

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 midostaurin
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 urethrocystoscopy); not otherwise specified
00912	Anesthesia for transurethral procedures (including urethrocystoscopy); transurethral resection of bladder tumor(s)
00914	Anesthesia for transurethral procedures (including urethrocystoscopy); transurethral resection of prostate
00916	Anesthesia for transurethral procedures (including urethrocystoscopy); post-transurethral resection bleeding
00918	Anesthesia for transurethral procedures (including urethrocystoscopy); 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 osteophyctectomy 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 procedure)
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; interthoracoscaphular (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, transseptal 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 transseptal 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 electrod
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 interpretation
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 interpretation
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 transseptal puncture when performed; initial prosthesis
0344T	Transcatheter mitral valve repair percutaneous approach including transseptal 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 observation
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 osteophylectomy 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, review and interpretation only
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, review and interpretation only
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, review and interpretation only
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 revi
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 wit

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
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 pr
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 transseptal 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	Glucocorticoid 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	\$941.52
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	\$1,351.60
10061	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or multiple	\$2,486.40

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 addressed]	
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	\$4,582.80
10081	Incision and drainage of pilonidal cyst; complicated	\$4,582.80
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	\$2,486.40
10121	Incision and removal of foreign body, subcutaneous tissues; complicated	\$10,784.24
1012F	Angina absent (CAD)	
10140	Incision and drainage of hematoma, seroma or fluid collection	\$10,784.24
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	\$2,486.40
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 condition)	
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	\$3,905.60

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)	\$166.88
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	\$4,582.80
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	\$2,486.40
11043	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less	\$3,905.60
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	\$690.32
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	\$965.28
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	\$10,784.24
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	\$447.68
11721	Debridement of nail(s) by any method(s); 6 or more	
11730	Avulsion of nail plate, partial or complete, simple; single	\$1,351.60
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	\$840.32
11750	Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal	\$2,486.40
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	\$3,905.60
11762	Reconstruction of nail bed with graft	
11765	Wedge excision of skin of nail fold (eg, for ingrown toenail)	\$1,288.56
11770	Excision of pilonidal cyst or sinus; simple	
11771	Excision of pilonidal cyst or sinus; extensive	\$18,598.96
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	\$1,351.60
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	\$1,351.60
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	\$1,351.60
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	\$2,486.40
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	\$1,497.28
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	\$1,351.60
12013	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm	\$1,351.60
12014	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm	\$1,351.60
12015	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm	\$1,351.60
12016	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm	\$2,486.40
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	\$2,166.00
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	\$2,486.40
12032	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.6 cm to 7.5 cm	\$2,486.40
12034	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 7.6 cm to 12.5 cm	\$2,486.40
12035	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 12.6 cm to 20.0 cm	\$2,934.32
12036	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 20.1 cm to 30.0 cm	\$3,905.60

12037	Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); over 30.0 cm	
12041	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less	\$2,486.40
12042	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.6 cm to 7.5 cm	\$2,486.40
12044	Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 7.6 cm to 12.5 cm	\$3,905.60
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	\$2,486.40
12052	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm	\$2,486.40
12053	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm	\$2,486.40
12054	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm	\$2,781.68
12055	Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm	\$3,593.20
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	\$3,905.60
13101	Repair, complex, trunk; 2.6 cm to 7.5 cm	\$3,905.60
13102	Repair, complex, trunk; each additional 5 cm or less (List separately in addition to code for primary procedure)	\$173.28
13120	Repair, complex, scalp, arms, and/or legs; 1.1 cm to 2.5 cm	\$3,905.60
13121	Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm	\$3,905.60
13122	Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less (List separately in addition to code for primary procedure)	\$801.36
13131	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm	\$2,486.40
13132	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm	\$3,905.60
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)	\$383.28
13151	Repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm	\$3,905.60
13152	Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm	\$3,905.60
13153	Repair, complex, eyelids, nose, ears and/or lips; each additional 5 cm or less (List separately in addition to code for primary procedure)	\$1,008.48
13160	Secondary closure of surgical wound or dehiscence, extensive or complicated	\$6,274.80
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	\$1,351.60
16020	Dressings and/or debridement of partial-thickness burns, initial or subsequent; small (less than 5% total body surface area)	\$1,351.60
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)	\$1,351.60
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)	\$2,486.40
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	\$509.04
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	\$856.32

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)	\$616.48
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	\$1,351.60
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	\$10,784.24
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 mouldage 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	\$4,520.40
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	\$10,784.24
20525	Removal of foreign body in muscle or tendon sheath; deep or complicated	\$18,598.96
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)	\$427.68
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	\$1,957.60
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	\$1,957.60
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	\$1,957.60
20611	Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting	\$2,876.41
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)	\$21,161.84
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)	\$2,901.44
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	\$1,719.20
21315	Closed treatment of nasal bone fracture; without stabilization	\$2,096.08
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	\$1,486.72
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	\$4,352.72
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	\$758.96
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;	\$18,598.96
21502	Incision and drainage, deep abscess or hematoma, soft tissues of neck or thorax; with partial rib osteotomy	
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	Osteotomy 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	\$1,020.40
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	\$10,799.52
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	\$1,719.20
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 proce
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 f
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, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2
22552	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy 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 interspace
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 procedure)
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	\$1,719.20
23505	Closed treatment of clavicular fracture; with manipulation	\$2,737.36
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	\$1,719.20
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	\$1,805.60
23575	Closed treatment of scapular fracture; with manipulation, with or without skeletal traction (with or without shoulder joint involvement)	\$3,121.28
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	\$2,530.00
23605	Closed treatment of proximal humeral (surgical or anatomical neck) fracture; with manipulation, with or without skeletal traction	
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	\$2,087.68
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	\$1,719.20
23655	Closed treatment of shoulder dislocation, with manipulation; requiring anesthesia	\$3,126.96
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	\$10,784.24
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)	\$18,598.96
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	\$1,719.20
24505	Closed treatment of humeral shaft fracture; with manipulation, with or without skeletal traction	\$3,854.00
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	\$1,719.20
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	\$2,490.96
24565	Closed treatment of humeral epicondylar fracture, medial or lateral; with manipulation	\$4,149.44
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	\$2,637.76
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	\$1,719.20
24605	Treatment of closed elbow dislocation; requiring anesthesia	\$10,799.52
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	\$4,305.36
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	\$1,719.20
24650	Closed treatment of radial head or neck fracture; without manipulation	\$1,719.20
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	\$2,254.88
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	\$1,719.20
25505	Closed treatment of radial shaft fracture; with manipulation	\$10,799.52
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	\$1,719.20
25535	Closed treatment of ulnar shaft fracture; with manipulation	\$1,719.20
25545	Open treatment of ulnar shaft fracture, includes internal fixation, when performed	
25560	Closed treatment of radial and ulnar shaft fractures; without manipulation	\$2,158.56
25565	Closed treatment of radial and ulnar shaft fractures; with manipulation	\$4,016.24
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	\$1,719.20
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	\$1,960.18
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	\$2,368.40
25624	Closed treatment of carpal scaphoid (navicular) fracture; with manipulation	\$3,716.40
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	\$2,374.24
25635	Closed treatment of carpal bone fracture (excluding carpal scaphoid [navicular]); with manipulation, each bone	\$10,799.52
25645	Open treatment of carpal bone fracture (other than carpal scaphoid [navicular]), each bone	
25650	Closed treatment of ulnar styloid fracture	\$2,481.36
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	\$1,719.20
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	\$3,369.68
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	\$1,351.60
26011	Drainage of finger abscess; complicated (eg, felon)	\$3,005.12
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	\$4,322.88
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 macrodactylia, 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	\$1,719.20
26605	Closed treatment of metacarpal fracture, single; with manipulation, each bone	\$1,719.20
26607	Closed treatment of metacarpal fracture, with manipulation, with external fixation, each bone	\$10,799.52
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	
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	\$2,517.52
26705	Closed treatment of metacarpophalangeal dislocation, single, with manipulation; requiring anesthesia	\$10,799.52
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	\$1,719.20
26725	Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; with manipulation, with or without skin or skeletal traction, each	\$1,719.20
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	\$2,873.68
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	\$1,430.32
26755	Closed treatment of distal phalangeal fracture, finger or thumb; with manipulation, each	\$2,439.28
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	\$1,719.20
26775	Closed treatment of interphalangeal joint dislocation, single, with manipulation; requiring anesthesia	\$2,958.24
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 fascia 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	\$3,712.40
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	\$5,939.92
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	\$18,598.96
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	\$4,049.20
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	\$4,091.04

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	\$1,719.20
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	\$2,344.16
27532	Closed treatment of tibial fracture, proximal (plateau); with or without manipulation, with skeletal traction	\$4,800.96
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	\$1,719.20
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	\$2,829.20
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	\$1,510.75
27818	Closed treatment of trimalleolar ankle fracture; with manipulation	
28660	Closed treatment of interphalangeal joint dislocation; without anesthesia	\$1,170.97
29105	Application of long arm splint (shoulder to hand)	\$1,039.52
29125	Application of short arm splint (forearm to hand); static	\$173.20
29130	Application of finger splint; static (foam)	\$173.20
29505	Application of long leg splint (thigh to ankle or toes)	\$173.28
29515	Application of short leg splint (calf to foot)	\$173.20
30000	Drainage abscess or hematoma, nasal, internal approach	
30020	Drainage abscess or hematoma, nasal septum	\$1,753.20
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	\$840.32
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	\$1,045.28
30903	Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method	\$840.32
30905	Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; initial	\$2,476.24
30906	Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; subsequent	\$2,576.08
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); lateroververtical
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	\$1,124.56
31502	Tracheotomy tube change prior to establishment of fistula tract	\$1,428.00
31505	Laryngoscopy, indirect; diagnostic (separate procedure)	\$1,256.64
3150F	Forceps esophageal biopsy performed (GERD)	
31510	Laryngoscopy, indirect; with biopsy	
31511	Laryngoscopy, indirect; with removal of foreign body	\$1,616.64
31512	Laryngoscopy, indirect; with removal of lesion	
31513	Laryngoscopy, indirect; with vocal cord injection	
31515	Laryngoscopy direct, with or without tracheoscopy; for aspiration	\$3,003.76
31520	Laryngoscopy direct, with or without tracheoscopy; diagnostic, newborn	
31525	Laryngoscopy direct, with or without tracheoscopy; diagnostic, except newborn	\$10,589.60
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;	\$10,589.60
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	\$632.64
31730	Transtacheal (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)	\$1,249.28
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	\$4,900.56
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	
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, transseptal 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	\$1,714.32
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 transseptal puncture when performed; initial prosthesis	
33419	Transcatheter mitral valve repair, percutaneous approach, including transseptal 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 supravalvular 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 thora
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 t
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 separatel
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-uni-iliac 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-uni-iliac 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-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation
34706	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation
34707	Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension
34708	Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension
34709	Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure
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 nonselective catheterization(s), all associated radiological supervision and interpretation
34711	Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation
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 primary procedure)
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 ≥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; ilioiliac
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	\$428.56
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)	\$115.04
36415	Collection of venous blood by venipuncture	\$47.04
36416	Collection of capillary blood specimen (eg, finger, heel, ear stick)	\$71.44
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	\$1,614.48
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	\$19,941.92
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	\$19,941.92
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	\$840.32
36592	Collection of blood specimen using established central or peripheral catheter, venous, not otherwise specified	
36593	Dec clotting 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	
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 dec clotting (separate procedure); without balloon catheter
36861	External cannula dec clotting (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	\$2,380.56
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 procedure)
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	\$10,784.24
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	\$3,678.96
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	\$2,090.64
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, supramylohyoid	
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	\$840.32
41251	Repair of laceration 2.5 cm or less; posterior one-third of tongue	\$2,306.96
41252	Repair of laceration of tongue, floor of mouth, over 2.6 cm or complex	\$3,678.96
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	\$840.32
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	\$1,457.76
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	\$1,559.12

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 structures)
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 surgical

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 esophagogastrostomy
43287	Esophagectomy, distal two-thirds, with laparoscopic mobilization of the abdominal and lower mediastinal esophagus and proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with separate thoracoscopic mobilization of the middle a
43288	Esophagectomy, total or near total, with thoracoscopic mobilization of the upper, middle, and lower mediastinal esophagus, with separate laparoscopic proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with open cervical 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)	\$2,640.08
43753	Gastric intubation and aspiration(s) therapeutic, necessitating physician's skill (eg, for gastrointestinal hemorrhage), including lavage if performed	\$174.08
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 JJ]); 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 JJ]); 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	\$7,491.12

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)	\$4,178.32
46045	Incision and drainage of intramural, intramuscular, or submucosal abscess, transanal, under anesthesia	
46050	Incision and drainage, perianal abscess, superficial	\$5,679.84
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	\$1,382.08
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	\$1,434.72
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, mollusum contagiosum, herpetic vesicle), simple; chemical
46910	Destruction of lesion(s), anus (eg, condyloma, papilloma, mollusum contagiosum, herpetic vesicle), simple; electrodesiccation
46916	Destruction of lesion(s), anus (eg, condyloma, papilloma, mollusum contagiosum, herpetic vesicle), simple; cryosurgery
46917	Destruction of lesion(s), anus (eg, condyloma, papilloma, mollusum contagiosum, herpetic vesicle), simple; laser surgery
46922	Destruction of lesion(s), anus (eg, condyloma, papilloma, mollusum contagiosum, herpetic vesicle), simple; surgical excision
46924	Destruction of lesion(s), anus (eg, condyloma, papilloma, mollusum 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 choledchoenterostomy
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 arte
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 separately)
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	\$5,060.80
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	\$4,094.40
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	\$3,500.48
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 kidn

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, cystotomy 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 urethrocystography	
51605	Injection procedure and placement of chain for contrast and/or chain urethrocystography	
51610	Injection procedure for retrograde urethrocystography	
51700	Bladder irrigation, simple, lavage and/or instillation	\$1,836.24
51701	Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine)	\$840.32
51702	Insertion of temporary indwelling bladder catheter; simple (eg, Foley)	\$840.32
51703	Insertion of temporary indwelling bladder catheter; complicated (eg, altered anatomy, fractured catheter/balloon)	\$1,090.56
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, Johannsen 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; prostatomembranous
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 inguinofoemoral 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	\$1,836.24
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-corporis 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	\$1,836.24
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	\$10,784.24
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	\$2,146.80
56420	Incision and drainage of Bartholin's gland abscess	\$1,285.60
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 inguofemoral lymphadenectomy	
56632	Vulvectomy, radical, partial; with bilateral inguofemoral lymphadenectomy	
56633	Vulvectomy, radical, complete;	
56634	Vulvectomy, radical, complete; with unilateral inguofemoral lymphadenectomy	
56637	Vulvectomy, radical, complete; with bilateral inguofemoral lymphadenectomy	
56640	Vulvectomy, radical, complete, with inguofemoral, 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 bulboavernosus 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)	\$18,182.16
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, colpopexy (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)	\$737.12
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 salpingecto

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);	\$18,182.16
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	\$4,347.04
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 primary procedure)
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 addition to code for primary procedure)
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 addition to code for primary procedure)
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 lumbar
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-plate])
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 osteophylectomy; cervical, single interspace
63076	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophylectomy; 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 osteophylectomy; thoracic, single interspace
63078	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophylectomy; 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 separately)
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 lumbosubarachnoid shunt
63746	Removal of entire lumbosubarachnoid shunt system without replacement

64400	Injection, anesthetic agent; trigeminal nerve, any division or branch	\$1,957.60
64402	Injection, anesthetic agent; facial nerve	\$840.32
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	\$4,347.04
64455	Injection(s), anesthetic agent and/or steroid, plantar common digital nerve(s) (eg, Morton's neuroma)	
64461	Paravertebral block (PVB) (paraspinous block), thoracic; single injection site (includes imaging guidance, when performed)	
64462	Paravertebral block (PVB) (paraspinous block), thoracic; second and any additional injection site(s) (includes imaging guidance, when performed) (List separately in addition to code for primary procedure)	
64463	Paravertebral block (PVB) (paraspinous 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	Chemodenervation of parotid and submandibular salivary glands, bilateral
64612	Chemodenervation of muscle(s); muscle(s) innervated by facial nerve, unilateral (eg, for blepharospasm, hemifacial spasm)

64615	Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)	
64616	Chemodenervation of muscle(s); neck muscle(s), excluding muscles of the larynx, unilateral (eg, for cervical dystonia, spasmodic torticollis)	
64617	Chemodenervation 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	\$5,377.44
64642	Chemodenervation of one extremity; 1-4 muscle(s)	
64643	Chemodenervation of one extremity; each additional extremity, 1-4 muscle(s) (List separately in addition to code for primary procedure)	
64644	Chemodenervation of one extremity; 5 or more muscles	
64645	Chemodenervation of one extremity; each additional extremity, 5 or more muscles (List separately in addition to code for primary procedure)	
64646	Chemodenervation of trunk muscle(s); 1-5 muscle(s)	
64647	Chemodenervation of trunk muscle(s); 6 or more muscles	
64650	Chemodenervation of eccrine glands; both axillae	
64653	Chemodenervation 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

65210	Removal of foreign body, external eye; conjunctival embedded (includes concretions), subconjunctival, or scleral nonperforating	\$2,640.08
65220	Removal of foreign body, external eye; corneal, without slit lamp	\$460.24
65222	Removal of foreign body, external eye; corneal, with slit lamp	\$840.32
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	\$3,996.80
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)	\$6,466.96
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); goniosynechiae
65870	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); anterior synechiae, except goniosynechiae
65875	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); posterior synechiae
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 iridotaxis
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	Chemodenervation 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	\$2,141.28
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	\$1,879.52
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	\$4,582.80
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	\$840.32
69205	Removal foreign body from external auditory canal; with general anesthesia	\$775.76
69209	Removal impacted cerumen using irrigation/lavage, unilateral	\$447.68
69210	Removal impacted cerumen requiring instrumentation, unilateral	\$447.68
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	\$496.96
70100	Radiologic examination, mandible; partial, less than 4 views	\$496.96
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	\$915.68
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	\$496.96
70150	Radiologic examination, facial bones; complete, minimum of 3 views	\$915.68
70160	Radiologic examination, nasal bones, complete, minimum of 3 views	\$496.96
70170	Dacryocystography, nasolacrimal duct, radiological supervision and interpretation	
70190	Radiologic examination; optic foramina	
70200	Radiologic examination; orbits, complete, minimum of 4 views	\$915.68
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	\$496.96

70220	Radiologic examination, sinuses, paranasal, complete, minimum of 3 views	\$496.96
70240	Radiologic examination, sella turcica	
70250	Radiologic examination, skull; less than 4 views	\$915.68
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	\$915.68
70300	Radiologic examination, teeth; single view	\$48.88
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	\$496.96
70330	Radiologic examination, temporomandibular joint, open and closed mouth; bilateral	\$357.68
70332	Temporomandibular joint arthrography, radiological supervision and interpretation	
70336	Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)	
70350	Cephalogram, orthodontic	\$496.96
70355	Orthopantomogram (eg, panoramic x-ray)	
70360	Radiologic examination; neck, soft tissue	\$496.96
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	\$496.96
70390	Sialography, radiological supervision and interpretation	
70450	Computed tomography, head or brain; without contrast material	\$2,289.20
70460	Computed tomography, head or brain; with contrast material(s)	\$2,021.92
70470	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections	\$4,043.84
70480	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	\$2,289.20
70481	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)	\$4,043.84
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	\$2,289.20
70487	Computed tomography, maxillofacial area; with contrast material(s)	\$4,043.84
70488	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections	\$4,043.84
70490	Computed tomography, soft tissue neck; without contrast material	\$2,289.20
70491	Computed tomography, soft tissue neck; with contrast material(s)	\$4,043.84
70492	Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections	\$4,043.84
70496	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	\$2,021.92
70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	\$4,043.84
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)	\$1,858.48
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)	\$1,858.48

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	\$1,858.48
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	\$3,650.96
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;	
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	\$496.96
71046	Radiologic examination, chest; 2 views	\$496.96
71047	Radiologic examination, chest; 3 views	\$920.93
71048	Radiologic examination, chest; 4 or more views	\$711.04
71100	Radiologic examination, ribs, unilateral; 2 views	\$496.96
71101	Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of 3 views	\$886.67
71110	Radiologic examination, ribs, bilateral; 3 views	\$915.68
71111	Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views	\$915.68
71120	Radiologic examination; sternum, minimum of 2 views	\$496.96
71130	Radiologic examination; sternoclavicular joint or joints, minimum of 3 views	
71250	Computed tomography, thorax; without contrast material	\$2,289.20
71260	Computed tomography, thorax; with contrast material(s)	\$4,043.84
71270	Computed tomography, thorax; without contrast material, followed by contrast material(s) and further sections	\$4,043.84
71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	\$4,043.84
71550	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	\$1,858.48

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	\$496.96
72040	Radiologic examination, spine, cervical; 2 or 3 views	\$496.96
72050	Radiologic examination, spine, cervical; 4 or 5 views	\$915.68
72052	Radiologic examination, spine, cervical; 6 or more views	\$915.68
72069	Radiologic examination, spine, thoracolumbar, standing (scoliosis)	
72070	Radiologic examination, spine; thoracic, 2 views	\$915.68
72072	Radiologic examination, spine; thoracic, 3 views	\$915.68
72074	Radiologic examination, spine; thoracic, minimum of 4 views	\$915.68
72080	Radiologic examination, spine; thoracolumbar junction, minimum of 2 views	\$496.96
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	\$915.68
72110	Radiologic examination, spine, lumbosacral; minimum of 4 views	\$915.68
72114	Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views	\$915.68
72120	Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views	\$915.68
72125	Computed tomography, cervical spine; without contrast material	\$2,289.20
72126	Computed tomography, cervical spine; with contrast material	\$3,650.96
72127	Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections	\$2,021.92
72128	Computed tomography, thoracic spine; without contrast material	\$2,289.20
72129	Computed tomography, thoracic spine; with contrast material	\$2,021.92
72130	Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections	
72131	Computed tomography, lumbar spine; without contrast material	\$2,289.20
72132	Computed tomography, lumbar spine; with contrast material	\$3,650.96
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	\$1,858.48
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	\$1,858.48
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	\$1,858.48
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	\$3,650.96
72157	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic	\$3,650.96
72158	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar	\$3,650.96
72159	Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)	
72170	Radiologic examination, pelvis; 1 or 2 views	\$915.68
72190	Radiologic examination, pelvis; complete, minimum of 3 views	\$915.68
72191	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	\$2,021.92
72192	Computed tomography, pelvis; without contrast material	\$2,289.20
72193	Computed tomography, pelvis; with contrast material(s)	\$2,021.92
72194	Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections	\$4,043.84
72195	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)	\$1,858.48
72196	Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	\$3,650.96
72197	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences	\$3,650.96
72198	Magnetic resonance angiography, pelvis, with or without contrast material(s)	
72200	Radiologic examination, sacroiliac joints; less than 3 views	\$915.68
72202	Radiologic examination, sacroiliac joints; 3 or more views	\$915.68
72220	Radiologic examination, sacrum and coccyx, minimum of 2 views	\$496.96
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	\$496.96
73010	Radiologic examination; scapula, complete	\$915.68
73020	Radiologic examination, shoulder; 1 view	\$496.96
73030	Radiologic examination, shoulder; complete, minimum of 2 views	\$496.96
73040	Radiologic examination, shoulder, arthrography, radiological supervision and interpretation	\$3,650.96
73050	Radiologic examination; acromioclavicular joints, bilateral, with or without weighted distraction	\$496.96
73060	Radiologic examination; humerus, minimum of 2 views	\$496.96
73070	Radiologic examination, elbow; 2 views	\$496.96
73080	Radiologic examination, elbow; complete, minimum of 3 views	\$496.96
73085	Radiologic examination, elbow, arthrography, radiological supervision and interpretation	
73090	Radiologic examination; forearm, 2 views	\$496.96
73092	Radiologic examination; upper extremity, infant, minimum of 2 views	\$915.68
73100	Radiologic examination, wrist; 2 views	\$496.96
73110	Radiologic examination, wrist; complete, minimum of 3 views	\$496.96

73115	Radiologic examination, wrist, arthrography, radiological supervision and interpretation	
73120	Radiologic examination, hand; 2 views	\$915.68
73130	Radiologic examination, hand; minimum of 3 views	\$496.96
73140	Radiologic examination, finger(s), minimum of 2 views	\$496.96
73200	Computed tomography, upper extremity; without contrast material	\$2,289.20
73201	Computed tomography, upper extremity; with contrast material(s)	\$2,021.92
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	\$3,650.96
73221	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	\$1,858.48
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	\$496.96
73502	Radiologic examination, hip, unilateral, with pelvis when performed; 2-3 views	\$496.96
73503	Radiologic examination, hip, unilateral, with pelvis when performed; minimum of 4 views	\$915.68
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	\$915.68
73522	Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views	\$915.68
73523	Radiologic examination, hips, bilateral, with pelvis when performed; minimum of 5 views	\$915.68
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	\$496.96
73552	Radiologic examination, femur; minimum 2 views	\$496.96
73560	Radiologic examination, knee; 1 or 2 views	\$496.96
73562	Radiologic examination, knee; 3 views	\$1,051.20
73564	Radiologic examination, knee; complete, 4 or more views	\$915.68
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	\$496.96
73592	Radiologic examination; lower extremity, infant, minimum of 2 views	\$496.96
73600	Radiologic examination, ankle; 2 views	\$496.96
73610	Radiologic examination, ankle; complete, minimum of 3 views	\$496.96
73615	Radiologic examination, ankle, arthrography, radiological supervision and interpretation	

73620	Radiologic examination, foot; 2 views	\$496.96
73630	Radiologic examination, foot; complete, minimum of 3 views	\$496.96
73650	Radiologic examination; calcaneus, minimum of 2 views	\$496.96
73660	Radiologic examination; toe(s), minimum of 2 views	\$496.96
73700	Computed tomography, lower extremity; without contrast material	\$2,289.20
73701	Computed tomography, lower extremity; with contrast material(s)	\$2,021.92
73702	Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections	\$2,021.92
73706	Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	\$4,043.84
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	\$1,858.48
73722	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s)	\$5,455.04
73723	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences	\$3,650.96
73725	Magnetic resonance angiography, lower extremity, with or without contrast material(s)	\$6,530.80
74000	Radiologic examination, abdomen; single anteroposterior view	
74010	Radiologic examination, abdomen; anteroposterior and additional oblique and cone views	
74018	Radiologic examination, abdomen; 1 view	\$496.96
74019	Radiologic examination, abdomen; 2 views	\$915.68
74020	Radiologic examination, abdomen; complete, including decubitus and/or erect views	
74021	Radiologic examination, abdomen; 3 or more views	\$915.68
74022	Radiologic examination, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest	\$915.68
74150	Computed tomography, abdomen; without contrast material	\$2,289.20
74160	Computed tomography, abdomen; with contrast material(s)	\$4,043.84
74170	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections	\$4,043.84
74174	Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	\$4,043.84
74175	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	\$2,021.92
74176	Computed tomography, abdomen and pelvis; without contrast material	\$4,646.24
74177	Computed tomography, abdomen and pelvis; with contrast material(s)	\$4,043.84
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	\$4,043.84
74181	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	\$1,858.48
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	\$3,650.96
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	\$2,021.92
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	\$2,021.92
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	\$2,021.92
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 evaluation of	
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	
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, LeVeen shunt, ventriculoperitoneal shunt, indwelling infusion pump), radiological supervision and interpretation	\$915.68
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 thoracic
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 thoracic

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	\$496.96
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	
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	\$1,122.48

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	\$989.85
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	\$496.96
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	\$840.32
76511	Ophthalmic ultrasound, diagnostic; quantitative A-scan only	
76512	Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)	\$576.16
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	\$915.68
76604	Ultrasound, chest (includes mediastinum), real time with image documentation	\$915.68
76641	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete	\$915.68
76642	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited	\$496.96
76645	Ultrasound, breast(s) (unilateral or bilateral), real time with image documentation	
76700	Ultrasound, abdominal, real time with image documentation; complete	\$915.68
76705	Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)	\$915.68
76706	Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm (AAA)	\$915.68
76770	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete	\$915.68
76775	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; limited	\$915.68
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	\$915.68
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)	
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	\$915.68

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)	\$785.76
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	\$915.68
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	\$915.68
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	\$915.68
76817	Ultrasound, pregnant uterus, real time with image documentation, transvaginal	\$915.68
76818	Fetal biophysical profile; with non-stress testing	\$915.68
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;	\$3,893.52
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	\$915.68
76831	Saline infusion sonohysterography (SIS), including color flow Doppler, when performed	
76856	Ultrasound, pelvic (nonobstetric), real time with image documentation; complete	\$915.68
76857	Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)	\$915.68
76870	Ultrasound, scrotum and contents	\$915.68
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	\$915.68
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	\$915.68
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	\$200.00
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	\$8.80
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	\$915.68
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	\$9,621.44
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 LeVeen, 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	\$2,795.52
78315	Bone and/or joint imaging; 3 phase study	\$2,795.52
78320	Bone and/or joint imaging; tomographic (SPECT)	\$3,624.64
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	\$2,795.52
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)	\$445.92
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)	\$471.44
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)	\$486.32
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	\$951.04
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)	\$484.72
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)	\$963.28
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	\$496.48
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	\$270.48
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	\$103.28
80180	Mycophenolate (mycophenolic acid)	
80182	Nortriptyline	
80183	Oxcarbazepine	
80184	Phenobarbital	
80185	Phenytoin; total	\$153.92
80186	Phenytoin; free	
80188	Primidone	
80190	Procainamide;	
80192	Procainamide; with metabolites (eg, n-acetyl procainamide)	
80194	Quinidine	
80195	Sirolimus	
80196	Salicylate	
80197	Tacrolimus	\$612.24
80198	Theophylline	
80199	Tiagabine	
80200	Tobramycin	
80201	Topiramate	
80202	Vancomycin	\$400.00
80203	Zonisamide	
80299	Acetaminophen Level	\$246.90
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	\$488.16
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	\$488.16
80320	Alcohols	\$353.04
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	\$353.04
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 cyclical; 1 or 2	
80336	Antidepressants, tricyclic and other cyclical; 3-5	
80337	Antidepressants, tricyclic and other cyclical; 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	\$222.64
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	\$224.48
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	\$148.96
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	\$224.48
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	\$224.48
81005	Urinalysis; qualitative or semiquantitative, except immunoassays	\$16.08
81007	Urinalysis; bacteriuria screen, except by culture or dipstick	
81015	Urinalysis; microscopic only	\$134.72
81020	Urinalysis; 2 or 3 glass test	\$27.44
81025	Urine pregnancy test, by visual color comparison methods	\$165.52
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, 2281del6ins7 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
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 t
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 [<i>S. cerevisiae</i>]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis
81318	PMS2 (postmeiotic segregation increased 2 [<i>S. cerevisiae</i>]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants
81319	PMS2 (postmeiotic segregation increased 2 [<i>S. cerevisiae</i>]) (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	SLCO1B1 (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, TGFBR1, TGFBR2, 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 TGFBR1, TGFBR2, 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 STK1
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	\$45.52
82010	Ketone body(s) (eg, acetone, acetoacetic acid, beta-hydroxybutyrate); quantitative	\$217.20
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	\$57.20
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	\$176.16
82085	Aldolase	
82088	Aldosterone	
82101	Alkaloids, urine, quantitative	
82103	Alpha-1-antitrypsin; total	
82104	Alpha-1-antitrypsin; phenotype	
82105	Alpha-fetoprotein (AFP); serum	\$175.60
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	\$175.60
82143	Amniotic fluid scan (spectrophotometric)	
82145	Amphetamine or methamphetamine	
82150	Amylase	\$367.36
82154	Androstenediol glucuronide	
82157	Androstenedione	
82160	Androsterone	
82163	Angiotensin II	
82164	Angiotensin I - converting enzyme (ACE)	\$105.60
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	\$136.24
82248	Bilirubin; direct	\$86.34
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)	\$353.76
82271	Blood, occult, by peroxidase activity (eg, guaiac), qualitative; other sources	\$34.32
82272	Blood, occult, by peroxidase activity (eg, guaiac), qualitative, feces, 1-3 simultaneous determinations, performed for other than colorectal neoplasm screening	\$204.08
82274	Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous determinations	\$137.04
82286	Bradykinin	
82300	Cadmium	
82306	Vitamin D; 25 hydroxy, includes fraction(s), if performed	\$48.88
82308	Calcitonin	
82310	Calcium; total	\$154.88
82330	Calcium; ionized	\$134.40
82331	Calcium; after calcium infusion test	
82340	Calcium; urine quantitative, timed specimen	
82355	Calculus; qualitative analysis	

82360	Calculus; quantitative analysis, chemical	\$227.20
82365	Calculus; infrared spectroscopy	\$172.00
82370	Calculus; X-ray diffraction	
82373	Carbohydrate deficient transferrin	
82374	Carbon dioxide (bicarbonate)	\$154.88
82375	Carboxyhemoglobin; quantitative	\$246.64
82376	Carboxyhemoglobin; qualitative	\$44.56
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	\$170.64
82436	Chloride; urine	
82438	Chloride; other source	
82441	Chlorinated hydrocarbons, screen	
82465	Cholesterol, serum or whole blood, total	\$185.44
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	\$293.36
82540	Creatine	\$119.44
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	\$306.16
82552	Creatine kinase (CK), (CPK); isoenzymes	
82553	Creatine kinase (CK), (CPK); MB fraction only	\$459.20
82554	Creatine kinase (CK), (CPK); isoforms	\$356.96

82565	Creatinine; blood	\$255.12
82570	Creatinine; other source	\$140.48
82575	Creatinine; clearance	
82585	Cryofibrinogen	
82595	Cryoglobulin, qualitative or semi-quantitative (eg, cryocrit)	
82600	Cyanide	
82607	Cyanocobalamin (Vitamin B-12);	\$128.56
82608	Cyanocobalamin (Vitamin B-12); unsaturated binding capacity	\$334.00
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	\$168.00
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	\$238.24
82679	Estrone	
82690	Ethchlorvynol	
82693	Ethylene glycol	
82696	Etiocholanolone	
82705	Fat or lipids, feces; qualitative	\$64.16
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	\$149.60
82785	Gammaglobulin (immunoglobulin); IgE	
82787	Gammaglobulin (immunoglobulin); immunoglobulin subclasses (eg, IgG1, 2, 3, or 4), each	\$122.48
82800	Gases, blood, pH only	\$227.60
82803	Gases, blood, any combination of pH, pCO ₂ , pO ₂ , CO ₂ , HCO ₃ (including calculated O ₂ saturation);	\$668.88

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	\$343.28
82810	Gases, blood, O ₂ saturation only, by direct measurement, except pulse oximetry	\$63.36
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	\$252.32
82946	Glucagon tolerance test	
82947	Glucose; quantitative, blood (except reagent strip)	\$192.32
82948	Glucose; blood, reagent strip	\$135.04
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	\$120.40
82963	Glucosidase, beta	
82965	Glutamate dehydrogenase	
82975	Glutamine (glutamic acid amide)	
82977	Glutamyltransferase, gamma (GGT)	\$135.04
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)	
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, A ₂ , S, C, and/or F)	
83021	Hemoglobin fractionation and quantitation; chromatography (eg, A ₂ , 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)	\$112.48
83037	Hemoglobin; glycosylated (A1C) by device cleared by FDA for home use	
83045	Hemoglobin; methemoglobin, qualitative	
83050	Hemoglobin; methemoglobin, quantitative	\$98.96
83051	Hemoglobin; plasma	
83055	Hemoglobin; sulfhemoglobin, qualitative	

83060	Hemoglobin; sulfhemoglobin, quantitative	
83065	Hemoglobin; thermolabile	\$220.00
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	\$250.80
83525	Insulin; total	
83527	Insulin; free	
83528	Intrinsic factor	
83540	Iron	\$220.00
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)	\$154.88
83615	Lactate dehydrogenase (LD), (LDH);	\$71.92
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	\$315.44
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	\$255.12
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	\$275.52
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	\$292.24
83874	Myoglobin	\$300.00
83876	Myeloperoxidase (MPO)	
83880	Natriuretic peptide	\$561.28
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	
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;	\$59.44
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);	\$46.64
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	\$265.76
84133	Potassium; urine	
84134	Prealbumin	
84135	Pregnanediol	
84138	Pregnanetriol	
84140	Pregnenolone	
84143	17-hydroxypregnenolone	
84144	Progesterone	\$265.76
84145	Procalcitonin (PCT)	\$264.88
84146	Prolactin	\$191.60
84150	Prostaglandin, each	
84152	Prostate specific antigen (PSA); complexed (direct measurement)	\$136.72
84153	Prostate specific antigen (PSA); total	\$271.44
84154	Prostate specific antigen (PSA); free	\$157.36
84155	Protein, total, except by refractometry; serum, plasma or whole blood	\$51.04
84156	Protein, total, except by refractometry; urine	
84157	Protein, total, except by refractometry; other source (eg, synovial fluid, cerebrospinal fluid)	\$45.44
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	\$178.40
84300	Sodium; urine	
84302	Sodium; other source	
84305	Somatomedin	\$210.24
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	\$455.84
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	\$290.40
84437	Thyroxine; requiring elution (eg, neonatal)	
84439	Thyroxine; free	\$279.60
84442	Thyroxine binding globulin (TBG)	
84443	Thyroid stimulating hormone (TSH)	\$459.20
84445	Thyroid stimulating immune globulins (TSI)	
84446	Tocopherol alpha (Vitamin E)	
84449	Transcortin (cortisol binding globulin)	
84450	Transferase; aspartate amino (AST) (SGOT)	\$261.12
84460	Transferase; alanine amino (ALT) (SGPT)	\$261.12
84466	Transferrin	
84478	Triglycerides	
84479	Thyroid hormone (T3 or T4) uptake or thyroid hormone binding ratio (THBR)	\$380.88
84480	Triiodothyronine T3; total (TT-3)	\$250.32
84481	Triiodothyronine T3; free	\$357.20
84482	Triiodothyronine T3; reverse	
84484	Troponin, quantitative	\$459.20
84485	Trypsin; duodenal fluid	
84488	Trypsin; feces, qualitative	
84490	Trypsin; feces, quantitative, 24-hour collection	
84510	Tyrosine	
84512	Troponin, qualitative	\$269.92
84520	Urea nitrogen; quantitative	\$222.48
84525	Urea nitrogen; semiquantitative (eg, reagent strip test)	
84540	Urea nitrogen, urine	
84545	Urea nitrogen, clearance	
84550	Uric acid; blood	\$263.28
84560	Uric acid; other source	\$239.36
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	\$365.04
84703	Gonadotropin, chorionic (hCG); qualitative	\$371.44

84704	Gonadotropin, chorionic (hCG); free beta chain	\$173.84
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)	\$178.16
85018	Blood count; hemoglobin (Hgb)	\$178.16
85025	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count	\$198.44
85027	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)	\$259.20
85032	Blood count; manual cell count (erythrocyte, leukocyte, or platelet) each	\$266.48
85041	Blood count; red blood cell (RBC), automated	
85044	Blood count; reticulocyte, manual	\$174.88
85045	Blood count; reticulocyte, automated	\$174.88
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	\$56.24
85048	Blood count; leukocyte (WBC), automated	
85049	Blood count; platelet, automated	
85055	Reticulated platelet assay	\$139.20
85060	Blood smear, peripheral, interpretation by physician with written report	\$121.44
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)	\$665.92
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	\$61.76

85348	Coagulation time; other methods	
85360	Euglobulin lysis	
85362	Fibrin(ogen) degradation (split) products (FDP) (FSP); agglutination slide, semiquantitative	\$262.88
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	\$262.88
85379	Fibrin degradation products, D-dimer; quantitative	\$551.60
85380	Fibrin degradation products, D-dimer; ultrasensitive (eg, for evaluation for venous thromboembolism), qualitative or semiquantitative	\$570.00
85384	Fibrinogen; activity	
85385	Fibrinogen; antigen	
85390	Fibrinolysins 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	\$121.44
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;	\$300.00
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	\$255.12
85652	Sedimentation rate, erythrocyte; automated	\$163.20
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	\$283.04
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)	\$100.24
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);	\$185.44
86039	Antinuclear antibodies (ANA); titer	\$100.24
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;	\$38.64
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	\$168.24
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, J01), 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	\$283.92
86305	Human epididymis protein 4 (HE4)	
86308	Heterophile antibodies; screening	\$185.44
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	Immunoelectrophoresis; serum	
86325	Immunoelectrophoresis; other fluids (eg, urine, cerebrospinal fluid) with concentration	\$326.56
86327	Immunoelectrophoresis; 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	\$233.12
86406	Particle agglutination; titer, each antibody	
86430	Rheumatoid factor; qualitative	\$129.12
86431	Rheumatoid factor; quantitative	\$129.12
86480	Tuberculosis test, cell mediated immunity antigen response measurement; gamma interferon	\$277.60
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	\$139.76
86490	Skin test; coccidioidomycosis	
86510	Skin test; histoplasmosis	
86580	Skin test; tuberculosis, intradermal	\$139.76
86590	Streptokinase, antibody	
86592	Syphilis test, non-treponemal antibody; qualitative (eg, VDRL, RPR, ART)	\$61.36
86593	Syphilis test, non-treponemal antibody; quantitative	\$306.16
86602	Antibody; actinomyces	
86603	Antibody; adenovirus	
86606	Antibody; Aspergillus	

86609	Antibody; bacterium, not elsewhere specified	
86611	Antibody; Bartonella	\$58.08
86612	Antibody; Blastomyces	
86615	Antibody; Bordetella	
86617	Antibody; Borrelia burgdorferi (Lyme disease) confirmatory test (eg, Western Blot or immunoblot)	\$130.96
86618	Antibody; Borrelia burgdorferi (Lyme disease)	
86619	Antibody; Borrelia (relapsing fever)	
86622	Antibody; Brucella	
86625	Antibody; Campylobacter	
86628	Antibody; Candida	\$227.68
86631	Antibody; Chlamydia	\$227.68
86632	Antibody; Chlamydia, IgM	
86635	Antibody; Coccidioides	
86638	Antibody; Coxiella burnetii (Q fever)	
86641	Antibody; Cryptococcus	
86644	Antibody; cytomegalovirus (CMV)	
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)	\$429.52
86664	Antibody; Epstein-Barr (EB) virus, nuclear antigen (EBNA)	
86665	Antibody; Epstein-Barr (EB) virus, viral capsid (VCA)	
86666	Antibody; Ehrlichia	\$100.64
86668	Antibody; Francisella tularensis	\$102.80
86671	Antibody; fungus, not elsewhere specified	
86674	Antibody; Giardia lamblia	
86677	Antibody; Helicobacter pylori	\$168.24
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)	\$375.52
86692	Antibody; hepatitis, delta agent	
86694	Antibody; herpes simplex, non-specific type test	\$110.40
86695	Antibody; herpes simplex, type 1	\$132.96
86696	Antibody; herpes simplex, type 2	\$132.96
86698	Antibody; histoplasma	
86701	Antibody; HIV-1	\$253.04
86702	Antibody; HIV-2	\$308.00
86703	Antibody; HIV-1 and HIV-2, single result	\$100.32
86704	Hepatitis B core antibody (HBcAb); total	\$299.60
86705	Hepatitis B core antibody (HBcAb); IgM antibody	\$116.40
86706	Hepatitis B surface antibody (HBsAb)	\$446.16
86707	Hepatitis Be antibody (HBeAb)	
86708	Hepatitis A antibody (HAAb)	\$446.16
86709	Hepatitis A antibody (HAAb), IgM antibody	
86710	Antibody; influenza virus	\$250.00
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	\$100.32
86738	Antibody; mycoplasma	
86741	Antibody; Neisseria meningitidis	\$262.48
86744	Antibody; Nocardia	
86747	Antibody; parvovirus	
86750	Antibody; Plasmodium (malaria)	
86753	Antibody; protozoa, not elsewhere specified	
86756	Antibody; respiratory syncytial virus	\$250.00
86757	Antibody; Rickettsia	
86759	Antibody; rotavirus	\$353.20
86762	Antibody; rubella	
86765	Antibody; rubeola	\$102.40
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	\$130.88
86784	Antibody; Trichinella	
86787	Antibody; varicella-zoster	\$230.56
86788	Antibody; West Nile virus, IgM	\$305.36
86789	Antibody; West Nile virus	\$179.44
86790	Antibody; virus, not elsewhere specified	\$127.36
86793	Antibody; Yersinia	
86794	Antibody; Zika virus, IgM	
86800	Thyroglobulin antibody	
86803	Hepatitis C antibody;	\$187.60
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	\$357.60
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	\$840.32
86901	Blood typing, serologic; Rh (D)	\$254.40
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	\$254.40
86910	Blood typing, for paternity testing, per individual; ABO, Rh and MN	\$289.36
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	\$66.00
87040	Culture, bacterial; blood, aerobic, with isolation and presumptive identification of isolates (includes anaerobic culture, if appropriate)	\$459.20
87045	Culture, bacterial; stool, aerobic, with isolation and preliminary examination (eg, KIA, LIA), Salmonella and Shigella species	\$448.96
87046	Culture, bacterial; stool, aerobic, additional pathogens, isolation and presumptive identification of isolates, each plate	\$245.52
87070	Culture, bacterial; any other source except urine, blood or stool, aerobic, with isolation and presumptive identification of isolates	\$333.44
87071	Culture, bacterial; quantitative, aerobic with isolation and presumptive identification of isolates, any source except urine, blood or stool	\$333.36
87073	Culture, bacterial; quantitative, anaerobic with isolation and presumptive identification of isolates, any source except urine, blood or stool	\$157.52
87075	Culture, bacterial; any source, except blood, anaerobic with isolation and presumptive identification of isolates	\$500.00
87076	Culture, bacterial; anaerobic isolate, additional methods required for definitive identification, each isolate	\$157.52
87077	Culture, bacterial; aerobic isolate, additional methods required for definitive identification, each isolate	\$97.76
87081	Culture, presumptive, pathogenic organisms, screening only;	\$353.68
87084	Culture, presumptive, pathogenic organisms, screening only; with colony estimation from density chart	
87086	Culture, bacterial; quantitative colony count, urine	\$337.20
87088	Culture, bacterial; with isolation and presumptive identification of each isolate, urine	\$69.84
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	\$277.28
87107	Culture, fungi, definitive identification, each organism; mold	
87109	Culture, mycoplasma, any source	
87110	Culture, chlamydia, any source	\$452.96
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	\$113.28
87181	Susceptibility studies, antimicrobial agent; agar dilution method, per agent (eg, antibiotic gradient strip)	\$110.24
87184	Susceptibility studies, antimicrobial agent; disk method, per plate (12 or fewer agents)	\$144.88
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	\$255.20
87206	Smear, primary source with interpretation; fluorescent and/or acid fast stain for bacteria, fungi, parasites, viruses or cell types	\$101.52
87207	Smear, primary source with interpretation; special stain for inclusion bodies or parasites (eg, malaria, coccidia, microsporidia, trypanosomes, herpes viruses)	\$178.64
87209	Smear, primary source with interpretation; complex special stain (eg, trichrome, iron hemotoxylin) for ova and parasites	\$178.64
87210	Smear, primary source with interpretation; wet mount for infectious agents (eg, saline, India ink, KOH preps)	\$160.80
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	\$115.44
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)	\$449.76
87260	Infectious agent antigen detection by immunofluorescent technique; adenovirus	
87265	Infectious agent antigen detection by immunofluorescent technique; Bordetella pertussis/parapertussis	\$289.36
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	\$132.72
87274	Infectious agent antigen detection by immunofluorescent technique; Herpes simplex virus type 1	\$132.72
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	\$265.71
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	\$414.00
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	\$256.08
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 0157	
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	\$305.36
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	\$187.60
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-	\$272.00
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	\$218.48
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	\$304.08

87400A	Infectious agent antigen detection by enzyme immunoassay technique, Influenza A	\$304.08
87400B	Infectious agent antigen detection by enzyme immunoassay technique, Influenza B	\$304.08
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	\$172.24
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	\$353.20
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	\$199.60
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	\$409.60
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	\$344.88
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	\$563.84
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	\$203.04
87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique	\$344.88
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	\$344.88
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	\$695.27
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	\$316.00
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	\$1,273.59
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	\$420.16
87529	Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, amplified probe technique	\$420.16
87530	Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, quantification	\$429.60
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	
87536	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, quantification, includes reverse transcription when performed	\$747.12
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	\$203.04
87591	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique	\$316.00

87592	Infectious agent detection by nucleic acid (DNA or RNA); <i>Neisseria gonorrhoeae</i> , 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	
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); <i>Staphylococcus aureus</i> , amplified probe technique	
87641	Infectious agent detection by nucleic acid (DNA or RNA); <i>Staphylococcus aureus</i> , methicillin resistant, amplified probe technique	
87650	Infectious agent detection by nucleic acid (DNA or RNA); <i>Streptococcus</i> , group A, direct probe technique	
87651	Infectious agent detection by nucleic acid (DNA or RNA); <i>Streptococcus</i> , group A, amplified probe technique	\$334.85
87652	Infectious agent detection by nucleic acid (DNA or RNA); <i>Streptococcus</i> , group A, quantification	
87653	Infectious agent detection by nucleic acid (DNA or RNA); <i>Streptococcus</i> , group B, amplified probe technique	\$904.59
87660	Infectious agent detection by nucleic acid (DNA or RNA); <i>Trichomonas vaginalis</i> , direct probe technique	\$316.00
87661	Infectious agent detection by nucleic acid (DNA or RNA); <i>Trichomonas vaginalis</i> , amplified probe technique	\$563.84
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	\$265.28
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; <i>Streptococcus</i> , group A	\$201.53
89050	Cell count, miscellaneous body fluids (eg, cerebrospinal fluid, joint fluid), except blood	\$262.96
89055	Leukocyte assessment, fecal, qualitative or semiquantitative	\$142.80

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)	\$465.60
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)	\$7.68
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 influenza b vaccine (Hib), HbOC conjugate (4 dose schedule), for intramuscular use	
90646	Haemophilus influenza 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	\$236.16
90660	Influenza virus vaccine, trivalent, live (LAIV3), for intranasal use	\$122.48
90661	Influenza virus vaccine, trivalent (ccIIV3), 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	\$105.60
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 (ccIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use	
90675	Rabies vaccine, for intramuscular use	\$2,279.84
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	\$125.04
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	\$332.16
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	\$251.28
90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use	\$257.76
90716	Varicella virus vaccine (VAR), live, for subcutaneous use	\$114.40
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	\$138.72
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 (ccIIV4), 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)

\$714.32

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, goniphotography, stereo-photography)
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; corneal scleral 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; corneal scleral 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 branch of a major coronary artery (List separately in addition to code for primary procedure)	
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 thrombolysis	
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, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty	
92950	Cardiopulmonary resuscitation (eg, in cardiac arrest)	\$2,360.88
92953	Temporary transcutaneous pacing	
92960	Cardioversion, elective, electrical conversion of arrhythmia; external	\$4,101.28
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	\$432.64
93005	Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report	\$447.68
93010	Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only	\$66.64
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	\$447.68
93042	Rhythm ECG, 1-3 leads; interpretation and report only	\$55.60
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	\$259.44

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 syste
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	\$3,893.52
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	\$3,893.52
93307	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	\$3,893.52
93308	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study	\$1,858.48
93312	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	\$3,893.52
93313	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); placement of transesophageal probe only	\$3,893.52
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	\$599.12
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	\$3,893.52
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 supralvalvular 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 induction
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 bundle
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 separately)
93622	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left ventricular pacing and recording (List separately in addition to code for primary procedure)
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 reprogramming)
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 parameters)
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 necessary)
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 necessary)
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 procedure)

93656	Comprehensive electrophysiologic evaluation including transeptal 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	\$1,858.48
93882	Duplex scan of extracranial arteries; unilateral or limited study	\$915.68
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	\$1,858.48
93926	Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study	\$915.68
93930	Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study	\$1,858.48
93931	Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study	\$915.68
93965	Noninvasive physiologic studies of extremity veins, complete bilateral study (eg, Doppler waveform analysis with responses to compression and other maneuvers, phleboreography, impedance plethysmography)	
93970	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study	\$1,858.48
93971	Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study	\$915.68
93975	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study	\$4,646.24
93976	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study	\$915.68
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	\$2,289.20
93980	Duplex scan of arterial inflow and venous outflow of penile vessels; complete study	\$915.68
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)	\$1,090.56
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	\$1,990.64
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	\$1,304.66
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	\$840.32
94645	Continuous inhalation treatment with aerosol medication for acute airway obstruction; each additional hour (List separately in addition to code for primary procedure)	\$108.32

94660	Continuous positive airway pressure ventilation (CPAP), initiation and management	\$1,491.04
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	\$193.68
94761	Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations (eg, during exercise)	\$416.64
94762	Noninvasive ear or pulse oximetry for oxygen saturation; by continuous overnight monitoring (separate procedure)	
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	\$1,090.56
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	Electrocorticogram 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	\$339.52
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 report	
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)	\$296.24
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	\$465.60
96373	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intra-arterial	\$1,528.72
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	\$296.24
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	\$447.68
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 professional	
96574	Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation	
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)	\$248.56
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	\$1,351.60
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	
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	
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	
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	\$34.32
99001	Handling and/or conveyance of specimen for transfer from the patient in other than an office to a laboratory (distance may be indicated)	\$71.44
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	\$255.12

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)	\$92.24
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,	\$592.96
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	\$392.16
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	\$82.24
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	
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	\$510.24
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	\$194.00
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	\$2,257.72
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	\$1,878.08
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	
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	
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	
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 coor	
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	
99239	Hospital discharge day management; more than 30 minutes	
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	\$535.04
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 physician	
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	
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 physician	
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 physician	
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	\$549.28
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	\$997.20
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	\$1,752.80
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 other	\$2,844.24
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 comprehensive	\$4,166.80
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	\$5,869.04

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)	\$958.00
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	\$225.76
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)	\$225.76
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	
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	\$52.48
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	\$52.48
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	\$52.48
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	\$52.48
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	\$52.48
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	
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	\$243.36
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; Formulatio
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	\$4.64
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	\$13.36
A4208	Syringe with needle, sterile 3 cc, each	\$13.36
A4209	Syringe with needle, sterile 5 cc or greater, each	\$13.36
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	\$12.24
A4215	Needle, sterile, any size, each	\$22.88
A4216	Sterile water, saline and/or dextrose, diluent/flush, 10 ml	\$6.40
A4217	Sterile water/saline, 500 ml	
A4218	Sterile saline or water, metered dose dispenser, 10 ml	\$15.76
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	\$8.56
A4245	Alcohol wipes, per box	\$5.84
A4246	Betadine or phisoex solution, per pint	\$44.08
A4247	Betadine or iodine swabs/wipes, per box	
A4248	Chlorhexidine containing antiseptic, 1 ml	\$208.24
A4250	Urine test or reagent strips or tablets (100 tablets or strips)	
A4252	Blood ketone test or reagent strip, each	
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	\$45.92
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.)	\$22.48
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	\$27.04
A4321	Therapeutic agent for urinary catheter irrigation	
A4322	Irrigation syringe, bulb or piston, each	\$27.04
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	
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	\$20.40
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	\$33.60
A4352	Intermittent urinary catheter; coude (curved) tip, with or without coating (teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each	\$27.36
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	\$21.14
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	\$58.32
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	\$18.32
A4452	Tape, waterproof, per 18 square inches	
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	\$66.08
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	\$255.12
A4566	Shoulder sling or vest design, abduction restrainer, with or without swathe control, prefabricated, includes fitting and adjustment	
A4570	Splint	\$146.24
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	\$78.72
A4615	Cannula, nasal	\$10.24
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 pendetide, diagnostic, per study dose, up to 6 millicuries	
A4648	Tissue marker, implantable, any type, each	
A4649	Surgical supply; miscellaneous	\$13.44
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 cyclor set used with cyclor 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	\$6.80
A4928	Surgical mask, per 20	\$23.20
A4929	Tourniquet for dialysis, each	
A4930	Gloves, sterile, per pair	\$6.40
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	\$38.48
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	\$31.52
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	
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	\$16.48
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	\$5.25
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	\$19.36
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	
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	\$39.92
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	\$41.52
A6259	Transparent film, sterile, more than 48 sq. in., each dressing	
A6260	Wound cleansers, any type, any size	\$173.52
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	\$69.04
A6402	Gauze, non-impregnated, sterile, pad size 16 sq. in. or less	\$7.28
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	\$33.68
A6410	Eye pad, sterile, each	
A6411	Eye pad, non-sterile, each	
A6412	Eye patch, occlusive, each	\$89.28

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	\$3.53
A6443	Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to three inches and less than five inches, per yard	\$12.24
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,	\$20.00
A6449	Light compression bandage, elastic, knitted/woven,	\$20.40
A6450	Light compression bandage, elastic, knitted/woven, width greater than or equal to five inches, per yard	\$30.64
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	
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	\$71.68
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	
A6531	Gradient compression stocking, below knee, 30-40 mmhg, each	
A6532	Gradient compression stocking, below knee, 40-50 mmhg, each	
A6533	Gradient compression stocking, thigh length, 18-30 mmhg, each	
A6534	Gradient compression stocking, thigh length, 30-40 mmhg, each	
A6535	Gradient compression stocking, thigh length, 40-50 mmhg, each	
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	\$10.48
A7001	Canister, non-disposable, used with suction pump, each	
A7002	Tubing, used with suction pump, each	\$163.68
A7003	Administration set, with small volume nonfiltered pneumatic nebulizer, disposable	\$98.56
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	\$98.56
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	
A7041	Water seal drainage container and tubing for use with implanted chest tube	
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	\$64.80
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 apcitide, 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 lexidronam, 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	
AbxNeoOint	Neosporin Antibiotic Ointment foil packs	\$13.36
Acet#3	Acet/Tylenol #3 with Codeine, 300mg, Oral	\$66.64

Acet120	Acet/Tylenol, 120mg, Suppository	\$13.36
Acet325	Acet/Tylenol, 325 mg, PO	\$13.36
Acet500	Acetaminophen/Tylenol, 500 mg tablet	\$20.00
ACETCHILD	Acetaminophen Childrens Oral Suspension	\$5.00
AcetElix	Acetaminophen/Tylenol Elixir, 160mg	\$13.36
AcetElixC	Acet/Tylenol w/ Codeine, 12.5mg, Elixer	\$26.64
ActChar	Activated Charcoal, 25mg with Sorbital, Suspension	\$33.28
ACYCL SOD	Acyclovir Sodium 500mg IV	\$46.80
ACYCLO800	Acyclovir 800 mg tablet (Zovirax) PO	\$37.36
AdvilCh	Advil Children's Suspension	\$17.20
AdvilInf	Advil Infant Drops, 15 ml	\$13.28
Afrin	Afrin Nasal Spray (Oxymetazoline)	\$33.28
AlClamp	Alligator Clamp	\$13.36
AlligFor	Alligator Forceps	\$200.00
ALPRA .5mg	Xanax/Alprazolam 0.5 mg tab (PO Med)	\$66.64
AMBIEN	Ambien 10 mg	\$6.50
AmbuAdult	Ambu / Resuscitation Bag for Adult / Bag Valve Mask (BVM)	\$744.00
AmbuChild	Ambu / Resuscitation Bag for child	\$728.00
Amidate	Amidate / Etomidate 2mg, IV	\$100.00
AMLODIPINE	Amlodipine besylate 5 mg tabs	\$4.50
Ammonia	Ammonia Capsule	\$10.00
AMOXICIL	Amoxicillin 125 mg	\$9.68
AMOXILSUS	Amoxicillin 400mg/5ml Suspension	\$11.17
ArmBoard	Arm board, for IV stabilization	\$33.20
Asp325	Aspirin, 325mg, PO	\$13.36
Asp81	Aspirin Tablet, 81mg PO	\$13.36
Atarax25	Atarax 25mg PO	\$4.34
ATENOLOL	Atenolol 25 mg	\$4.25
ATIVANPO	Ativan/Lorazepam .0.5 mg. PO	\$4.96
AUG420	Augmentin 420mg PO	\$7.48
AUGMENTIN	Augmentin 875 mg tab	\$100.00
Auralgan	Auralgan/ Antipyrine/ Benzocaine Otic Drops	\$66.64
Bactrim DS	Bactrim DS/ Sulfamethoxazole and trimethoprim 800mg/160mg Tablet	\$14.88
BACTROBAN	Bactroban/ Mupirocin	\$26.40
Basin	Basin	\$25.20
Ben25	Benadryl/Diphenhydramine, 25 mg, PO	\$25.60
BenEl	Benadryl / Diphenhydramine Elixir	\$26.00
Bentyl PO	Dicyclomine/ Bentyl 10mg (PO Med)	\$177.92
Benzoin	Zinc Benzoin	\$26.00
BFWD-I	Balance Forward - Insurance	
BFWD-P	Balance Forward - Patient	
Bicarb	Bicarbonate, 2 ml	\$10.48
Blade	Surgical Blade - Sterile	\$60.00
Brevital	Brevital, 500mg, IV	\$322.00
BUPVIC	Bupivacaine 1% per 1 ml	\$8.25
Bure tub	Buretrol Tubing	\$140.00
Burr	Ophthalmic / Eye Burr	\$140.00
C1751	Catheter, infusion, inserted peripherally, centrally or midline (other than hemodialysis)	
C9113	Protonix/Pantoprazole sodium, per vial (40mg), IV/IM	\$170.32
C9285	Lidocaine 70 mg/tetracaine 70 mg, per patch	\$89.84
CalChl	Calcium Chloride 10% Syrup, 100mg, single dose vial	\$100.00
Carafate	Carafate/Sucralfate 1gm tablet	\$4.40
CARDENE	Cardene, PGBCK IV PREMIX SOD CHLORIDE 20 MG/200ML	\$544.00
CardiacMon	Cardiac Monitoring/Telemetry	\$416.00
Cardizem	Cardizem/Diltiazem 5mg per vial, IV	\$306.00
Cardizem25	Cardizem / Diltiazem 25mg/5ml vial, IV	\$280.80
CARVEDILOL	Carvedilol 25 mg PO	\$87.80
Cautery	Cautery, Micro-temp Fine Tip / Bovie	\$68.00
CEPHA	Cephalexin / Keflex 500MG PO	\$58.00

Cerumenex	Cerumenex Ear Wax Remover	\$98.00
CetSpray	Cetacaine Spray	\$34.00
CHAR25	Activated Charcoal Sorbitol 25mg PO	\$7.61
CHARC	Activated Charcoal Sorbitol 25mg PO	\$31.82
Chrom	Chromic sutures (Gut)	\$118.00
Chux	Chux, Blue Pad	\$9.20
CIPRO 500	Cipro 500mg	\$250.00
Cipro drop	Cipro Ophthalmic Drops	\$60.00
Clind150	Clindamycin/Cleocin phosphate, 150 mg, IV/IM	\$90.00
Clind200	Clindamycin/Cleocin phosphate, 200mg, IV/IM	\$168.00
CLINPO	Clindamycin PO 300 MG	
Clonidine	Catapres/Clonidine, 0.1mg PO	\$18.00
CLOPID	Clopidogrel Bisulfate 75 mg	\$3.75
Coban	Coban/ Co-Flex Bandage	\$14.00
COLACE	Colace/Docusate	\$7.50
CortisOtic	Cortisporin-TC Otic Suspension	\$90.00
CTInj	CT Injector Kit	\$120.00
CycloGel	Cyclogel Ophthalmic Drops	\$64.00
Cyclogyl	Cyclogyl opthamalgic drops, 1%	\$24.96
Cyclopen	Cyclopentolate HCl Ophthalmic Drops, 1%	\$10.00
Debrox	Debrox, Earwax Removal Kit	\$66.00
DELETE	LWBS/ DELETE (Not seen by MD)	
DEXAPO	Dexamethasone elixir	\$25.04
Dextrose	Dextrose 50%, 50 ml	\$90.00
Diltiazem	Diltiazem 20 mg	\$106.00
Donna16	Donnatal Elixir, 16.2mg	\$82.00
Dox100	Doxycycline 100mg PO	\$4.09
DOXYIV	Doxycycline 100mg IV (Vibramycin)	\$74.44
DressTray	Dressing Change Tray, Sterile	\$104.00
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	\$102.08
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	\$288.72
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	\$288.72
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	\$20.40
E0276	Bed pan, fracture, metal or plastic	\$26.24
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	\$11.28
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	Cycler 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	\$49.60
EarWick	Ear Wick	\$44.00
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	\$42.00

Emesis	Emesis Basin	\$25.20
EMS	Transfer via EMS	
EN	Residential, domiciliary, custodial facility to SNF	
EP	Residential, domiciliary, custodial facility to Physician's office	
Epistat	Epistat Balloon	\$81.20
ER	Residential, domiciliary, custodial facility to Residence	
EryOint	Erythromycin Eye Ointment	\$44.00
ES	Residential, domiciliary, custodial facility to Scene of accident or acute event	
Eth3	Ethilon 3.0 sutures	\$67.60
Eth4	Ethilon 4.0 sutures	\$66.00
Eth5	Ethilon 5.0 sutures	\$74.00
Eth6	Ethilon 6.0 sutures	\$74.00
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	\$96.00
Fentanyl	Fentanyl, 50mg, IV	\$173.20
Fentanyl25	Fentanyl, 25 mg, IV	\$194.00
FENTKIT	Intranasal Fentanyl Kit	\$40.00
Flagyl	Flagyl / Metronidazole, 500mg, PO	\$68.00
FLEET	Fleet Enema	\$7.26
Fleets	Adult-Fleet Enema	\$20.00
Flexeril	Flexeril/Cyclobenzaprine HCl, 10 mg PO	\$44.00
FLOMAX	Flomax/Tamsulosin cap 0.5-0.4 mg	\$33.20
FLUCONA	Fluconazole 150 MG	\$89.04
FLUOR	Fluor-I-Strip, 9mg, for dialation of the eye	\$10.00
FOLICACID	Folic Acid IV	\$65.25
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 huhner	
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 (DEXA) 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)
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 possible
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	\$58.32
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	\$1,600.00
G0379	Direct admission of patient for hospital observation care	
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	\$118.48
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	\$238.08
G0475	Hiv antigen/antibody, combination assay, screening	
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 cocom), 60 minutes or more of clinical staff time for psychiatric cocom 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., patient
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 >= 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 bee 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/site/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-iiib; 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-iiib; 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-iiib; 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-iiib; 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, recurren
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, recurre
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-orchietomy); 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, flui
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 treatmentfor 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-ivtm 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 oflow 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 wthin 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 therapy 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 nslc-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 nslc-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 nslc-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 nslc-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 nslc-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 nslc-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 nslc-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., nsaids, analgesics, weight loss, exercise, injections) prior to the procedure
G9297	Shared decision-making including discussion of conservative (non-surgical) therapy (e.g., nsaids, 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 performed
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 toward
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 <= 0.5 cm, cystic kidney lesion < 1.0 cm or adrenal lesion <= 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 institutinal 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 pcip during the performance period
G9965	Patient did not receive at least one well-child visit with a pcip 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	
GentamOint	Gentamycin Sulfate Ointment	\$41.20
Gentamycin	Gentamycin Opth Drops	\$82.00
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)	\$4.53
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	
HYDROELIX	Hydrocodone/APAP Elixir 4.1 mg PO	\$11.19
HYOS	Hyoscyamine Sulfate/Anaspas .125mg/5ml, PO	\$114.00
IBUPROPEDS	Ibuprofen 10 mg PO Peds	\$7.50
IcePack	Ice/Cold Pack	\$6.40
Imodium	Imodium/ Loperamide PO	\$10.00
InfSens	Infant Sensor - Pedi Sensor	\$100.00
Integrilin	Integrilin / Eptifibatide, 2mg/ml, 10ml vial	\$920.00
IVPump	IV Pump	\$120.00
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	\$2.63
J0132	Injection, acetylcysteine, 100 mg	\$6.96
J0133	Injection, acyclovir, 5 mg	\$4.32
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)	\$18.96
J0171	Injection, adrenalin, epinephrine, 0.1 mg	\$16.08
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	\$23.92
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	\$37.52
J0295	Injection, ampicillin sodium/sulbactam sodium, per 1.5 gm	\$53.84
J0300	Injection, amobarbital, up to 125 mg	
J0330	Injection, succinylcholine chloride, up to 20 mg	\$302.08
J0348	Injection, anidulafungin, 1 mg	
J0350	Injection, anistreplase, per 30 units	
J0360	Injection, hydralazine hcl, up to 20 mg	\$201.36
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	
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	\$141.84
J0461	Injection, atropine sulfate, 0.01 mg	\$7.28
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	\$37.52
J0515	Injection, benztropine 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	\$102.48
J0565	Injection, bezlotoxumab, 10 mg	
J0570	Buprenorphine implant, 74.2 mg	\$3,577.76
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, onabotulinumtoxina, 1 unit	
J0586	Injection, abobotulinumtoxina, 5 units	
J0587	Injection, rimabotulinumtoxina, 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	\$24.48
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	\$253.52
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	\$37.28
J0692	Injection, cefepime hydrochloride, 500 mg	\$61.60
J0694	Injection, ceftoxitin sodium, 1 gm	\$81.12
J0695	Injection, ceftolozane 50 mg and tazobactam 25 mg	
J0696	Injection, ceftriaxone sodium, per 250 mg	\$232.40
J0697	Injection, sterile cefuroxime sodium, per 750 mg	
J0698	Injection, cefotaxime sodium, per gm	\$46.64
J0702	Injection, betamethasone acetate 3 mg and betamethasone sodium phosphate 3 mg	
J0706	Injection, caffeine citrate, 5 mg	
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, centruiroides 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	\$12.96
J0740	Injection, cidofovir, 375 mg	
J0743	Injection, cilastatin sodium; imipenem, per 250 mg	
J0744	Injection, ciprofloxacin for intravenous infusion, 200 mg	\$250.00
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	\$22.40
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	
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	\$37.52
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	\$61.60
J1162	Injection, digoxin immune fab (ovine), per vial	
J1165	Injection, phenytoin sodium, per 50 mg	\$71.44
J1170	Injection, hydromorphone, up to 4 mg	\$71.44
J1180	Injection, dyphylline, up to 500 mg	
J1190	Injection, dexrazoxane hydrochloride, per 250 mg	
J1200	Injection, diphenhydramine hcl, up to 50 mg	\$37.52
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	\$31.20
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	\$163.92
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, eteplirsan, 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	\$87.76
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	\$1,753.12
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	\$47.52
J1631	Injection, haloperidol decanoate, per 50 mg	
J1640	Injection, hemin, 1 mg	
J1642	Injection, heparin sodium, (heparin lock flush), per 10 units	\$23.52
J1644	Injection, heparin sodium, per 1000 units	\$612.24
J1645	Injection, dalteparin sodium, per 2500 iu	
J1650	Injection, enoxaparin sodium, 10 mg	\$564.48
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	\$5.60
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	\$54.00
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	\$66.64
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	\$37.52
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	
J1955	Injection, levocarnitine, per 1 gm	
J1956	Injection, levofloxacin, 250 mg (Levaquin)	\$209.20
J1960	Injection, levorphanol tartrate, up to 2 mg	
J1980	Injection, hyoscyamine sulfate, up to 0.25 mg (Levsin)	\$64.96
J1990	Injection, chlordiazepoxide hcl, up to 100 mg	
J2001	Injection, lidocaine hcl for intravenous infusion, 10 mg	
J2010	Injection, lincomycin hcl, up to 300 mg	
J2020	Injection, linezolid, 200 mg	\$247.52
J2060	Injection, lorazepam/Ativan, 2 mg	\$173.68
J2150	Injection, mannitol, 25% in 50 ml	
J2170	Injection, mecasermin, 1 mg	
J2175	Injection, meperidine hydrochloride, per 100 mg	\$47.76
J2180	Injection, meperidine and promethazine hcl, up to 50 mg	
J2182	Injection, mepolizumab, 1 mg	
J2185	Injection, meropenem, 100 mg	
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	\$20.00
J2260	Injection, milrinone lactate, 5 mg	
J2265	Injection, minocycline hydrochloride, 1 mg	
J2270	Injection, morphine sulfate, up to 10 mg	\$37.52
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	\$51.04

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	
J2360	Injection, Norflex/Orphenadrine citrate, up to 60 mg	\$214.80
J2370	Injection, phenylephrine hcl, up to 1 ml	
J2400	Injection, chloroprocaine hydrochloride, per 30 ml	
J2405	Injection, ondansetron hydrochloride, per 1 mg	\$37.52
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)	\$102.08
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	\$37.52
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	\$337.76
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	\$246.24
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)	\$4.64
J2770	Injection, quinupristin/dalfopristin, 500 mg (150/350)	
J2778	Injection, ranibizumab, 0.1 mg	

J2780	Injection, Zantac/Ranitidine hydrochloride, 25 mg	\$18.72
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.)	\$281.76
J2790	Injection, rho d immune globulin, human, full dose, 300 micrograms (1500 i.u.)	\$348.56
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, rilonacept, 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)	\$37.28
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	\$18.16
J2930	Injection, methylprednisolone sodium succinate, up to 125 mg	\$28.72
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	\$13,333.36
J3000	Injection, streptomycin, up to 1 gm	
J3010	Injection, fentanyl citrate, 0.1 mg	\$4.64
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)	\$11.28
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	\$30.40
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	\$18.80
J3364	Injection, urokinase, 5000 iu vial	
J3365	Injection, iv, urokinase, 250,000 i.u. vial	
J3370	Injection, Vancomycin hcl, 500 mg	\$400.00
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	\$37.52
J3411	Injection, thiamine hcl, 100 mg	\$20.40
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	\$43.36
J3480	Injection, potassium chloride, per 2 meq	\$4.64
J3485	Injection, zidovudine, 10 mg	
J3486	Injection, ziprasidone mesylate, 10 mg	\$62.28
J3489	Injection, zoledronic acid, 1 mg	\$1,117.54
J3490	Unclassified drugs	\$400.00
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	\$93.04
J7040	Infusion, normal saline solution, sterile (500 ml = 1 unit)	\$46.56
J7042	5% dextrose/normal saline (500 ml = 1 unit)	\$46.56
J7050	Infusion, normal saline solution, 250 cc	\$45.68
J7060	5% dextrose/water (500 ml = 1 unit)	\$46.24
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	\$158.40
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:rho	
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:rho	
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:rco
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), (kovaltry), 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 (skyla), 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	\$12.96
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	\$24.72
J7612	Levalbuterol, inhalation solution, fda-approved final product, non-compounded, administered through dme, concentrated form, 0.5 mg	\$24.88
J7613	Albuterol, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose, 1 mg	\$24.72
J7614	Levalbuterol, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose, 0.5 mg	\$32.88
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	\$24.72
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	
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	\$184.80
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	\$53.36
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	
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	\$33.20
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)	\$100.00
Kayex	Kayexalate / Sodium Polystyrene, Susp 15g/6m	\$164.00
KDur	KDur / Potassium, 40 meq, oral	\$34.00
Ketam10	Ketamine 10 mg IV/IM	\$58.00
Ketam20	Ketamine, 20 mg, for sedation, IV/IM	\$112.00
Ketam40	Ketamine, 40 mg, IV/IM	\$220.00
Ketam5	Ketamine 5 mg IV/IM	\$41.20
Ketam50	Ketamine, 100 mg/ml, IV/IM	\$300.00
Kexalate	Kexalate, Kionex PO	\$36.00

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)	\$561.28
L0130	Cervical, flexible, thermoplastic collar, molded to patient	\$227.52
L0140	Cervical, semi-rigid, adjustable (plastic collar)	\$167.29
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	\$71.44
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	\$165.20
L1830	KO; Knee orthosis, immobilizer, canvas longitudinal, prefabricated, off-the-shelf	\$42.48
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	\$783.60
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	\$394.12
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	\$153.04
L3265	Plastazote sandal, each	\$68.24
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	\$438.80
L3660	Shoulder orthosis, figure of eight design abduction restrainer, canvas and webbing, prefabricated, off-the-shelf	\$459.92
L3670	Shoulder orthosis, acromio/clavicular (canvas and webbing type), prefabricated, off-the-shelf	\$572.00
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	\$134.72
L3809	Wrist hand finger orthosis, without joint(s), prefabricated, off-the-shelf, any type	\$487.68
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	\$601.35
L3908	Wrist hand orthosis, wrist extension control cock-up, non molded, prefabricated, off-the-shelf	\$153.04
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	\$626.72
L3924	Hand finger orthosis, without joints, may include soft interface, straps, prefabricated, off-the-shelf	\$200.00
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	\$676.88
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	
L4361	Walking boot, pneumatic and/or vacuum, with or without joints	\$441.84
L4370	Pneumatic full leg splint, prefabricated, off-the-shelf	
L4386	Walking boot, non-pneumatic, with or without joints	
L4387	Walking boot, non-pneumatic, with or without joints, with or without interface material, prefabricated, off-the-shelf	\$254.72
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, hydracadece 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, alioplast, plastazote or equal)
L5655	Addition to lower extremity, socket insert, below knee (kemblo, pelite, alioplast, plastazote or equal)
L5656	Addition to lower extremity, socket insert, knee disarticulation (kemblo, pelite, alioplast, plastazote or equal)
L5658	Addition to lower extremity, socket insert, above knee (kemblo, pelite, alioplast, 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	\$54.00
LACTUL	Lactulose 10mg/15ml	\$78.00
LASIX	Lasix/Furosemide, 20mg, PO	\$6.00
Lev250	Levaquin/Levofloxacin, 250 mg tablet (oral)	\$96.00
Lev500	Levaquin/Levofloxacin, 500mg tablet (oral)	\$68.00
LEVSIN	Hyoscyamine Sulfate 0.125 mg tablet	\$4.40

Lido1-20	Lidocaine 1% with EPI, 20ml, IV	\$20.00
Lido1noEPI	Lidocaine HCL, MDV 1%, 10ml	\$12.00
Lido2-10	Lidocaine 2%, 10ml, IV	\$10.00
Lido2-20	Lidocaine 2%, 20ml	\$33.20
Lido2EPI	Lidocaine 2% with EPI	\$22.00
Lido4	Lidocaine 4%, 250ml, IV	\$62.00
Lido4Top	Lidocaine 4%, 50ml, topical solution	\$50.00
LIDO-INHAL	Lidocaine Inhalation	\$68.22
LIDOPATCH	Lidocaine Patch 5%	\$34.00
LISINOPRIL	Lisinopril 10 mg tab PO	\$7.60
Lomotil	Lomotil, 2.5 mg, oral	\$14.00
LOP5	Lopressor 5mg IV	\$48.74
Lopr25	Lopressor/Metoprolol Tartrate 25 mg oral	\$12.00
Lopr50	Lopressor/Metoprolol Tartrate 50 mg oral	\$20.00
LORAT	Loratadine (Claritin) 10 mg PO	\$7.75
Lortab	Lortab, 7.5/500 mg (oral)	\$42.00
LOSAR	Losartan 50 mg PO	\$3.99
LUBRI	Lubri Fresh PM Eye drops (2 drops)	\$4.28
LWBS	LWBS (Left Without Being Seen)	
Maalox	Mylanta/Maalox (oral)	\$12.00
MACROBID	Macrobid 100 mg	\$7.60
MagCitrates	Magnesium citrate, 1 bottle	\$46.00
Marc25	Marcaine / Bupivacaine 0.25% 10 ml SDV	\$40.00
Marc50	Marcaine 0.5%, 50 ml, single vial	\$46.64
Mastisol	Mastisol 2/3cc	\$40.00
Meclizine	Meclizine / Dramamine / Antivert, 25 mg, oral	\$10.00
Merocel	Merocel	\$40.00
METHOCARB	Methocarbamol 1500mg PO	\$19.58
METOPRO PO	Metoprolol 50 mg tabs PO	\$6.00
Metoprolol	Metoprolol Tartrate / Lopressor, 1mg/ml, IV	\$90.00
MillerBlad	Miller Blade	\$133.28
MIRA	Miralax PO	\$3.98
MorDelSet	Morgan Lens Delivery Set	\$120.00
Morgan	Morgan Lens Medi Flow	\$333.28
MOT600	Motrin 600mg PO	\$6.25
Motrin200	Motrin/Ibuprofen tablet, 200mg, coated (oral)	\$10.00
MotrinCH	Motrin / Ibuprofen, Children's Elixir	\$14.00
MSE	Medical Screening Exam (MSE)	
MUCINEX	Mucinex 600 mg	\$4.00
Mucomyst	Mucomyst	\$22.00
MULTIVIT	Multivitamin IV bag	\$38.68
MVI	MVI	\$68.76
NasalCur	Nasal Speculum Currette	\$26.64
NeoEye	Neosporin eye drops	\$46.00
Neomycin	Neomycin Hydrocortisone Otic Drops	\$180.00
NeoSyn	Neo-Synephrine	\$43.36
Nitro Tub	Nitro Tubing	\$40.00
NitroBid	Nitro-Bid, ointment 2%, 1gm	\$66.64
NitroDrip	Nitroglycerin, 0.2mg/250ml, IV	\$200.00
NitroPaste	Nitroglycerin paste, 1" strip	\$66.64
Nitroquick	Nitroquick SL, 0.4mg tablet	\$13.36
NORCO10	Norco 10/325mg PO	\$38.47
NORCO325	Norco 5/325 mg	\$14.40
NORVASC	Norvasc 5 mg tab	\$6.80
NRBmask	Nonrebreather oxygen mask	\$66.64
NS100	Normal saline solution / Sodium Chloride, 100 ml	\$33.28
NS250	Normal saline 0.9%, 250 ml bottle, for irrigation	\$33.28
O2 Addl	Oxygen each additional hour	\$133.28
O2 First	Oxygen First Hour	\$224.00
Orapred	Orapred / Oral Prednisone, for kids	\$33.28

P	Physician's office
P2028	Cephalin flocculation, blood
P2029	Congo red, blood
P2031	Hair analysis (excluding arsenic)
P2033	Thymol turbidity, blood
P2038	Mucoprotein, blood (seromucoid) (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	\$309.84
P9615	Catheterization for collection of specimen(s) (multiple patients)	
PaperTape	Paper tape	\$6.64
PD	Physician's office to Diagnostic or therapeutic site	
PE	Physician's office to Residential, domiciliary, custodial facility	
Pedialyte	Pedialyte	\$13.28
PediLax	Pedi-Fleet Enema, 2.2oz	\$66.64
PelvicTray	Pelvic Tray (for Female Pelvic Exams)	\$53.28
Pepcid10	Famotidine/Pepcid, 10 mg, oral	\$13.36
Pepcid20	Famotidine/Pepcid, 20 mg, oral	\$33.28
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	\$7.34
PhenSup125	Phenegan/Promethazine HCl Rectal Suppository, 12.5 mg	\$13.36
PhenSup25	Phenegan/Promethazine HCl Rectal Suppository, 25 mg	\$33.28
PhenSup50	Phenergan/Promethazine Suppository 50 mg each	\$13.36
PhenTab25	Phenegan/Promethazine HCl, 25 mg, oral	\$66.64
PhenTab50	Phenergan/Promethazine HCl, 50 mg, oral	\$13.36
PHTestStri	Nitrazine (PH) test strips	\$40.00
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	\$33.28
Pleurevac	Pleur-Evac System Adult Single Use Sterile	\$533.28
PMSE	Medical Screening Exam (MSE) (Physician)	
PN	Physician's office to SNF	
Polytrim	Polytrim Ophthalmic, Polymyxin	\$33.28
POSTOP	Postoperative Recheck (Suture Removal, Wound Recheck, etc)	\$0.00
Pot	Potassium 60mg PO	\$33.28
PotChl10	Potassium Chloride, 10 meq, oral	\$13.36
PotChl20	Potassium Chloride ER, 20 mg, oral	\$13.36
PP	Physician's office to Physician's office	
PR	Physician's office to Residence	
Prelone	Prelone syrup, less than 1 tsp, oral	\$33.28
PrimTube	Primary tubing for IV	\$26.64
Pro3	Prolene 3.0 sutures	\$53.28
Pro4	Prolene 4.0 sutures	\$66.64
Pro5	Prolene 5.0 sutures	\$66.64
Pro6	Prolene 6.0 sutures	\$66.64
Proparic	Proparacaine HCl / Alcaine Opth Drops	\$13.36
Protonix	Protonix / Pantoprazole Sodium 40 mg, oral	\$13.36
Proventil	Proventil Tabs 10 MG oral	\$33.28
Provera	Provera Tablet up to 10 mg	\$33.28
PS	Physician's office to Scene of accident or acute event	
PumpTube	Pump tubing for IV	\$200.00
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	\$13.28
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	\$21.28
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	\$281.68
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	\$39.20
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,	\$31.84
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	\$31.28
Q2017	Injection, teniposide, 50 mg	
Q2026	Injection, radiessse, 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	\$1,689.84
Q4019	Cast supplies, long arm splint, pediatric (0-10 years), plaster	
Q4020	Cast supplies, long arm splint, pediatric (0-10 years), fiberglass	\$915.20

Q4021	Cast supplies, short arm splint, adult (11 years +), plaster	
Q4022	Cast supplies, short arm splint, adult (11 years +), fiberglass	\$1,408.24
Q4023	Cast supplies, short arm splint, pediatric (0-10 years), plaster	
Q4024	Cast supplies, short arm splint, pediatric (0-10 years), fiberglass	\$843.04
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	\$458.04
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	\$176.00
Q4043	Cast supplies, long leg splint, pediatric (0-10 years), plaster	
Q4044	Cast supplies, long leg splint, pediatric (0-10 years), fiberglass	\$98.40
Q4045	Cast supplies, short leg splint, adult (11 years +), plaster	
Q4046	Cast supplies, short leg splint, adult (11 years +), fiberglass	\$434.24
Q4047	Cast supplies, short leg splint, pediatric (0-10 years), plaster	
Q4048	Cast supplies, short leg splint, pediatric (0-10 years), fiberglass	\$52.80
Q4049	Finger splint, static	\$361.28
Q4050	Cast supplies, for unlisted types and materials of casts	\$126.00
Q4051	Splint supplies, miscellaneous (includes thermoplastics, strapping, fasteners, padding and other supplies)	\$219.44
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	\$224.00
Q9951	Gastrografin Oral Contrast	\$200.56
Q9953	Injection, iron-based magnetic resonance contrast agent, per ml	
Q9954	Oral magnetic resonance contrast agent, per 100 ml	
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	\$36.72
Q9966	Low osmolar contrast material, 200-299 mg/ml iodine concentration, per ml	\$36.72
Q9967	Low osmolar contrast material, 300-399 mg/ml iodine concentration, per ml	\$12.96
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, Preservtaion-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	\$66.64
Racemic	Racemic EPI, 2.25%, inhalation	\$66.64
Reglan	Reglan up to 10 mg PO	\$26.64
REMOVETRAY	Suture Removal Tray	\$28.42
Rhino	Nasal rapid rhino rocket (supplies)	\$66.64
ROBAXIN	Robaxin	\$108.72
ROBITUSSIN	Robitussin	\$23.50
Romazicon	Romazicon/Flumazenil, 0.1mg, IV	\$66.64
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	
S0021	Injection, cefoperazone sodium, 1 gram	
S0023	Injection, cimetidine hydrochloride, 300 mg	
S0028	Injection, famotidine, 20 mg	\$82.16
S0030	Injection, metronidazole, 500 mg (Flagyl)	\$219.84
S0032	Injection, nafcillin sodium, 2 grams	
S0034	Injection, ofloxacin, 400 mg	
S0039	Injection, sulfamethoxazole and trimethoprim, 10 ml	

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	\$37.20
S0078	Injection, fosphenytoin sodium, 750 mg	
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)	\$142.32
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	\$225.28
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	\$69.44
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 (siewa) 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	Chemodenevation of abductor muscle(s) of vocal cord
S2341	Chemodenevation 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 osteophylectomy; lumbar, single interspace
S2351	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophylectomy; 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., progestacert 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 dec clotting
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
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 (mr cp)
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)	\$98.00
S8451	Splint, prefabricated, wrist or ankle	\$138.80
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	Procuren 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 ocularist
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 infus
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
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
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
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 infu
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 hom
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 di
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), p
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 diem
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 and nursing visits coded separately), per diem
S9348	Home infusion therapy, sympathomimetic/inotropic agent infusion therapy (e.g., dobutamine); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
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 sepa
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	\$13.28
SC1000	Sodium Chloride 1000ml IV	\$42.87
SC200	Sodium Chloride 200ml IV	\$33.72
SchekFBRem	Schuknecht Foreign Body Remover	\$106.64
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	\$13.36
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	\$33.28
Silvadene	Silvadene Cream 1%, 20gm	\$66.64
SilvNitr	Silver Nitrate	\$66.64
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	\$66.64
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	\$53.28
STATPAD	Defibrillator Pad / Stat Pad, F/Zoll PD 1200 ADLT	\$266.64
SteriStrip	Steri Strips 1/2"	\$13.36
Strainer	Urine strain cup	\$26.64
Succs	Succsodonate	\$200.00
SUMA	Sumatriptan 60mg PO	\$10.46

Surgicel	Surgicel	\$53.28
Swab	Swab, sterile	\$13.36
SX	Scene of accident or acute event to Intermediate stop at physician's office on way to hospital	
TAMIFLU	Tamiflu PO	\$112.00
TAX	Tax	
Tears	Artificial Tears	\$33.28
Tegadem	Tegaderm	\$26.64
TESSAPER	Tessalon Perles 20 mg PO	\$6.25
Tetra	Tetracaine 0.05% ophthalmic drops	\$37.28
Tigan100	Tigan, 100mg suppository	\$33.28
Timolol	Timolol, 0.5%, optic solution	
Tobramycin	Tobramycin Sulfate Opth Drops	\$100.00
Tobrex	Tobrex	\$20.00
Tonopen	Tono Pen Tip	\$26.64
TRANEX	Tranexamic Acid 700mg IV	\$372.40
Transpore	Transpore Tape	\$13.36
Trocar	Trocar Catheter	\$333.28
UAcup	Urine Specimen Cup	\$13.36
Ultram	Ultram 50 mg PO	\$33.28
Ultrasite	Ultrasite Needle-Free System	\$33.28
UrineHat	Urine Collection Hat	\$20.00
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)	\$66.64
Val5	Valium/Diazepam, 5mg tablet (oral)	\$33.20
VALSARTAN	Valsartan 80 mg PO	\$266.64
VASOPRES	Vasopressin, Mdv 20u/ml 1ml	\$202.64
VASOTEC	Enalapril, Vasotec IV med 1 ml	\$33.28
VazoTuss	VazoTuss, 10cc, oral	\$66.64
Verapamil	Verapamil 2.5 mg/ml	\$173.28
Vercuroniu	Vecuronium Bromide, 10mg, IV	\$20.00
Vic4	Vicryl 4.0 for sutures	\$66.64
Vic5	Vicryl 5.0 for sutures	\$66.64
Vic6	Vicryl 6.0 for sutures	\$66.64
Vico500	Vicodin/Hydrocodone 5/500mg (oral)	\$66.64
ViscLido	Viscous Lidocaine, for topical use	\$13.36
VisLidoPO	Viscous Lidocaine, 10 ml, PO	\$13.36
Web2	Splint supplies / 2" Webril	\$10.48
Web3	Splint supplies / 3" Webril	\$10.48
Web4	Splint supplies / 4" Webril	\$10.48
WordCath	Word Bartholin Catheter	\$200.00
XOFLUZA	Xofluza 40mg PO	\$294.65
Yac San	Yankaur Suction	\$20.00
ZANTAC	Zantac (RANITIDINE) 150 mg PO	\$5.25
Zith500	Zithromax / Azithromycin dihydrate, oral, up to 500 mg	\$66.64
Zyrtec	Zyrtec, Oral, 10mg tablet	\$13.36