL, 0.4mg tablet	\$10.02
NORCO10	Norco 10/325mg PO	\$38.47
NORCO325	Norco 5/325 mg	\$16.15
NORVASC	Norvasc 5 mg tab	\$7.50
NRBmask	Nonrebreather oxygen mask	\$49.98
NS100	Normal saline solution / Sodium Chloride, 100 ml	\$24.96
NS250	Normal saline 0.9%, 250 ml bottle, for irrigation	\$24.96
O2 Addl	Oxygen each additional hour	\$99.96
O2 First	Oxygen First Hour	\$168.00
Orapred	Orapred / Oral Prednisone, for kids	\$24.96
P	Physician's office	
P2028	Cephalin flocculation, blood	
P2029	Congo red, blood	
P2031	Hair analysis (excluding arsenic)	
P2033	Thymol turbidity, blood	
P2038	Mucoprotein, blood (seromuroid) (medical necessity procedure)	
P3000	Screening papanicolaou smear, cervical or vaginal, up to three smears, by technician under physician supervision	
P3001	Screening papanicolaou smear, cervical or vaginal, up to three smears, requiring interpretation by physician	
P7001	Culture, bacterial, urine; quantitative, sensitivity study	
P9010	Blood (whole), for transfusion, per unit	
P9011	Blood, split unit	
P9012	Cryoprecipitate, each unit	
P9016	Red blood cells, leukocytes reduced, each unit	
P9017	Fresh frozen plasma (single donor), frozen within 8 hours of collection, each unit	
P9019	Platelets, each unit	
P9020	Platelet rich plasma, each unit	
P9021	Red blood cells, each unit	
P9022	Red blood cells, washed, each unit	
P9023	Plasma, pooled multiple donor, solvent/detergent treated, frozen, each unit	
P9031	Platelets, leukocytes reduced, each unit	
P9032	Platelets, irradiated, each unit	
P9033	Platelets, leukocytes reduced, irradiated, each unit	
P9034	Platelets, pheresis, each unit	
P9035	Platelets, pheresis, leukocytes reduced, each unit	
P9036	Platelets, pheresis, irradiated, each unit	
P9037	Platelets, pheresis, leukocytes reduced, irradiated, each unit	
P9038	Red blood cells, irradiated, each unit	
P9039	Red blood cells, deglycerolized, each unit	
P9040	Red blood cells, leukocytes reduced, irradiated, each unit	
P9041	Infusion, albumin (human), 5%, 50 ml	
P9043	Infusion, plasma protein fraction (human), 5%, 50 ml	
P9044	Plasma, cryoprecipitate reduced, each unit	
P9045	Infusion, albumin (human), 5%, 250 ml	
P9046	Infusion, albumin (human), 25%, 20 ml	
P9047	Infusion, albumin (human), 25%, 50 ml	

P9048	Infusion, plasma protein fraction (human), 5%, 250 ml	
P9050	Granulocytes, pheresis, each unit	
P9051	Whole blood or red blood cells, leukocytes reduced, cmv-negative, each unit	
P9052	Platelets, hla-matched leukocytes reduced, apheresis/pheresis, each unit	
P9053	Platelets, pheresis, leukocytes reduced, cmv-negative, irradiated, each unit	
P9054	Whole blood or red blood cells, leukocytes reduced, frozen, deglycerol, washed, each unit	
P9055	Platelets, leukocytes reduced, cmv-negative, apheresis/pheresis, each unit	
P9056	Whole blood, leukocytes reduced, irradiated, each unit	
P9057	Red blood cells, frozen/deglycerolized/washed, leukocytes reduced, irradiated, each unit	
P9058	Red blood cells, leukocytes reduced, cmv-negative, irradiated, each unit	
P9059	Fresh frozen plasma between 8-24 hours of collection, each unit	
P9060	Fresh frozen plasma, donor retested, each unit	
P9070	Plasma, pooled multiple donor, pathogen reduced, frozen, each unit	
P9071	Plasma (single donor), pathogen reduced, frozen, each unit	
P9073	Platelets, pheresis, pathogen-reduced, each unit	
P9100	Pathogen(s) test for platelets	
P9603	Travel allowance one way in connection with medically necessary laboratory specimen collection drawn from home bound or nursing home bound patient; prorated miles actually travelled	
P9604	Travel allowance one way in connection with medically necessary laboratory specimen collection drawn from home bound or nursing home bound patient; prorated trip charge	
P9612	Catheterization for collection of specimen, single patient, all places of service	\$232.38
P9615	Catheterization for collection of specimen(s) (multiple patients)	
PaperTape	Paper tape	\$4.98
PD	Physician's office to Diagnostic or therapeutic site	
PE	Physician's office to Residential, domiciliary, custodial facility	
Pedialyte	Pedialyte	\$9.96
PediLax	Pedi-Fleet Enema, 2.2oz	\$49.98
PelvicTray	Pelvic Tray (for Female Pelvic Exams)	\$39.96
Pepcid10	Famotidine/Pepcid, 10 mg, oral	\$10.02
Pepcid20	Famotidine/Pepcid, 20 mg, oral	\$24.96
PEPTO	Pepto Bismol Caplets PO	\$3.25
PEPTPO	Pepto Bismol caps PO	
Peroxide	Alcohol or Peroxide, per pint	\$6.56
PG	Physician's office to Hospital based ESRD facility	
PH	Physician's office to Hospital	
PHENSUP	Phenergan suppository up to 50mg	\$31.28
PhenSup12	Phenegan/Promethazine HCl Rectal Suppository, 12.5 mg	\$10.02
PhenSup25	Phenegan/Promethazine HCl Rectal Suppository, 25 mg	\$24.96
PhenSup50	Phenegan/Promethazine Suppository 50 mg each	\$10.02
PhenTab25	Phenegan/Promethazine HCl, 25 mg, oral	\$49.98
PhenTab50	Phenegan/Promethazine HCl, 50 mg, oral	\$10.02
PHTestStri	Nitrazine (PH) test strips	\$30.00
PI	Physician's office to Site of transfer between modes of ambulance transport	
PJ	Physician's office to Freestanding ESRD facility	
Plavix	Plavix / Clopidogrel, 75mg, oral	\$24.96
Pleurevac	Pleur-Evac System Adult Single Use Sterile	\$399.96
PMSE	Medical Screening Exam (MSE) (Physician)	
PN	Physician's office to SNF	
Polytrim	Polytrim Ophthalmic, Polymyxin	\$24.96
POSTOP	Postoperative Recheck (Suture Removal, Wound Recheck, etc)	\$0.00
Pot	Potassium 60mg PO	\$24.96

PotChl10	Potassium Chloride, 10 meq, oral	\$10.02
PotChl20	Potassium Chloride ER, 20 mg, oral	\$10.02
PP	Physician's office to Physician's office	
PR	Physician's office to Residence	
Prelone	Prelone syrup, less than 1 tsp, oral	\$24.96
PrimTube	Primary tubing for IV	\$19.98
Pro3	Prolene 3.0 sutures	\$39.96
Pro4	Prolene 4.0 sutures	\$49.98
Pro5	Prolene 5.0 sutures	\$49.98
Pro6	Prolene 6.0 sutures	\$49.98
Proparic	Proparacaine HCl / Alcaine Opth Drops	\$10.02
PROPRAN	Propranolol 60mg PO	\$16.91
Protonix	Protonix / Pantoprazole Sodium 40 mg, oral	\$10.02
Proventil	Proventil Tabs 10 MG oral	\$24.96
Provera	Provera Tablet up to 10 mg	\$24.96
PS	Physician's office to Scene of accident or acute event	
PumpTube	Pump tubing for IV	\$150.00
PVT Auto	Transfer via Private Auto / Car	
PX	Physician's office to Intermediate stop at physician's office on way to hospital	
PYRID200	Pyridium/Phenazopyridine, 200MG PO	\$9.96
Q0035	Cardiokymography	
Q0081	Infusion therapy, using other than chemotherapeutic drugs, per visit	
Q0083	Chemotherapy administration by other than infusion technique only (e.g., subcutaneous, intramuscular, push), per visit	
Q0084	Chemotherapy administration by infusion technique only, per visit	
Q0085	Chemotherapy administration by both infusion technique and other technique(s) (e.g., subcutaneous, intramuscular, push), per visit	
Q0091	Screening papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory	
Q0092	Set-up portable x-ray equipment	
Q0111	Wet mounts, including preparations of vaginal, cervical or skin specimens	
Q0112	All potassium hydroxide (koh) preparations	
Q0113	Pinworm examinations	
Q0114	Fern test	
Q0115	Post-coital direct, qualitative examinations of vaginal or cervical mucous	
Q0138	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-esrd use)	
Q0139	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (for esrd on dialysis)	
Q0144	Azithromycin dihydrate, oral, capsules/powder, 1 gram	\$211.26
Q0161	Chlorpromazine hydrochloride, 5 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	
Q0162	Ondansetron 1 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	
Q0163	Diphenhydramine hydrochloride, 50 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at time of chemotherapy treatment not to exceed a 48 hour dosage regimen	\$29.40
Q0164	Prochlorperazine maleate, 5 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	
Q0166	Granisetron hydrochloride, 1 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 24 hour dosage regimen	

Q0167	Dronabinol, 2.5 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	
Q0169	Promethazine hydrochloride, 12.5 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	
Q0173	Trimethobenzamide hydrochloride, 250 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	
Q0174	Thiethylperazine maleate, 10 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	
Q0175	Perphenazine, 4 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	
Q0177	Hydroxyzine pamoate, 25 mg, oral,	\$35.71
Q0180	Dolasetron mesylate, 100 mg, oral, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for an iv anti-emetic at the time of chemotherapy treatment, not to exceed a 24 hour dosage regimen	
Q0181	Unspecified oral dosage form, fda approved prescription anti-emetic, for use as a complete therapeutic substitute for a iv anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	
Q0477	Power module patient cable for use with electric or electric/pneumatic ventricular assist device, replacement only	
Q0478	Power adapter for use with electric or electric/pneumatic ventricular assist device, vehicle type	
Q0479	Power module for use with electric or electric/pneumatic ventricular assist device, replacement only	
Q0480	Driver for use with pneumatic ventricular assist device, replacement only	
Q0481	Microprocessor control unit for use with electric ventricular assist device, replacement only	
Q0482	Microprocessor control unit for use with electric/pneumatic combination ventricular assist device, replacement only	
Q0483	Monitor/display module for use with electric ventricular assist device, replacement only	
Q0484	Monitor/display module for use with electric or electric/pneumatic ventricular assist device, replacement only	
Q0485	Monitor control cable for use with electric ventricular assist device, replacement only	
Q0486	Monitor control cable for use with electric/pneumatic ventricular assist device, replacement only	
Q0487	Leads (pneumatic/electrical) for use with any type electric/pneumatic ventricular assist device, replacement only	
Q0488	Power pack base for use with electric ventricular assist device, replacement only	
Q0489	Power pack base for use with electric/pneumatic ventricular assist device, replacement only	
Q0490	Emergency power source for use with electric ventricular assist device, replacement only	
Q0491	Emergency power source for use with electric/pneumatic ventricular assist device, replacement only	
Q0492	Emergency power supply cable for use with electric ventricular assist device, replacement only	
Q0493	Emergency power supply cable for use with electric/pneumatic ventricular assist device, replacement only	

Q0494	Emergency hand pump for use with electric or electric/pneumatic ventricular assist device, replacement only	
Q0495	Battery/power pack charger for use with electric or electric/pneumatic ventricular assist device, replacement only	
Q0496	Battery, other than lithium-ion, for use with electric or electric/pneumatic ventricular assist device, replacement only	
Q0497	Battery clips for use with electric or electric/pneumatic ventricular assist device, replacement only	
Q0498	Holster for use with electric or electric/pneumatic ventricular assist device, replacement only	
Q0499	Belt/vest/bag for use to carry external peripheral components of any type ventricular assist device, replacement only	
Q0500	Filters for use with electric or electric/pneumatic ventricular assist device, replacement only	
Q0501	Shower cover for use with electric or electric/pneumatic ventricular assist device, replacement only	
Q0502	Mobility cart for pneumatic ventricular assist device, replacement only	
Q0503	Battery for pneumatic ventricular assist device, replacement only, each	
Q0504	Power adapter for pneumatic ventricular assist device, replacement only, vehicle type	
Q0506	Battery, lithium-ion, for use with electric or electric/pneumatic ventricular assist device, replacement only	
Q0507	Miscellaneous supply or accessory for use with an external ventricular assist device	
Q0508	Miscellaneous supply or accessory for use with an implanted ventricular assist device	
Q0509	Miscellaneous supply or accessory for use with any implanted ventricular assist device for which payment was not made under medicare part a	
Q0510	Pharmacy supply fee for initial immunosuppressive drug(s), first month following transplant	
Q0511	Pharmacy supply fee for oral anti-cancer, oral anti-emetic or immunosuppressive drug(s); for the first prescription in a 30-day period	
Q0512	Pharmacy supply fee for oral anti-cancer, oral anti-emetic or immunosuppressive drug(s); for a subsequent prescription in a 30-day period	
Q0513	Pharmacy dispensing fee for inhalation drug(s); per 30 days	
Q0514	Pharmacy dispensing fee for inhalation drug(s); per 90 days	
Q0515	Injection, sermorelin acetate, 1 microgram	
Q1004	New technology intraocular lens category 4 as defined in federal register notice	
Q1005	New technology intraocular lens category 5 as defined in federal register notice	
Q2004	Irrigation solution for treatment of bladder calculi, for example renacidin, per 500 ml	
Q2009	Injection, fosphenytoin, 50 mg phenytoin equivalent	\$23.46
Q2017	Injection, teniposide, 50 mg	
Q2026	Injection, radiesse, 0.1 ml	
Q2028	Injection, sculptra, 0.5 mg	
Q2034	Influenza virus vaccine, split virus, for intramuscular use (agriflu)	
Q2035	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (afluria)	
Q2036	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (flulaval)	
Q2037	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (fluvirin)	
Q2038	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (fluzone)	
Q2039	Influenza virus vaccine, not otherwise specified	

Q2040	Tisagenlecleucel, up to 250 million car-positive viable t cells, including leukapheresis and dose preparation procedures, per infusion	
Q2043	Sipuleucel-t, minimum of 50 million autologous cd54+ cells activated with pap-gm-csf, including leukapheresis and all other preparatory procedures, per infusion	
Q2049	Injection, doxorubicin hydrochloride, liposomal, imported lipodox, 10 mg	
Q2050	Injection, doxorubicin hydrochloride, liposomal, not otherwise specified, 10 mg	
Q2052	Services, supplies and accessories used in the home under the medicare intravenous immune globulin (ivig) demonstration	
Q3001	Radioelements for brachytherapy, any type, each	
Q3014	Telehealth originating site facility fee	
Q3027	Injection, interferon beta-1a, 1 mcg for intramuscular use	
Q3028	Injection, interferon beta-1a, 1 mcg for subcutaneous use	
Q3031	Collagen skin test	
Q4001	Casting supplies, body cast adult, with or without head, plaster	
Q4002	Cast supplies, body cast adult, with or without head, fiberglass	
Q4003	Cast supplies, shoulder cast, adult (11 years +), plaster	
Q4004	Cast supplies, shoulder cast, adult (11 years +), fiberglass	
Q4005	Cast supplies, long arm cast, adult (11 years +), plaster	
Q4006	Cast supplies, long arm cast, adult (11 years +), fiberglass	
Q4007	Cast supplies, long arm cast, pediatric (0-10 years), plaster	
Q4008	Cast supplies, long arm cast, pediatric (0-10 years), fiberglass	
Q4009	Cast supplies, short arm cast, adult (11 years +), plaster	
Q4010	Cast supplies, short arm cast, adult (11 years +), fiberglass	\$358.22
Q4011	Cast supplies, short arm cast, pediatric (0-10 years), plaster	
Q4012	Cast supplies, short arm cast, pediatric (0-10 years), fiberglass	
Q4013	Cast supplies, gauntlet cast (includes lower forearm and hand), adult (11 years +), plaster	
Q4014	Cast supplies, gauntlet cast (includes lower forearm and hand), adult (11 years +), fiberglass	
Q4015	Cast supplies, gauntlet cast (includes lower forearm and hand), pediatric (0-10 years), plaster	
Q4016	Cast supplies, gauntlet cast (includes lower forearm and hand), pediatric (0-10 years), fiberglass	
Q4017	Cast supplies, long arm splint, adult (11 years +), plaster	
Q4018	Cast supplies, long arm splint, adult (11 years +), fiberglass	\$1,267.38
Q4019	Cast supplies, long arm splint, pediatric (0-10 years), plaster	
Q4020	Cast supplies, long arm splint, pediatric (0-10 years), fiberglass	\$686.40
Q4021	Cast supplies, short arm splint, adult (11 years +), plaster	
Q4022	Cast supplies, short arm splint, adult (11 years +), fiberglass	\$1,056.18
Q4023	Cast supplies, short arm splint, pediatric (0-10 years), plaster	
Q4024	Cast supplies, short arm splint, pediatric (0-10 years), fiberglass	\$632.28
Q4025	Cast supplies, hip spica (one or both legs), adult (11 years +), plaster	
Q4026	Cast supplies, hip spica (one or both legs), adult (11 years +), fiberglass	
Q4027	Cast supplies, hip spica (one or both legs), pediatric (0-10 years), plaster	
Q4028	Cast supplies, hip spica (one or both legs), pediatric (0-10 years), fiberglass	
Q4029	Cast supplies, long leg cast, adult (11 years +), plaster	
Q4030	Cast supplies, long leg cast, adult (11 years +), fiberglass	
Q4031	Cast supplies, long leg cast, pediatric (0-10 years), plaster	
Q4032	Cast supplies, long leg cast, pediatric (0-10 years), fiberglass	
Q4033	Cast supplies, long leg cylinder cast, adult (11 years +), plaster	
Q4034	Cast supplies, long leg cylinder cast, adult (11 years +), fiberglass	
Q4035	Cast supplies, long leg cylinder cast, pediatric (0-10 years), plaster	
Q4036	Cast supplies, long leg cylinder cast, pediatric (0-10 years), fiberglass	
Q4037	Cast supplies, short leg cast, adult (11 years +), plaster	

Q4038	Cast supplies, short leg cast, adult (11 years +), fiberglass	\$215.36
Q4039	Cast supplies, short leg cast, pediatric (0-10 years), plaster	
Q4040	Cast supplies, short leg cast, pediatric (0-10 years), fiberglass	
Q4041	Cast supplies, long leg splint, adult (11 years +), plaster	
Q4042	Cast supplies, long leg splint, adult (11 years +), fiberglass	\$132.00
Q4043	Cast supplies, long leg splint, pediatric (0-10 years), plaster	
Q4044	Cast supplies, long leg splint, pediatric (0-10 years), fiberglass	\$73.80
Q4045	Cast supplies, short leg splint, adult (11 years +), plaster	
Q4046	Cast supplies, short leg splint, adult (11 years +), fiberglass	\$325.68
Q4047	Cast supplies, short leg splint, pediatric (0-10 years), plaster	
Q4048	Cast supplies, short leg splint, pediatric (0-10 years), fiberglass	\$39.60
Q4049	Finger splint, static	\$270.96
Q4050	Cast supplies, for unlisted types and materials of casts	\$94.50
Q4051	Splint supplies, miscellaneous (includes thermoplastics, strapping, fasteners, padding and other supplies)	\$164.58
Q4074	Iloprost, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, up to 20 micrograms	
Q4081	Injection, epoetin alfa, 100 units (for esrd on dialysis)	
Q4082	Drug or biological, not otherwise classified, part b drug competitive acquisition program (cap)	
Q4100	Skin substitute, not otherwise specified	
Q4101	Apligraf, per square centimeter	
Q4102	Oasis wound matrix, per square centimeter	
Q4103	Oasis burn matrix, per square centimeter	
Q4104	Integra bilayer matrix wound dressing (bmwd), per square centimeter	
Q4105	Integra dermal regeneration template (drt) or integra omnigraft dermal regeneration matrix, per square centimeter	
Q4106	Dermagraft, per square centimeter	
Q4107	Graftjacket, per square centimeter	
Q4108	Integra matrix, per square centimeter	
Q4110	Primatrix, per square centimeter	
Q4111	Gammagraft, per square centimeter	
Q4112	Cymetra, injectable, 1 cc	
Q4113	Graftjacket xpress, injectable, 1 cc	
Q4114	Integra flowable wound matrix, injectable, 1 cc	
Q4115	Alloskin, per square centimeter	
Q4116	Alloderm, per square centimeter	
Q4117	Hyalomatrix, per square centimeter	
Q4118	Matristem micromatrix, 1 mg	
Q4119	Matristem wound matrix, psmx, rs, or psm, per square centimeter	
Q4120	Matristem burn matrix, per square centimeter	
Q4121	Theraskin, per square centimeter	
Q4122	Dermacell, per square centimeter	
Q4123	Alloskin rt, per square centimeter	
Q4124	Oasis ultra tri-layer wound matrix, per square centimeter	
Q4125	Arthroflex, per square centimeter	
Q4126	Memoderm, dermaspan, tranzgraft or integuply, per square centimeter	
Q4127	Talymed, per square centimeter	
Q4128	Flex hd, allopatch hd, or matrix hd, per square centimeter	
Q4129	Unite biomatrix, per square centimeter	
Q4130	Strattice tm, per square centimeter	
Q4131	Epifix or epicord, per square centimeter	
Q4132	Grafix core and grafixpl core, per square centimeter	
Q4133	Grafix prime and grafixpl prime, per square centimeter	
Q4134	Hmatrix, per square centimeter	

Q4135 Mediskin, per square centimeter
Q4136 Ez-derm, per square centimeter
Q4137 Amnioexcel or biodexcel, per square centimeter
Q4138 Biodfence dryflex, per square centimeter
Q4139 Amniomatrix or biodmatrix, injectable, 1 cc
Q4140 Biodfence, per square centimeter
Q4141 Alloskin ac, per square centimeter
Q4142 Xcm biologic tissue matrix, per square centimeter
Q4143 Repriza, per square centimeter
Q4145 Epifix, injectable, 1 mg
Q4146 Tensix, per square centimeter
Q4147 Architect, architect px, or architect fx, extracellular matrix, per square centimeter
Q4148 Neox cord 1k, neox cord rt, or clarix cord 1k, per square centimeter
Q4149 Excellagen, 0.1 cc
Q4150 Allowrap ds or dry, per square centimeter
Q4151 Amnioband or guardian, per square centimeter
Q4152 Dermapure, per square centimeter
Q4153 Dermavest and plurivest, per square centimeter
Q4154 Biovance, per square centimeter
Q4155 Neoxflo or clarixflo, 1 mg
Q4156 Neox 100 or clarix 100, per square centimeter
Q4157 Revitalon, per square centimeter
Q4158 Kerecis omega3, per square centimeter
Q4159 Affinity, per square centimeter
Q4160 Nushield, per square centimeter
Q4161 Bio-connekt wound matrix, per square centimeter
Q4162 Woundex flow, bioskin flow, 0.5 cc
Q4163 Woundex, bioskin, per square centimeter
Q4164 Helicoll, per square centimeter
Q4165 Keramatrix, per square centimeter
Q4166 Cytal, per square centimeter
Q4167 Truskin, per square centimeter
Q4168 Amnioband, 1 mg
Q4169 Artacent wound, per square centimeter
Q4170 Cygnus, per square centimeter
Q4171 Interfyl, 1 mg
Q4172 Puraply or puraply am, per square centimeter
Q4173 Palingen or palingen xplus, per square centimeter
Q4174 Palingen or promatr, 0.36 mg per 0.25 cc
Q4175 Miroderm, per square centimeter
Q4176 Neopatch, per square centimeter
Q4177 Floweramnioflo, 0.1 cc
Q4178 Floweramniopatch, per square centimeter
Q4179 Flowerderm, per square centimeter
Q4180 Revita, per square centimeter
Q4181 Amnio wound, per square centimeter
Q4182 Transcyte, per square centimeter
Q5001 Hospice or home health care provided in patient's home/residence
Q5002 Hospice or home health care provided in assisted living facility
Q5003 Hospice care provided in nursing long term care facility (ltc) or non-skilled nursing facility (nf)
Q5004 Hospice care provided in skilled nursing facility (snf)
Q5005 Hospice care provided in inpatient hospital
Q5006 Hospice care provided in inpatient hospice facility
Q5007 Hospice care provided in long term care facility

Q5008	Hospice care provided in inpatient psychiatric facility	
Q5009	Hospice or home health care provided in place not otherwise specified (nos)	
Q5010	Hospice home care provided in a hospice facility	
Q5101	Injection, filgrastim (g-csf), biosimilar, 1 microgram	
Q5102	Injection, infliximab, biosimilar, 10 mg	
Q9950	Injection, sulfur hexafluoride lipid microspheres, per ml	\$168.00
Q9951	Gastrografin Oral Contrast	\$150.42
Q9953	Injection, iron-based magnetic resonance contrast agent, per ml	
Q9954	Oral magnetic resonance contrast agent, per 100 ml	\$258.74
Q9955	Injection, perflerone lipid microspheres, per ml	
Q9956	Injection, octafluoropropane microspheres, per ml	
Q9957	Injection, perflutren lipid microspheres, per ml	
Q9958	High osmolar contrast material, up to 149 mg/ml iodine concentration, per ml	
Q9959	High osmolar contrast material, 150-199 mg/ml iodine concentration, per ml	
Q9960	High osmolar contrast material, 200-249 mg/ml iodine concentration, per ml	
Q9961	High osmolar contrast material, 250-299 mg/ml iodine concentration, per ml	
Q9962	High osmolar contrast material, 300-349 mg/ml iodine concentration, per ml	
Q9963	High osmolar contrast material, 350-399 mg/ml iodine concentration, per ml	
Q9964	High osmolar contrast material, 400 or greater mg/ml iodine concentration, per ml	
Q9965	Low osmolar contrast material, 100-199 mg/ml iodine concentration, per ml	\$27.54
Q9966	Low osmolar contrast material, 200-299 mg/ml iodine concentration, per ml	\$27.54
Q9967	Low osmolar contrast material, 300-399 mg/ml iodine concentration, per ml	\$9.72
Q9968	Injection, non-radioactive, non-contrast, visualization adjunct (e.g., methylene blue, isosulfan blue), 1 mg	
Q9969	Tc-99m from non-highly enriched uranium source, full cost recovery add-on, per study dose	
Q9970	Injection, Ferric Carboxymaltose, 1mg	
Q9974	Injection, Morphine Sulfate, Preservation-Free For Epidural Or Intrathecal Use, 10 mg	
Q9982	Flutemetamol f18, diagnostic, per study dose, up to 5 millicuries	
Q9983	Florbetaben f18, diagnostic, per study dose, up to 8.1 millicuries	
QuickClot	Quick Clot	\$49.98
R&B - 074	DRG 074 - CRANIAL & PERIPHERAL NERVE DISORDERS W/O MCC	\$42,402.33
R&B - 1	Room & Board - Private Room	\$3,500.00
R&B - 125	DRG 125 - OTHER DISORDERS OF THE EYE W/O MCC	\$48,531.70
R&B - 134	DRG 134 - Other Ear, Nose, Mouth Throat Diagnoses W/O Cc/Mcc	\$26,426.68
R&B - 153	DRG 153 - OTITIS MEDIA & URI W/O MCC	\$21,411.86
R&B - 176	DRG 176 - Pulmonary Embolism w/o MCC	\$49,552.05
R&B - 177	DRG 177 - RESPIRATORY INFECTIONS & INFLAMMATIONS W MCC	\$90,667.35
R&B - 189	DRG 189 - Pulmonary Edema & Respiratory Failure	\$56,887.52
R&B - 190	DRG 190 - COPD w/MCC	\$48,934.67
R&B - 192	DRG 192 - Chronic Obstructive Pulmonary Disease W/O CC/MCC	\$33,292.96
R&B - 193	DRG 193 - SIMPLE PNEUMONIA & PLEURISY W MCC	\$60,176.36
R&B - 194	DRG 194 - SIMPLE PNEUMONIA & PLEURISY W MCC	\$36,101.10
R&B - 195	DRG 195 - Simple Pneumonia & Pleurisy W/O CC/MCC	\$24,236.40
R&B - 198	DRG 198 - Interstitial Lung Disease W/O CC/MCC	\$32,133.50
R&B - 203	DRG 203 - Bronchitis & Asthma w/o CC/MCC	\$33,802.85
R&B - 204	DRG 204 - Respiratory Signs & Symptoms	\$36,323.39
R&B - 206	DRG 206 - Other Respiratory System DX W/O MCC	\$35,347.14
R&B - 282	DRG 282 - Acute Myocardial Infarction, Discharged Alive W/P CC/MCC	\$51,324.79
R&B - 291	DRG 291 - HEART FAILURE & SHOCK W MCC	\$57,773.81
R&B - 300	DRG 300 - Peripheral Vascular Disorders W Cc	\$44,428.55
R&B - 301	DRG 301 - PERIPHERAL VASCULAR DISORDERS W/O CC/MCC	\$31,264.02
R&B - 305	DRG 305 - Hypertension W/O Mcc	\$37,428.36

R&B - 309	DRG 309 - Cardiac Arrhythmia & Conduction Disorder W/CC	\$37,217.81
R&B - 310	DRG 310 - Cardiac Arrhythmia & Conduction Disorder W/O CC/MCC	\$28,646.67
R&B - 313	DRG 313 - Chest Pain	\$36,980.52
R&B - 315	DRG 315 - Other Circulatory System DX w/CC	\$39,621.08
R&B - 378	DRG 378 - G.I. HEMORRHAGE W CC	\$51,036.08
R&B - 386	DRG 386 - Inflammatory Bowel Disease W Cc	\$44,230.02
R&B - 387	DRG 387 - Inflammatory Bowel Disease W/O CC/MCC	\$33,920.73
R&B - 390	DRG 390 - G.I. Obstruction W/O Cc/Mcc	\$29,382.28
R&B - 392	DRG 392 - Esophagitis, Gastroent & Misc Digest Disorder W/O MCC	\$36,350.64
R&B - 393	DRG 393 - Other Digestive System Diagnoses W Mcc	\$68,949.80
R&B - 395	DRG 395 - Other Digestive System Diagnoses W/O Cc/Mcc	\$30,341.52
R&B - 439	DRG 439 - Disorders Of Pancreas Except Malignancy W Cc	\$45,047.16
R&B - 440	DRG 440 - Disorders of Pancreas except Malignancy W/O CC/MCC	\$33,282.86
R&B - 446	DRG 446 - Disorders of Biliary Tract W/O CC/MCC`	\$41,683.31
R&B - 540	DRG 540 - Osteomyelitis w/CC	\$59,259.57
R&B - 558	DRG 558 - Tendonitis; Myositis & Bursitis W/O MCC	\$29,873.72
R&B - 566	DRG 566 - OTHER MUSCULOSKELETAL SYS & CONNECTIVE TISSUE DIAGNOSES W CC	\$58,415.47
R&B - 602	DRG 602 - CELLULITIS W MCC	\$55,358.54
R&B - 603	DRG 603 - Cellulitis W/MCC	\$29,670.15
R&B - 607	DRG 607 - MINOR SKIN DISORDERS W/O MCC	\$28,990.58
R&B - 637	DRG 637 - Diabetes w/MCC	\$59,352.99
R&B - 638	DRG 638 - Diabetes W/CC	\$41,639.09
R&B - 639	DRG 639 - Diabetes W/O CC/MCC	\$34,801.00
R&B - 641	DRG 641 - MISC DISORDERS OF NUTRITION;METABOLISM;FLUIDS/ELECTROLYTES W/O MCC	\$30,713.35
R&B - 684	DRG 684 - RENAL FAILURE WITHOUT CC/MCC	\$27,213.58
R&B - 690	DRG 690 - Kidney & Urinary Tract Infection W/O MCC	\$34,879.63
R&B - 694	DRG 694 - Urinary Stones W/O ESW Lithotripsy W/O MCC	\$37,791.81
R&B - 866	DRG 866 - Viral Illness W/O MCC	\$36,555.28
R&B - 871	DRG 871 - Septicemia Or Severe Sepsis W/O Mv >96 Hours W Mcc	\$85,899.32
R&B - 872	DRG 872 - Septicemia or Severe Sepsis W MV >96 HOURS	\$280,743.83
R&B - 894	DRG 894 - Alcohol/Drug Abuse Or Dependence, Left Ama	\$27,233.00
R&B - 895	DRG 895 - ALCOHOL/DRUG ABUSE OR DEPENDENCE W REHABILITATION THERAPY	\$36,455.00
R&B - 896	DRG 896 - ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W MCC	\$64,381.22
R&B - 897	DRG 897 - Alcohol/Drug Abuse or Dependency W/O Rehab W/O MCC	\$34,091.30
R&B - 913	DRG 913 - Traumatic Injury W Mcc	\$59,192.00
R&B - 916	DRG 916 - Allergic Reaction W/O MCC	\$22,742.12
R&B - 918	DRG 918 - Poisoning & Toxic Effects of Drugs W/O MCC	\$43,988.26
R&B - 947	DRG 947 - SIGNS & SYMPTOMS W MCC	\$51,832.13
R&B - 948	DRG 948 - SIGNS & SYMPTOMS W/O MCC	\$35,735.35
R&B - 964	DRG 964 - Other Multiple Significant Trauma W Cc	\$60,540.98
Racemic	Racemic EPI, 2.25%, inhalation	\$49.98
RACEMICE _l	Racemic EPI, 2.25%, inhalation	\$62.30
Reglan	Reglan up to 10 mg PO	\$19.98
REMOVETF	Suture Removal Tray	\$28.42
Rhino	Nasal rapid rhino rocket (supplies)	\$49.98
RIVA	Rivaroxaban (Xarelto) 10 mg tablet	\$7.45
ROBAXIN	Robaxin	\$122.30
ROBITUSSII	Robitussin	\$23.50
Romazicon	Romazicon/Flumazenil, 0.1mg, IV	\$49.98
S	Scene of accident or acute event	
S0012	Butorphanol tartrate, nasal spray, 25 mg	
S0014	Tacrine hydrochloride, 10 mg	
S0017	Injection, aminocaproic acid, 5 grams	

S0020	Injection, bupivacaine hydrochloride, 30 ml	\$32.81
S0021	Injection, cefoperazone sodium, 1 gram	
S0023	Injection, cimetidine hydrochloride, 300 mg	
S0028	Injection, famotidine, 20 mg	\$69.56
S0030	Injection, metronidazole, 500 mg (Flagyl)	\$186.38
S0032	Injection, nafcillin sodium, 2 grams	
S0034	Injection, ofloxacin, 400 mg	\$24.94
S0039	Injection, sulfamethoxazole and trimethoprim, 10 ml	\$54.75
S0040	Injection, ticarcillin disodium and clavulanate potassium, 3.1 grams	
S0073	Injection, aztreonam, 500 mg	
S0074	Injection, cefotetan disodium, 500 mg	
S0077	Injection, clindamycin phosphate, 300 mg	\$126.00
S0078	Injection, fosphenytoin sodium, 750 mg	\$408.16
S0080	Injection, pentamidine isethionate, 300 mg	
S0081	Injection, piperacillin sodium, 500 mg	
S0088	Imatinib, 100 mg	
S0090	Sildenafil citrate, 25 mg	
S0091	Granisetron hydrochloride, 1 mg (for circumstances falling under the medicare statute, use q0166)	
S0092	Injection, hydromorphone hydrochloride, 250 mg (loading dose for infusion pump)	
S0093	Injection, morphine sulfate, 500 mg (loading dose for infusion pump)	
S0104	Zidovudine, oral, 100 mg	
S0106	Bupropion hcl sustained release tablet, 150 mg, per bottle of 60 tablets	
S0108	Mercaptopurine, oral, 50 mg	
S0109	Methadone, oral, 5 mg	
S0117	Tretinoin, topical, 5 grams	
S0119	Ondansetron, oral, 4 mg (for circumstances falling under the medicare statute, use hcpcs q code)	\$160.13
S0122	Injection, menotropins, 75 iu	
S0126	Injection, follitropin alfa, 75 iu	
S0128	Injection, follitropin beta, 75 iu	
S0132	Injection, ganirelix acetate, 250 mcg	
S0136	Clozapine, 25 mg	
S0137	Didanosine (ddi), 25 mg	
S0138	Finasteride, 5 mg	
S0139	Minoxidil, 10 mg	
S0140	Saquinavir, 200 mg	
S0142	Colistimethate sodium, inhalation solution administered through dme, concentrated form, per mg	
S0144	Injection, Propofol, 10mg	
S0145	Injection, pegylated interferon alfa-2a, 180 mcg per ml	
S0148	Injection, pegylated interferon alfa-2b, 10 mcg	
S0155	Sterile dilutant for epoprostenol, 50 ml	
S0156	Exemestane, 25 mg	
S0157	Becaplermin gel 0.01%, 0.5 gm	
S0160	Dextroamphetamine sulfate, 5 mg	
S0164	Injection, pantoprazole sodium, 40 mg	\$253.48
S0166	Injection, olanzapine, 2.5 mg	
S0169	Calcitrol, 0.25 microgram	
S0170	Anastrozole, oral, 1 mg	
S0171	Injection, bumetanide, 0.5 mg	
S0172	Chlorambucil, oral, 2 mg	
S0174	Dolasetron mesylate, oral 50 mg (for circumstances falling under the medicare statute, use q0180)	

S0175 Flutamide, oral, 125 mg

S0176 Hydroxyurea, oral, 500 mg

S0177 Levamisole hydrochloride, oral, 50 mg

S0178 Lomustine, oral, 10 mg

S0179 Megestrol acetate, oral, 20 mg

S0182 Procarbazine hydrochloride, oral, 50 mg

S0183 Prochlorperazine maleate, oral, 5 mg (for circumstances falling under the medicare statute, use q0164)

S0187 Tamoxifen citrate, oral, 10 mg

S0189 Testosterone pellet, 75 mg

S0190 Mifepristone, oral, 200 mg

S0191 Misoprostol, oral, 200 mcg

S0194 Dialysis/stress vitamin supplement, oral, 100 capsules

S0195 Pneumococcal conjugate vaccine, polyvalent, intramuscular, for children from five years to nine years of age who have not previously received the vaccine

S0197 Prenatal vitamins, 30-day supply

S0199 Medically induced abortion by oral ingestion of medication including all associated services and supplies (e.g., patient counseling, office visits, confirmation of pregnancy by hcg, ultrasound to confirm duration of pregnancy, ultrasound to confirm comple

S0201 Partial hospitalization services, less than 24 hours, per diem

S0207 Paramedic intercept, non-hospital-based als service (non-voluntary), non-transport

S0208 Paramedic intercept, hospital-based als service (non-voluntary), non-transport

S0209 Wheelchair van, mileage, per mile

S0215 Non-emergency transportation; mileage, per mile

S0220 Medical conference by a physician with interdisciplinary team of health professionals or representatives of community agencies to coordinate activities of patient care (patient is present); approximately 30 minutes

S0221 Medical conference by a physician with interdisciplinary team of health professionals or representatives of community agencies to coordinate activities of patient care (patient is present); approximately 60 minutes

S0250 Comprehensive geriatric assessment and treatment planning performed by assessment team

S0255 Hospice referral visit (advising patient and family of care options) performed by nurse, social worker, or other designated staff

S0257 Counseling and discussion regarding advance directives or end of life care planning and decisions, with patient and/or surrogate (list separately in addition to code for appropriate evaluation and management service)

S0260 History and physical (outpatient or office) related to surgical procedure (list separately in addition to code for appropriate evaluation and management service)

S0265 Genetic counseling, under physician supervision, each 15 minutes

S0270 Physician management of patient home care, standard monthly case rate (per 30 days)

S0271 Physician management of patient home care, hospice monthly case rate (per 30 days)

S0272 Physician management of patient home care, episodic care monthly case rate (per 30 days)

S0273 Physician visit at member's home, outside of a capitation arrangement

S0274 Nurse practitioner visit at member's home, outside of a capitation arrangement

S0280 Medical home program, comprehensive care coordination and planning, initial plan

S0281 Medical home program, comprehensive care coordination and planning, maintenance of plan

S0285 Colonoscopy consultation performed prior to a screening colonoscopy procedure

S0302 Completed early periodic screening diagnosis and treatment (epsdt) service (list in addition to code for appropriate evaluation and management service)

S0310 Hospitalist services (list separately in addition to code for appropriate evaluation and management service)

S0311 Comprehensive management and care coordination for advanced illness, per calendar month

S0315 Disease management program; initial assessment and initiation of the program

S0316 Disease management program, follow-up/reassessment

S0317 Disease management program; per diem

S0320 Telephone calls by a registered nurse to a disease management program member for monitoring purposes; per month

S0340 Lifestyle modification program for management of coronary artery disease, including all supportive services; first quarter / stage

S0341 Lifestyle modification program for management of coronary artery disease, including all supportive services; second or third quarter / stage

S0342 Lifestyle modification program for management of coronary artery disease, including all supportive services; fourth quarter / stage

S0353 Treatment planning and care coordination management for cancer, initial treatment

S0354 Treatment planning and care coordination management for cancer, established patient with a change of regimen

S0390 Routine foot care; removal and/or trimming of corns, calluses and/or nails and preventive maintenance in specific medical conditions (e.g., diabetes), per visit

S0395 Impression casting of a foot performed by a practitioner other than the manufacturer of the orthotic

S0400 Global fee for extracorporeal shock wave lithotripsy treatment of kidney stone(s)

S0500 Disposable contact lens, per lens

S0504 Single vision prescription lens (safety, athletic, or sunglass), per lens

S0506 Bifocal vision prescription lens (safety, athletic, or sunglass), per lens

S0508 Trifocal vision prescription lens (safety, athletic, or sunglass), per lens

S0510 Non-prescription lens (safety, athletic, or sunglass), per lens

S0512 Daily wear specialty contact lens, per lens

S0514 Color contact lens, per lens

S0515 Scleral lens, liquid bandage device, per lens

S0516 Safety eyeglass frames

S0518 Sunglasses frames

S0580 Polycarbonate lens (list this code in addition to the basic code for the lens)

S0581 Nonstandard lens (list this code in addition to the basic code for the lens)

S0590 Integral lens service, miscellaneous services reported separately

S0592 Comprehensive contact lens evaluation

S0595 Dispensing new spectacle lenses for patient supplied frame

S0596 Phakic intraocular lens for correction of refractive error

S0601 Screening proctoscopy

S0610 Annual gynecological examination, new patient

S0612 Annual gynecological examination, established patient

S0613 Annual gynecological examination; clinical breast examination without pelvic evaluation

S0618 Audiometry for hearing aid evaluation to determine the level and degree of hearing loss

S0620 Routine ophthalmological examination including refraction; new patient

S0621 Routine ophthalmological examination including refraction; established patient

S0622 Physical exam for college, new or established patient (list separately in addition to appropriate evaluation and management code)

S0630 Removal of sutures; by a physician other than the physician who originally closed the wound

S0800 Laser in situ keratomileusis (lasik)

S0810 Photorefractive keratectomy (prk)

S0812 Phototherapeutic keratectomy (ptk)

S1001 Deluxe item, patient aware (list in addition to code for basic item)

S1002 Customized item (list in addition to code for basic item)

S1015 Iv tubing extension set

S1016 Non-pvc (polyvinyl chloride) intravenous administration set, for use with drugs that are not stable in pvc e.g., paclitaxel

S1030 Continuous noninvasive glucose monitoring device, purchase (for physician interpretation of data, use cpt code)

S1031 Continuous noninvasive glucose monitoring device, rental, including sensor, sensor replacement, and download to monitor (for physician interpretation of data, use cpt code)

S1034 Artificial pancreas device system (e.g., low glucose suspend (lgs) feature) including continuous glucose monitor, blood glucose device, insulin pump and computer algorithm that communicates with all of the devices

S1035 Sensor; invasive (e.g., subcutaneous), disposable, for use with artificial pancreas device system

S1036 Transmitter; external, for use with artificial pancreas device system

S1037 Receiver (monitor); external, for use with artificial pancreas device system

S1040 Cranial remolding orthosis, pediatric, rigid, with soft interface material, custom fabricated, includes fitting and adjustment(s)

S1090 Mometasone furoate sinus implant, 370 micrograms

S2053 Transplantation of small intestine and liver allografts

S2054 Transplantation of multivisceral organs

S2055 Harvesting of donor multivisceral organs, with preparation and maintenance of allografts; from cadaver donor

S2060 Lobar lung transplantation

S2061 Donor lobectomy (lung) for transplantation, living donor

S2065 Simultaneous pancreas kidney transplantation

S2066 Breast reconstruction with gluteal artery perforator (gap) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilateral

S2067 Breast reconstruction of a single breast with "stacked" deep inferior epigastric perforator (diep) flap(s) and/or gluteal artery perforator (gap) flap(s), including harvesting of the flap(s), microvascular transfer, closure of donor site(s) and shaping th

S2068 Breast reconstruction with deep inferior epigastric perforator (diep) flap or superficial inferior epigastric artery (siew) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilatera

S2070 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with endoscopic laser treatment of ureteral calculi (includes ureteral catheterization)

S2079 Laparoscopic esophagomyotomy (heller type)

S2080 Laser-assisted uvulopalatoplasty (laup)

S2083 Adjustment of gastric band diameter via subcutaneous port by injection or aspiration of saline

S2095 Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method, using yttrium-90 microspheres

S2102 Islet cell tissue transplant from pancreas; allogeneic

S2103 Adrenal tissue transplant to brain

S2107 Adoptive immunotherapy i.e. development of specific anti-tumor reactivity (e.g., tumor-infiltrating lymphocyte therapy) per course of treatment

S2112 Arthroscopy, knee, surgical for harvesting of cartilage (chondrocyte cells)

S2115 Osteotomy, periacetabular, with internal fixation

S2117 Arthroereisis, subtalar

S2118 Metal-on-metal total hip resurfacing, including acetabular and femoral components

S2120 Low density lipoprotein (Ldl) apheresis using heparin-induced extracorporeal Ldl precipitation

S2140 Cord blood harvesting for transplantation, allogeneic

S2142 Cord blood-derived stem-cell transplantation, allogeneic

S2150 Bone marrow or blood-derived stem cells (peripheral or umbilical), allogeneic or autologous, harvesting, transplantation, and related complications; including: pheresis and cell preparation/storage; marrow ablative therapy; drugs, supplies, hospitalizatio

S2152 Solid organ(s), complete or segmental, single organ or combination of organs; deceased or living donor(s), procurement, transplantation, and related complications; including: drugs; supplies; hospitalization with outpatient follow-up; medical/surgical, di

S2202 Echosclerotherapy

S2205 Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using arterial graft(s), single coronary arterial graft

S2206 Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using arterial graft(s), two coronary arterial grafts

S2207 Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using venous graft only, single coronary venous graft

S2208 Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using single arterial and venous graft(s), single venous graft

S2209 Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using two arterial grafts and single venous graft

S2225 Myringotomy, laser-assisted

S2230 Implantation of magnetic component of semi-implantable hearing device on ossicles in middle ear

S2235 Implantation of auditory brain stem implant

S2260 Induced abortion, 17 to 24 weeks

S2265 Induced abortion, 25 to 28 weeks

S2266 Induced abortion, 29 to 31 weeks

S2267 Induced abortion, 32 weeks or greater

S2300 Arthroscopy, shoulder, surgical; with thermally-induced capsulorrhaphy

S2325 Hip core decompression

S2340 Chemodeneration of abductor muscle(s) of vocal cord

S2341 Chemodeneration of adductor muscle(s) of vocal cord

S2342 Nasal endoscopy for post-operative debridement following functional endoscopic sinus surgery, nasal and/or sinus cavity(s), unilateral or bilateral

S2348 Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, using radiofrequency energy, single or multiple levels, lumbar

S2350 Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; lumbar, single interspace

S2351 Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; lumbar, each additional interspace (list separately in addition to code for primary procedure)

S2360 Percutaneous vertebroplasty, one vertebral body, unilateral or bilateral injection; cervical

S2361 Each additional cervical vertebral body (list separately in addition to code for primary procedure)

S2400 Repair, congenital diaphragmatic hernia in the fetus using temporary tracheal occlusion, procedure performed in utero

S2401 Repair, urinary tract obstruction in the fetus, procedure performed in utero

S2402 Repair, congenital cystic adenomatoid malformation in the fetus, procedure performed in utero

S2403 Repair, extralobar pulmonary sequestration in the fetus, procedure performed in utero

S2404 Repair, myelomeningocele in the fetus, procedure performed in utero

S2405 Repair of sacrococcygeal teratoma in the fetus, procedure performed in utero

S2409 Repair, congenital malformation of fetus, procedure performed in utero, not otherwise classified

S2411 Fetoscopic laser therapy for treatment of twin-to-twin transfusion syndrome

S2900 Surgical techniques requiring use of robotic surgical system (list separately in addition to code for primary procedure)

S3000 Diabetic indicator; retinal eye exam, dilated, bilateral

S3005 Performance measurement, evaluation of patient self assessment, depression

S3600 Stat laboratory request (situations other than s3601)

S3601 Emergency stat laboratory charge for patient who is homebound or residing in a nursing facility

S3620 Newborn metabolic screening panel, includes test kit, postage and the laboratory tests specified by the state for inclusion in this panel (e.g., galactose; hemoglobin, electrophoresis; hydroxyprogesterone, 17-d; phenylalanine (pku); and thyroxine, total)

S3630 Eosinophil count, blood, direct

S3645 Hiv-1 antibody testing of oral mucosal transudate

S3650 Saliva test, hormone level; during menopause

S3652 Saliva test, hormone level; to assess preterm labor risk

S3655 Antisperm antibodies test (immunobead)

S3708 Gastrointestinal fat absorption study

S3721 Prostate cancer antigen 3 (pca3) testing

S3722 Dose optimization by area under the curve (auc) analysis, for infusional 5-fluorouracil

S3800 Genetic testing for amyotrophic lateral sclerosis (als)

S3840 Dna analysis for germline mutations of the ret proto-oncogene for susceptibility to multiple endocrine neoplasia type 2

S3841 Genetic testing for retinoblastoma

S3842 Genetic testing for von hippel-lindau disease

S3844 Dna analysis of the connexin 26 gene (gjb2) for susceptibility to congenital, profound deafness

S3845 Genetic testing for alpha-thalassemia

S3846 Genetic testing for hemoglobin e beta-thalassemia

S3849 Genetic testing for niemann-pick disease

S3850 Genetic testing for sickle cell anemia

S3852 Dna analysis for apoe epsilon 4 allele for susceptibility to alzheimer's disease

S3853 Genetic testing for myotonic muscular dystrophy

S3854 Gene expression profiling panel for use in the management of breast cancer treatment

S3855 Genetic testing for detection of mutations in the presenilin - 1 gene

S3861 Genetic testing, sodium channel, voltage-gated, type v, alpha subunit (scn5a) and variants for suspected brugada syndrome

S3865 Comprehensive gene sequence analysis for hypertrophic cardiomyopathy

S3866	Genetic analysis for a specific gene mutation for hypertrophic cardiomyopathy (hcm) in an individual with a known hcm mutation in the family	
S3870	Comparative genomic hybridization (cgh) microarray testing for developmental delay, autism spectrum disorder and/or intellectual disability	
S3890	Dna analysis, fecal, for colorectal cancer screening	
S3900	Surface electromyography (emg)	
S3902	Ballistocardiogram	
S3904	Masters two step	
S4005	Interim labor facility global (labor occurring but not resulting in delivery)	
S4011	In vitro fertilization; including but not limited to identification and incubation of mature oocytes, fertilization with sperm, incubation of embryo(s), and subsequent visualization for determination of development	
S4013	Complete cycle, gamete intrafallopian transfer (gift), case rate	
S4014	Complete cycle, zygote intrafallopian transfer (zift), case rate	
S4015	Complete in vitro fertilization cycle, not otherwise specified, case rate	
S4016	Frozen in vitro fertilization cycle, case rate	
S4017	Incomplete cycle, treatment cancelled prior to stimulation, case rate	
S4018	Frozen embryo transfer procedure cancelled before transfer, case rate	
S4020	In vitro fertilization procedure cancelled before aspiration, case rate	
S4021	In vitro fertilization procedure cancelled after aspiration, case rate	
S4022	Assisted oocyte fertilization, case rate	
S4023	Donor egg cycle, incomplete, case rate	
S4025	Donor services for in vitro fertilization (sperm or embryo), case rate	
S4026	Procurement of donor sperm from sperm bank	
S4027	Storage of previously frozen embryos	
S4028	Microsurgical epididymal sperm aspiration (mesa)	
S4030	Sperm procurement and cryopreservation services; initial visit	
S4031	Sperm procurement and cryopreservation services; subsequent visit	
S4035	Stimulated intrauterine insemination (iui), case rate	
S4037	Cryopreserved embryo transfer, case rate	
S4040	Monitoring and storage of cryopreserved embryos, per 30 days	
S4042	Management of ovulation induction (interpretation of diagnostic tests and studies, non-face-to-face medical management of the patient), per cycle	
S4981	Insertion of levonorgestrel-releasing intrauterine system	
S4989	Contraceptive intrauterine device (e.g., progesterone iud), including implants and supplies	
S4990	Nicotine patches, legend	
S4991	Nicotine patches, non-legend	\$5.40
S4993	Contraceptive pills for birth control	
S4995	Smoking cessation gum	
S5000	Prescription drug, generic	
S5001	Prescription drug, brand name	
S5010	5% dextrose and 0.45% normal saline, 1000 ml	
S5011	5% dextrose in lactated ringer's, 1000 ml	
S5012	5% dextrose with potassium chloride, 1000 ml	
S5013	5% dextrose/0.45% normal saline with potassium chloride and magnesium sulfate, 1000 ml	
S5014	5% dextrose/0.45% normal saline with potassium chloride and magnesium sulfate, 1500 ml	
S5035	Home infusion therapy, routine service of infusion device (e.g., pump maintenance)	
S5036	Home infusion therapy, repair of infusion device (e.g., pump repair)	
S5100	Day care services, adult; per 15 minutes	
S5101	Day care services, adult; per half day	
S5102	Day care services, adult; per diem	

S5105 Day care services, center-based; services not included in program fee, per diem

S5108 Home care training to home care client, per 15 minutes

S5109 Home care training to home care client, per session

S5110 Home care training, family; per 15 minutes

S5111 Home care training, family; per session

S5115 Home care training, non-family; per 15 minutes

S5116 Home care training, non-family; per session

S5120 Chore services; per 15 minutes

S5121 Chore services; per diem

S5125 Attendant care services; per 15 minutes

S5126 Attendant care services; per diem

S5130 Homemaker service, nos; per 15 minutes

S5131 Homemaker service, nos; per diem

S5135 Companion care, adult (e.g., iadl/adl); per 15 minutes

S5136 Companion care, adult (e.g., iadl/adl); per diem

S5140 Foster care, adult; per diem

S5141 Foster care, adult; per month

S5145 Foster care, therapeutic, child; per diem

S5146 Foster care, therapeutic, child; per month

S5150 Unskilled respite care, not hospice; per 15 minutes

S5151 Unskilled respite care, not hospice; per diem

S5160 Emergency response system; installation and testing

S5161 Emergency response system; service fee, per month (excludes installation and testing)

S5162 Emergency response system; purchase only

S5165 Home modifications; per service

S5170 Home delivered meals, including preparation; per meal

S5175 Laundry service, external, professional; per order

S5180 Home health respiratory therapy, initial evaluation

S5181 Home health respiratory therapy, nos, per diem

S5185 Medication reminder service, non-face-to-face; per month

S5190 Wellness assessment, performed by non-physician

S5199 Personal care item, nos, each

S5497 Home infusion therapy, catheter care / maintenance, not otherwise classified; includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per di

S5498 Home infusion therapy, catheter care / maintenance, simple (single lumen), includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem

S5501 Home infusion therapy, catheter care / maintenance, complex (more than one lumen), includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), p

S5502 Home infusion therapy, catheter care / maintenance, implanted access device, includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment, (drugs and nursing visits coded separately), per die

S5517 Home infusion therapy, all supplies necessary for restoration of catheter patency or declotting

S5518 Home infusion therapy, all supplies necessary for catheter repair

S5520 Home infusion therapy, all supplies (including catheter) necessary for a peripherally inserted central venous catheter (picc) line insertion

S5521	Home infusion therapy, all supplies (including catheter) necessary for a midline catheter insertion	
S5522	Home infusion therapy, insertion of peripherally inserted central venous catheter (picc), nursing services only (no supplies or catheter included)	
S5523	Home infusion therapy, insertion of midline venous catheter, nursing services only (no supplies or catheter included)	
S5550	Insulin, rapid onset, 5 units	
S5551	Insulin, most rapid onset (lispro or aspart); 5 units	
S5552	Insulin, intermediate acting (nph or lente); 5 units	
S5553	Insulin, long acting; 5 units	\$64.52
S5560	Insulin delivery device, reusable pen; 1.5 ml size	
S5561	Insulin delivery device, reusable pen; 3 ml size	
S5565	Insulin cartridge for use in insulin delivery device other than pump; 150 units	
S5566	Insulin cartridge for use in insulin delivery device other than pump; 300 units	
S5570	Insulin delivery device, disposable pen (including insulin); 1.5 ml size	
S5571	Insulin delivery device, disposable pen (including insulin); 3 ml size	
S8030	Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy	
S8035	Magnetic source imaging	
S8037	Magnetic resonance cholangiopancreatography (mrCP)	
S8040	Topographic brain mapping	
S8042	Magnetic resonance imaging (mri), low-field	
S8055	Ultrasound guidance for multifetal pregnancy reduction(s), technical component (only to be used when the physician doing the reduction procedure does not perform the ultrasound, guidance is included in the cpt code for multifetal pregnancy reduction - 598)	
S8080	Scintimammography (radioimmunosintigraphy of the breast), unilateral, including supply of radiopharmaceutical	
S8085	Fluorine-18 fluorodeoxyglucose (f-18 fdg) imaging using dual-head coincidence detection system (non-dedicated pet scan)	
S8092	Electron beam computed tomography (also known as ultrafast ct, cine ct)	
S8096	Portable peak flow meter	
S8097	Asthma kit (including but not limited to portable peak expiratory flow meter, instructional video, brochure, and/or spacer)	
S8100	Holding chamber or spacer for use with an inhaler or nebulizer; without mask	
S8101	Holding chamber or spacer for use with an inhaler or nebulizer; with mask	
S8110	Peak expiratory flow rate (physician services)	
S8120	Oxygen contents, gaseous, 1 unit equals 1 cubic foot	
S8121	Oxygen contents, liquid, 1 unit equals 1 pound	
S8130	Interferential current stimulator, 2 channel	
S8131	Interferential current stimulator, 4 channel	
S8185	Flutter device	
S8186	Swivel adapter	
S8189	Tracheostomy supply, not otherwise classified	
S8210	Mucus trap	
S8262	Mandibular orthopedic repositioning device, each	
S8265	Haberman feeder for cleft lip/palate	
S8270	Enuresis alarm, using auditory buzzer and/or vibration device	
S8301	Infection control supplies, not otherwise specified	
S8415	Supplies for home delivery of infant	
S8420	Gradient pressure aid (sleeve and glove combination), custom made	
S8421	Gradient pressure aid (sleeve and glove combination), ready made	
S8422	Gradient pressure aid (sleeve), custom made, medium weight	
S8423	Gradient pressure aid (sleeve), custom made, heavy weight	
S8424	Gradient pressure aid (sleeve), ready made	

S8425	Gradient pressure aid (glove), custom made, medium weight	
S8426	Gradient pressure aid (glove), custom made, heavy weight	
S8427	Gradient pressure aid (glove), ready made	
S8428	Gradient pressure aid (gauntlet), ready made	
S8429	Gradient pressure exterior wrap	
S8430	Padding for compression bandage, roll	
S8431	Compression bandage, roll	
S8450	Splint, prefabricated, digit (specify digit by use of modifier)	
S8451	Splint, prefabricated, wrist or ankle	\$168.00
S8452	Splint, prefabricated, elbow	
S8460	Camisole, post-mastectomy	
S8490	Insulin syringes (100 syringes, any size)	
S8930	Electrical stimulation of auricular acupuncture points; each 15 minutes of personal one-on-one contact with the patient	
S8940	Equestrian/hippotherapy, per session	
S8948	Application of a modality (requiring constant provider attendance) to one or more areas; low-level laser; each 15 minutes	
S8950	Complex lymphedema therapy, each 15 minutes	
S8990	Physical or manipulative therapy performed for maintenance rather than restoration	
S8999	Resuscitation bag (for use by patient on artificial respiration during power failure or other catastrophic event)	
S9001	Home uterine monitor with or without associated nursing services	
S9007	Ultrafiltration monitor	
S9015	Automated eeg monitoring	
S9024	Paranasal sinus ultrasound	
S9025	Omniscardiogram/cardiointegram	
S9034	Extracorporeal shockwave lithotripsy for gall stones (if performed with ercp, use 43265)	
S9055	Procure or other growth factor preparation to promote wound healing	
S9056	Coma stimulation per diem	
S9061	Home administration of aerosolized drug therapy (e.g., pentamidine); administrative services, professional pharmacy services, care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
S9083	Global fee urgent care centers	
S9088	Services provided in an urgent care center (list in addition to code for service)	
S9090	Vertebral axial decompression, per session	
S9097	Home visit for wound care	
S9098	Home visit, phototherapy services (e.g., bili-lite), including equipment rental, nursing services, blood draw, supplies, and other services, per diem	
S9110	Telemonitoring of patient in their home, including all necessary equipment; computer system, connections, and software; maintenance; patient education and support; per month	
S9117	Back school, per visit	
S9122	Home health aide or certified nurse assistant, providing care in the home; per hour	
S9123	Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when cpt codes 99500-99602 can be used)	
S9124	Nursing care, in the home; by licensed practical nurse, per hour	
S9125	Respite care, in the home, per diem	
S9126	Hospice care, in the home, per diem	
S9127	Social work visit, in the home, per diem	
S9128	Speech therapy, in the home, per diem	
S9129	Occupational therapy, in the home, per diem	

- S9131 Physical therapy; in the home, per diem
- S9140 Diabetic management program, follow-up visit to non-md provider
- S9141 Diabetic management program, follow-up visit to md provider
- S9145 Insulin pump initiation, instruction in initial use of pump (pump not included)
- S9150 Evaluation by ophthalmologist
- S9152 Speech therapy, re-evaluation
- S9208 Home management of preterm labor, including administrative services, professional pharmacy services, care coordination, and all necessary supplies or equipment (drugs and nursing visits coded separately), per diem (do not use this code with any home infusion)

- S9209 Home management of preterm premature rupture of membranes (pprom), including administrative services, professional pharmacy services, care coordination, and all necessary supplies or equipment (drugs and nursing visits coded separately), per diem (do not use this code with any home infusion)

- S9211 Home management of gestational hypertension, includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately); per diem (do not use this code with any home infusion)

- S9212 Home management of postpartum hypertension, includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with any home infusion)

- S9213 Home management of preeclampsia, includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing services coded separately); per diem (do not use this code with any home infusion)

- S9214 Home management of gestational diabetes, includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately); per diem (do not use this code with any home infusion)

- S9325 Home infusion therapy, pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem (do not use this code with s9326,

- S9326 Home infusion therapy, continuous (twenty-four hours or more) pain management infusion; administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem

- S9327 Home infusion therapy, intermittent (less than twenty-four hours) pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem

- S9328 Home infusion therapy, implanted pump pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem

- S9329 Home infusion therapy, chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with s9330 or s9331)

- S9330 Home infusion therapy, continuous (twenty-four hours or more) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem

- S9331 Home infusion therapy, intermittent (less than twenty-four hours) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per
- S9335 Home therapy, hemodialysis; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing services coded separately), per diem
- S9336 Home infusion therapy, continuous anticoagulant infusion therapy (e.g., heparin), administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
- S9338 Home infusion therapy, immunotherapy, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
- S9339 Home therapy; peritoneal dialysis, administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
- S9340 Home therapy; enteral nutrition; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem
- S9341 Home therapy; enteral nutrition via gravity; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem
- S9342 Home therapy; enteral nutrition via pump; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem
- S9343 Home therapy; enteral nutrition via bolus; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem
- S9345 Home infusion therapy, anti-hemophilic agent infusion therapy (e.g., factor viii); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
- S9346 Home infusion therapy, alpha-1-proteinase inhibitor (e.g., prolastin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
- 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
- S9348 Home infusion therapy, sympathomimetic/inotropic agent infusion therapy (e.g., dobutamine); administrative services, professional pharmacy services, care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately), per d
- S9349 Home infusion therapy, tocolytic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
- S9351 Home infusion therapy, continuous or intermittent anti-emetic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and visits coded separately), per diem
- S9353 Home infusion therapy, continuous insulin infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem

- S9355 Home infusion therapy, chelation therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
- S9357 Home infusion therapy, enzyme replacement intravenous therapy; (e.g., imiglucerase); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
- S9359 Home infusion therapy, anti-tumor necrosis factor intravenous therapy; (e.g., infliximab); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), pe
- S9361 Home infusion therapy, diuretic intravenous therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
- S9363 Home infusion therapy, anti-spasmodic therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
- S9364 Home infusion therapy, total parenteral nutrition (tpn); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard tpn formula (lipids, specialty amino acid formulas, drugs othe
- S9365 Home infusion therapy, total parenteral nutrition (tpn); one liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard tpn formula (lipids, specialty amino acid f
- S9366 Home infusion therapy, total parenteral nutrition (tpn); more than one liter but no more than two liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard tpn f
- S9367 Home infusion therapy, total parenteral nutrition (tpn); more than two liters but no more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard tp
- S9368 Home infusion therapy, total parenteral nutrition (tpn); more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard tpn formula (lipids, specialty
- S9370 Home therapy, intermittent anti-emetic injection therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
- S9372 Home therapy; intermittent anticoagulant injection therapy (e.g., heparin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not
- S9373 Home infusion therapy, hydration therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use with hydration therapy codes s
- S9374 Home infusion therapy, hydration therapy; one liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
- S9375 Home infusion therapy, hydration therapy; more than one liter but no more than two liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separat

S9376 Home infusion therapy, hydration therapy; more than two liters but no more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem

S9377 Home infusion therapy, hydration therapy; more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies (drugs and nursing visits coded separately), per diem

S9379 Home infusion therapy, infusion therapy, not otherwise classified; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem

S9381 Delivery or service to high risk areas requiring escort or extra protection, per visit

S9401 Anticoagulation clinic, inclusive of all services except laboratory tests, per session

S9430 Pharmacy compounding and dispensing services

S9433 Medical food nutritionally complete, administered orally, providing 100% of nutritional intake

S9434 Modified solid food supplements for inborn errors of metabolism

S9435 Medical foods for inborn errors of metabolism

S9436 Childbirth preparation/lamaze classes, non-physician provider, per session

S9437 Childbirth refresher classes, non-physician provider, per session

S9438 Cesarean birth classes, non-physician provider, per session

S9439 Vbac (vaginal birth after cesarean) classes, non-physician provider, per session

S9441 Asthma education, non-physician provider, per session

S9442 Birthing classes, non-physician provider, per session

S9443 Lactation classes, non-physician provider, per session

S9444 Parenting classes, non-physician provider, per session

S9445 Patient education, not otherwise classified, non-physician provider, individual, per session

S9446 Patient education, not otherwise classified, non-physician provider, group, per session

S9447 Infant safety (including cpr) classes, non-physician provider, per session

S9449 Weight management classes, non-physician provider, per session

S9451 Exercise classes, non-physician provider, per session

S9452 Nutrition classes, non-physician provider, per session

S9453 Smoking cessation classes, non-physician provider, per session

S9454 Stress management classes, non-physician provider, per session

S9455 Diabetic management program, group session

S9460 Diabetic management program, nurse visit

S9465 Diabetic management program, dietitian visit

S9470 Nutritional counseling, dietitian visit

S9472 Cardiac rehabilitation program, non-physician provider, per diem

S9473 Pulmonary rehabilitation program, non-physician provider, per diem

S9474 Enterostomal therapy by a registered nurse certified in enterostomal therapy, per diem

S9475 Ambulatory setting substance abuse treatment or detoxification services, per diem

S9476 Vestibular rehabilitation program, non-physician provider, per diem

S9480 Intensive outpatient psychiatric services, per diem

S9482 Family stabilization services, per 15 minutes

S9484 Crisis intervention mental health services, per hour

S9485 Crisis intervention mental health services, per diem

S9490 Home infusion therapy, corticosteroid infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem

- S9494 Home infusion therapy, antibiotic, antiviral, or antifungal therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use thi
- S9497 Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 3 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per
- S9500 Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 24 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per
- S9501 Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 12 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per
- S9502 Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 8 hours, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per
- S9503 Home infusion therapy, antibiotic, antiviral, or antifungal; once every 6 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
- S9504 Home infusion therapy, antibiotic, antiviral, or antifungal; once every 4 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
- S9529 Routine venipuncture for collection of specimen(s), single home bound, nursing home, or skilled nursing facility patient
- S9537 Home therapy; hematopoietic hormone injection therapy (e.g., erythropoietin, g-csf, gm-csf); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately),
- S9538 Home transfusion of blood product(s); administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (blood products, drugs, and nursing visits coded separately), per diem
- S9542 Home injectable therapy, not otherwise classified, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
- S9558 Home injectable therapy; growth hormone, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
- S9559 Home injectable therapy, interferon, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
- S9560 Home injectable therapy; hormonal therapy (e.g.; leuprolide, goserelin), including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
- S9562 Home injectable therapy, palivizumab, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem

S9590	Home therapy, irrigation therapy (e.g., sterile irrigation of an organ or anatomical cavity); including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded se	
S9810	Home therapy; professional pharmacy services for provision of infusion, specialty drug administration, and/or disease state management, not otherwise classified, per hour (do not use this code with any per diem code)	
S9900	Services by a journal-listed christian science practitioner for the purpose of healing, per diem	
S9901	Services by a journal-listed christian science nurse, per hour	
S9960	Ambulance service, conventional air service, nonemergency transport, one way (fixed wing)	
S9961	Ambulance service, conventional air service, nonemergency transport, one way (rotary wing)	
S9970	Health club membership, annual	
S9975	Transplant related lodging, meals and transportation, per diem	
S9976	Lodging, per diem, not otherwise classified	
S9977	Meals, per diem, not otherwise specified	
S9981	Medical records copying fee, administrative	
S9982	Medical records copying fee, per page	
S9986	Not medically necessary service (patient is aware that service not medically necessary)	
S9988	Services provided as part of a phase i clinical trial	
S9989	Services provided outside of the united states of america (list in addition to code(s) for service(s))	
S9990	Services provided as part of a phase ii clinical trial	
S9991	Services provided as part of a phase iii clinical trial	
S9992	Transportation costs to and from trial location and local transportation costs (e.g., fares for taxicab or bus) for clinical trial participant and one caregiver/companion	
S9994	Lodging costs (e.g., hotel charges) for clinical trial participant and one caregiver/companion	
S9996	Meals for clinical trial participant and one caregiver/companion	
S9999	Sales tax	
SalLock	Saline locks for IV	\$9.96
SC1000	Sodium Chloride 1000ml IV	\$42.87
SC200	Sodium Chloride 200ml IV	\$33.72
SchekFBRe	Schuknecht Foreign Body Remover	\$79.98
SD	Scene of accident or acute event to Diagnostic or therapeutic site	
SE	Scene of accident or acute event to Residential, domiciliary, custodial facility	
SecTube	Secondary Tubing for IV	\$10.02
SG	Scene of accident or acute event to Hospital based ESRD facility	
SH	Scene of accident or acute event to Hospital	
SI	Scene of accident or acute event to Site of transfer between modes of ambulance transport	
Silk	Silk 0 for sutures	\$24.96
Silvadene	Silvadene Cream 1%, 20gm	\$49.98
SilvNitr	Silver Nitrate	\$49.98
Simeticone	Simeticone 125mg PO	\$8.89
SJ	Scene of accident or acute event to Freestanding ESRD facility	
SN	Scene of accident or acute event to SNF	
SodiumBic	Sodium Bicarbonate, 8.4%, 50 ml, 1meq/mL	\$49.98
SP	Scene of accident or acute event to Physician's office	
SR	Scene of accident or acute event to Residence	
SS	Scene of accident or acute event to Scene of accident or acute event	
Staples	Staples	\$39.96

STATPAD	Defibrillator Pad / Stat Pad, F/Zoll PD 1200 ADLT	\$199.98
SteriStrip	Steri Strips 1/2"	\$10.02
Strainer	Urine strain cup	\$19.98
Succs	Succsodonate	\$150.00
SUMA	Sumatriptan 60mg PO	\$10.46
Surgical	Surgical	\$39.96
Swab	Swab, sterile	\$10.02
SX	Scene of accident or acute event to Intermediate stop at physician's office on way to hospital	
TAMIFLU	Tamiflu PO	\$84.00
TAX	Tax	
Tears	Artificial Tears	\$24.96
Tegadem	Tegaderm	\$19.98
TESSAPER	Tessalon Perles 20 mg PO	\$6.25
Tetra	Tetracaine 0.05% ophthalmic drops	\$27.96
THIAPO	Thiamine 100mg PO	\$31.28
Tigan100	Tigan, 100mg suppository	\$24.96
Timolol	Timolol, 0.5%, optic solution	
Tobramycin	Tobramycin Sulfate Opth Drops	\$75.00
Tobrex	Tobrex	\$15.00
Tonopen	Tono Pen Tip	\$19.98
TRANEX	Tranexamic Acid 700mg IV	\$372.40
Transpore	Transpore Tape	\$10.02
TRAZODON	Trazodone 50mg PO	\$11.48
Trocar	Trocar Catheter	\$249.96
UAcup	Urine Specimen Cup	\$10.02
Ultram	Ultram 50 mg PO	\$24.96
Ultrasite	Ultrasite Needle-Free System	\$24.96
UrineHat	Urine Collection Hat	\$15.00
V2797	Vision supply, accessory and/or service component of another hcpcs vision code	
V5265	Ear mold/insert, disposable, any type	
V5267	Hearing aid or assistive listening device/supplies/accessories, not otherwise specified	
Val10	Valium/Diazepam, 10mg tablet (oral)	\$49.98
Val5	Valium/Diazepam, 5mg tablet (oral)	\$24.90
VALACYC	Valacyclovir 500mg PO	\$14.61
VALSARTAN	Valsartan 80 mg PO	\$300.00
VASOPRES	Vasopressin, Mdv 20u/ml 1ml	\$151.98
VASOTEC	Enalapril, Vasotec IV med 1 ml	\$24.96
VazoTuss	VazoTuss, 10cc, oral	\$49.98
Verapamil	Verapamil 2.5 mg/ml	\$194.94
Vercuronium	Vecuronium Bromide, 10mg, IV	\$15.00
Vic4	Vicryl 4.0 for sutures	\$49.98
Vic5	Vicryl 5.0 for sutures	\$49.98
Vic6	Vicryl 6.0 for sutures	\$49.98
Vico500	Vicodin/Hydrocodone 5/500mg (oral)	\$49.98
ViscLido	Viscous Lidocaine, for topical use	\$10.02
VisLidoPO	Viscous Lidocaine, 10 ml, PO	\$10.02
VITK	Vitamin K-Phytonadione IV	\$198.11
Web2	Splint supplies / 2" Webril	\$7.88
Web3	Splint supplies / 3" Webril	\$1.31
Web4	Splint supplies / 4" Webril	\$7.88
WordCath	Word Bartholin Catheter	\$150.00
X	X	\$152.00
XOFLUZA	Xofluza 40mg PO	\$249.96

Yac San	Yankaur Suction	\$15.00
ZAN	Zanfel topical ointment	\$8.63
ZANTAC	Zantac (RANITIDINE) 150 mg PO	\$5.25
Zith500	Zithromax / Azithromycin dihydrate, oral, up to 500 mg	\$49.98
Zyrtec	Zyrtec, Oral, 10mg tablet	\$10.02