



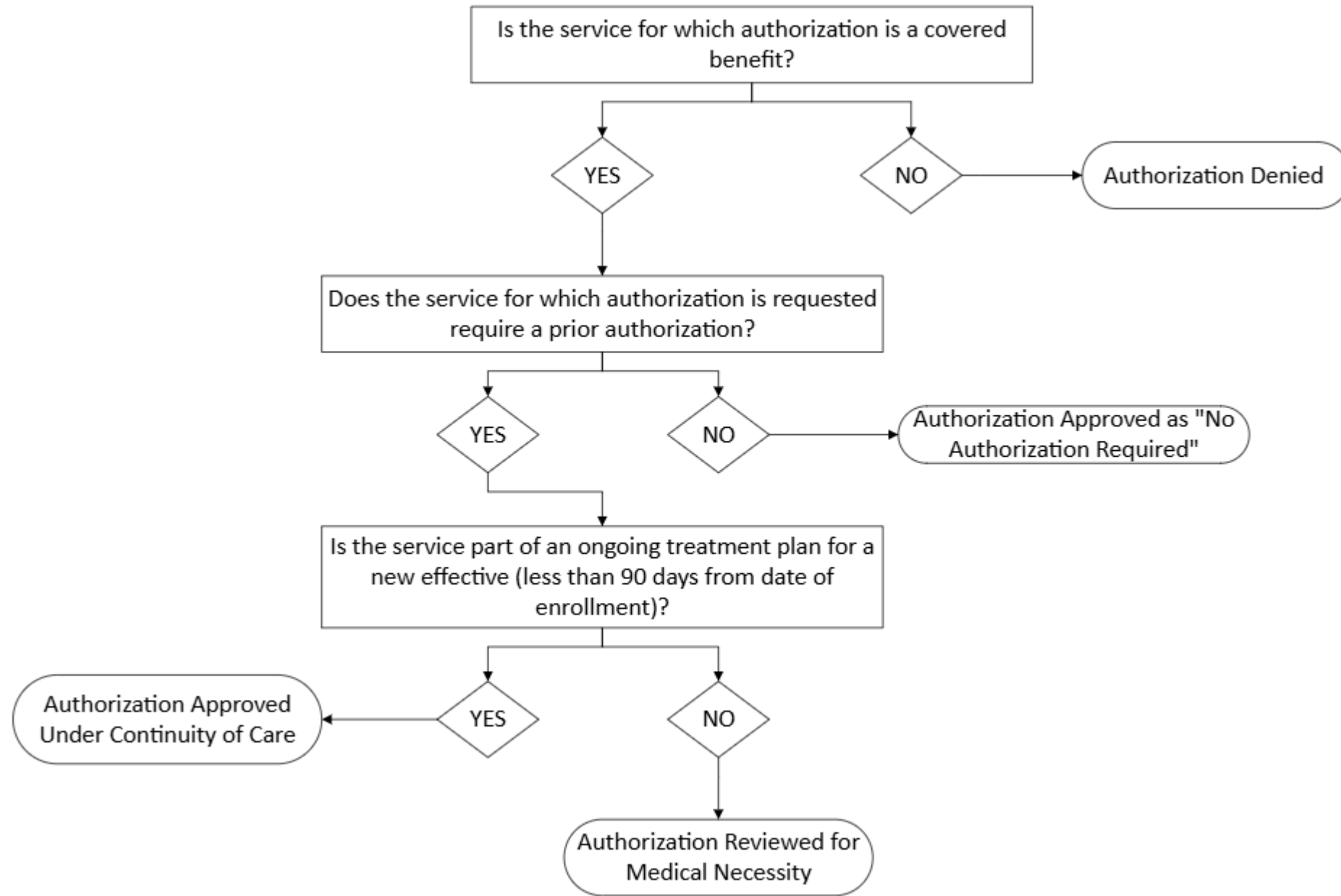
2025 AUTHORIZATION GUIDE

Longevity Health annually reviews plan offerings including those services which require authorization. This reference tool is a summary of the Evidence of Coverage (EOC) outlining services that require authorization. For additional information, visit <https://longevityhealthplan.com/plan-documents/>

2025 GENERAL COVERAGE GUIDANCE

COVERED SERVICES THAT REQUIRE PRIOR AUTHORIZATION	SERVICES NOT COVERED BY MEDICARE
<p>Based on the Plan Evidence of Coverage (EOC), the following services require authorization. For additional information, please reference the EOCs for plan at https://longevityhealthplan.com/plan-documents/</p>	<p>The below are services from Medicare coverage and therefore, are not covered by this plan. Coverage may be available via supplemental benefits. Some of the below services are covered only in certain circumstances. Those services are notated with an asterisk (*) and additional information is available in the Evidence of Coverage (EOC) located at https://longevityhealthplan.com/plan-documents/</p>
<ul style="list-style-type: none"> • Cardiac Rehabilitation services • Chiropractic services • Dental Services (those not covered by supplemental benefits in applicable markets)- see EOC for additional information • Durable Medical Equipment (DME) including skin substitutes and biologics • Genetic Lab Testing • Hearing aids • Home Health Services • Home Infusion Therapy • Hospital Observation Services • Inpatient services (elective or emergency) • LTAC Services • Medicare Part B Drugs • Non-emergency ambulance transportation • Opioid Treatment Program Services • Outpatient hospital services including observation status • Outpatient psychotherapy services • Outpatient substance abuse services • Outpatient surgeries/procedures • Partial Hospitalizations • Prosthetic and Orthotic Devices • Pulmonary Rehabilitation Services • Radiology Services rendered outpatient at the hospital • Skilled Nursing Facility (SNF) Part A Services for Non-ISNP Contracted Facilities • Supervised Exercise Therapy 	<ul style="list-style-type: none"> • Acupuncture* • Cosmetic Surgeries or Procedures* • Custodial Care • Experimental medical and surgical procedures, equipment, and medications* • Fees charged for care by immediate relatives or members of the household • Full-time nursing care in the home • Home-delivered meals • Homemaker services include basic household assistance, including light housekeeping or light meal preparation • Naturopath services (uses natural or alternative treatments). • Non-routine dental care* • Orthopedic shoes or supportive devices for the feet* • Personal items in your room at a hospital or a skilled nursing facility, such as a telephone or a television • Private room in a hospital* • Reversal of sterilization procedures and or nonprescription contraceptive supplies. • Routine chiropractic care* • Routine dental care, such as cleanings, fillings, or dentures • Routine eye examinations, eyeglasses, radial keratotomy, LASIK surgery, and other low vision aids* • Routine foot care* • Routine hearing exams, hearing aids, or exams to fit hearing aids • Services considered not reasonable and necessary, according to Original Medicare standards
<p><i>Notable Changes Between 2024-2025:</i></p>	
<p>Authorization requirement removed for: Dialysis, Outpatient radiology rendered outside the hospital including Transthoracic Echocardiogram Authorization requirement added for: Non-Emergency Ambulance Transportation</p>	
<p><i>This is not a comprehensive list, and additional information can be found in the Evidence of Coverage</i></p>	

AUTHORIZATION REVIEW PROCESS



NOTE: Supplemental benefits vary by plan. These may include dental, hearing, vision, transportation, and others. Reviewers should reference the EOC to determine what services are available and which services require prior authorization.

2025 AUTHORIZATION REFERENCE

The below prior authorization code list is a reference to support identifying those services that require a prior authorization. This is not a comprehensive list as new service codes are released frequently. If a service is identified in the above grid of services as requiring a prior authorization, but is not reflected below, the requirement for prior authorization remains. For example, if skin substitutes are noted as requiring a prior authorization a specific code is not reflected in the reference below, the requirement for prior authorization remains.

Code	NAME/DESCRIPTION	COMMENTS
11000	Debridement of extensive eczematous or infected skin; up to 10% of body surface	
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)	
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)	
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	
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	
11042	Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less	
11043	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less	
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)	
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	
11971	Removal of tissue expander without insertion of implant	
11981	Insertion, drug-delivery implant (ie, bioresorbable, biodegradable, non-biodegradable)	
11983	Removal with reinsertion, non-biodegradable drug delivery implant	
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	

Code	NAME/DESCRIPTION	COMMENTS
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	
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)	
15734	Muscle, myocutaneous, or fasciocutaneous flap; trunk	
15738	Muscle, myocutaneous, or fasciocutaneous flap; lower extremity	
15750	Flap; neurovascular pedicle	
15757	Free skin flap with microvascular anastomosis	
15758	Free fascial flap with microvascular anastomosis	
15771	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate	
15772	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50 cc injectate, or part thereof (List separately in addition to code for primary procedure)	
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	
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	
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	

Code	NAME/DESCRIPTION	COMMENTS
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	
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)	
15876	Suction assisted lipectomy; head and neck	
15877	Suction assisted lipectomy; trunk	
15878	Suction assisted lipectomy; upper extremity	
15879	Suction assisted lipectomy; lower extremity	
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	
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) (eg, hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; each additional stage after the first stage, up to 5 tissue blocks (List separately in addition to code for primary procedure)	
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) (eg, hematoxylin and eosin, toluidine blue), of the trunk, arms, or legs; each additional stage after the first stage, up to 5 tissue blocks (List separately in addition to code for primary procedure)	
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) (eg, hematoxylin and eosin, toluidine blue), each additional block after the first 5 tissue blocks, any stage (List separately in addition to code for primary procedure)	
17380	Electrolysis epilation, each 30 minutes	
17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue	
19125	Excision of breast lesion identified by preoperative placement of radiological marker, open; single lesion	
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)	
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	
19301	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy);	
19303	Mastectomy, simple, complete	
19316	Mastopexy	
19318	Breast reduction	
19325	Breast augmentation with implant	

Code	NAME/DESCRIPTION	COMMENTS
19328	Removal of intact breast implant	
19330	Removal of ruptured breast implant, including implant contents (eg, saline, silicone gel)	
19340	Insertion of breast implant on same day of mastectomy (ie, immediate)	
19342	Insertion or replacement of breast implant on separate day from mastectomy	
19350	Nipple/areola reconstruction	
19355	Correction of inverted nipples	
19357	Tissue expander placement in breast reconstruction, including subsequent expansion(s)	
19364	Breast reconstruction; with free flap (eg, fTRAM, DIEP, SIEA, GAP flap)	
19370	Revision of peri-implant capsule, breast, including capsulotomy, capsulorrhaphy, and/or partial capsulectomy	
19371	Peri-implant capsulectomy, breast, complete, including removal of all intracapsular contents	
19380	Revision of reconstructed breast (eg, significant removal of tissue, re-advancement and/or re-inset of flaps in autologous reconstruction or significant capsular revision combined with soft tissue excision in implant-based reconstruction)	
19396	Preparation of moulage for custom breast implant	
20912	Cartilage graft; nasal septum	
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)	
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)	
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	
21010	Arthrotomy, temporomandibular joint	
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)	
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	

Code	NAME/DESCRIPTION	COMMENTS
21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)	
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 than 40 sq cm	
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 greater than 40 sq cm but less than 80 sq cm	
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 greater than 80 sq cm	
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	

Code	NAME/DESCRIPTION	COMMENTS
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	
21299	Unlisted craniofacial and maxillofacial procedure	
21480	Closed treatment of temporomandibular dislocation; initial or subsequent	
21485	Closed treatment of temporomandibular dislocation; complicated (eg, recurrent requiring intermaxillary fixation or splinting), initial or subsequent	
21490	Open treatment of temporomandibular dislocation	
21497	Interdental wiring, for condition other than fracture	
21740	Reconstructive repair of pectus excavatum or carinatum; open	

Code	NAME/DESCRIPTION	COMMENTS
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	
21899	Unlisted procedure, neck or thorax	
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	
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	
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	
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	
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	
22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic	
22511	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral	
22512	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body (List separately in addition to code for primary procedure)	
22513	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic	
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; lumbar	

Code	NAME/DESCRIPTION	COMMENTS
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; each additional thoracic or lumbar vertebral body (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, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2	
22552	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy 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)	
22590	Arthrodesis, posterior technique, craniocervical (occiput-C2)	
22595	Arthrodesis, posterior technique, atlas-axis (C1-C2)	
22600	Arthrodesis, posterior or posterolateral technique, single interspace; cervical below C2 segment	
22610	Arthrodesis, posterior or posterolateral technique, single interspace; thoracic (with lateral transverse technique, when performed)	
22612	Arthrodesis, posterior or posterolateral technique, single interspace; lumbar (with lateral transverse technique, when performed)	
22614	Arthrodesis, posterior or posterolateral technique, single interspace; each additional interspace (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, lumbar; 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, lumbar;	

Code	NAME/DESCRIPTION	COMMENTS
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, lumbar; each additional interspace (List separately in addition to code for primary procedure)	
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)	
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 interspace (List separately in addition to code for primary procedure)	

Code	NAME/DESCRIPTION	COMMENTS
22854	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to vertebral corpectomy(ies) (vertebral body resection, partial or complete) defect, in conjunction with interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)	
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 code for primary procedure)	
22859	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)	
22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	
22867	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level	
22869	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level	
22899	Unlisted procedure, spine	
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	
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;	
25441	Arthroplasty with prosthetic replacement; distal radius	
25442	Arthroplasty with prosthetic replacement; distal ulna	
25444	Arthroplasty with prosthetic replacement; lunate	
25446	Arthroplasty with prosthetic replacement; distal radius and partial or entire carpus (total wrist)	
25449	Revision of arthroplasty, including removal of implant, wrist joint	
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)	

Code	NAME/DESCRIPTION	COMMENTS
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	
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixation device	
27280	Arthrodesis, sacroiliac joint, open, includes obtaining bone graft, including instrumentation, when performed	
27412	Autologous chondrocyte implantation, knee	
27415	Osteochondral allograft, knee, open	
27416	Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft[s])	
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)	
27455	Osteotomy, proximal tibia, including fibular excision or osteotomy (includes correction of genu varus [bowleg] or genu valgus [knock-knee]); before epiphyseal closure	
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	
27700	Arthroplasty, ankle	
28344	Reconstruction, toe(s); polydactyly	
28890	Extracorporeal shock wave, high energy, performed by a physician or other qualified health care professional, requiring anesthesia other than local, including ultrasound guidance, involving the plantar fascia	
29800	Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure)	
29804	Arthroscopy, temporomandibular joint, surgical	
29834	Arthroscopy, elbow, surgical; with removal of loose body or foreign body	
29837	Arthroscopy, elbow, surgical; debridement, limited	
29838	Arthroscopy, elbow, surgical; debridement, extensive	
29840	Arthroscopy, wrist, diagnostic, with or without synovial biopsy (separate procedure)	
29844	Arthroscopy, wrist, surgical; synovectomy, partial	
29845	Arthroscopy, wrist, surgical; synovectomy, complete	
29846	Arthroscopy, wrist, surgical; excision and/or repair of triangular fibrocartilage and/or joint debridement	
29847	Arthroscopy, wrist, surgical; internal fixation for fracture or instability	
29848	Endoscopy, wrist, surgical, with release of transverse carpal ligament	
29860	Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure)	
29861	Arthroscopy, hip, surgical; with removal of loose body or foreign body	
29862	Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum	
29863	Arthroscopy, hip, surgical; with synovectomy	
29866	Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft[s])	

Code	NAME/DESCRIPTION	COMMENTS
29867	Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty)	
29868	Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral	
29891	Arthroscopy, ankle, surgical, excision of osteochondral defect of talus and/or tibia, including drilling of the defect	
29892	Arthroscopically aided repair of large osteochondritis dissecans lesion, talar dome fracture, or tibial plafond fracture, with or without internal fixation (includes arthroscopy)	
29894	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with removal of loose body or foreign body	
29895	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; synovectomy, partial	
29897	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, limited	
29898	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, extensive	
29899	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with ankle arthrodesis	
29914	Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	
29915	Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)	
29916	Arthroscopy, hip, surgical; with labral repair	
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip	
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	
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)	
30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)	
30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)	
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)	
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	
30560	Lysis intranasal synechia	
30620	Septal or other intranasal dermatoplasty (does not include obtaining graft)	
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	
31267	Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus	

Code	NAME/DESCRIPTION	COMMENTS
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	
31295	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); maxillary sinus ostium, transnasal or via canine fossa	
31296	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal sinus ostium	
31297	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); sphenoid sinus ostium	
31298	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal and sphenoid sinus ostia	
31299	Unlisted procedure, accessory sinuses	
31599	Unlisted procedure, larynx	
31643	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of catheter(s) for intracavitary radioelement application	
31899	Unlisted procedure, trachea, bronchi	
32553	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple	
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	
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	
33212	Insertion of pacemaker pulse generator only; with existing single lead	
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)	
33221	Insertion of pacemaker pulse generator only; with existing multiple leads	
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 existing generator)	
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 procedure)	

Code	NAME/DESCRIPTION	COMMENTS
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	
33230	Insertion of implantable defibrillator pulse generator only; with existing dual leads	
33231	Insertion of implantable defibrillator pulse generator only; with existing multiple leads	
33240	Insertion of implantable defibrillator pulse generator only; with existing single lead	
33249	Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber	
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	
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 reprogramming of sensing or therapeutic parameters, when performed	
33271	Insertion of subcutaneous implantable defibrillator electrode	
33272	Removal of subcutaneous implantable defibrillator electrode	
33273	Repositioning of previously implanted subcutaneous implantable defibrillator electrode	
33274	Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed	
33275	Transcatheter removal of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography), when performed	
33285	Insertion, subcutaneous cardiac rhythm monitor, including programming	
33289	Transcatheter implantation of wireless pulmonary artery pressure sensor for long-term hemodynamic monitoring, including deployment and calibration of the sensor, right heart catheterization, selective pulmonary catheterization, radiological supervision and interpretation, and pulmonary artery angiography, when performed	
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	

Code	NAME/DESCRIPTION	COMMENTS
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 implantation	
33945	Heart transplant, with or without recipient cardiectomy	
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	
33990	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; left heart, arterial access only	
33991	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; left heart, both arterial and venous access, with transeptal puncture	
33992	Removal of percutaneous left heart ventricular assist device, arterial or arterial and venous cannula(s), at separate and distinct session from insertion	
33993	Repositioning of percutaneous right or left heart ventricular assist device with imaging guidance at separate and distinct session from insertion	
33995	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; right heart, venous access only	
33997	Removal of percutaneous right heart ventricular assist device, venous cannula, at separate and distinct session from insertion	
36005	Injection procedure for extremity venography (including introduction of needle or intracatheter)	
36010	Introduction of catheter, superior or inferior vena cava	
36012	Selective catheter placement, venous system; second order, or more selective, branch (eg, left adrenal vein, petrosal sinus)	
36140	Introduction of needle or intracatheter, upper or lower extremity artery	
36200	Introduction of catheter, aorta	
36245	Selective catheter placement, arterial system; each first 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	
36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated	

Code	NAME/DESCRIPTION	COMMENTS
36474	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	
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 to code for primary procedure)	
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 for primary procedure)	
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 single extremity, each through separate access sites (List separately in addition to code for primary procedure)	
36514	Therapeutic apheresis; for plasma pheresis	
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, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed	
37224	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed	
37225	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	
37226	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)	
37227	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)	
37228	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 primary procedure)	

Code	NAME/DESCRIPTION	COMMENTS
37229	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 addition to code for primary procedure)	
37230	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 supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery	
37231	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 supervision and interpretation and including all angioplasty within the same vessel, when performed; each additional artery (List separately in addition to code for primary procedure)	
37232	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	
37233	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein (List separately in addition to code for primary procedure)	
37249	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; each additional vein (List separately in addition to code for primary procedure)	
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)	
37500	Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS)	
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	
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	
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	
37799	Unlisted procedure, vascular surgery	
38205	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; allogeneic	

Code	NAME/DESCRIPTION	COMMENTS
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	
38211	Transplant preparation of hematopoietic progenitor cells; tumor cell depletion	
38212	Transplant preparation of hematopoietic progenitor cells; red blood cell removal	
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	
38232	Bone marrow harvesting for transplantation; autologous	
38240	Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor	
38242	Allogeneic lymphocyte infusions	
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	
42140	Uvulectomy, excision of uvula	
42145	Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)	
42299	Unlisted procedure, palate, uvula	
43210	Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed	
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	
43285	Removal of esophageal sphincter augmentation device	
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	
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	
43659	Unlisted laparoscopy procedure, stomach	
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	

Code	NAME/DESCRIPTION	COMMENTS
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	
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)	
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	
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	
44705	Preparation of fecal microbiota for instillation, including assessment of donor specimen	
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	
44721	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; arterial anastomosis, each	
47133	Donor hepatectomy (including cold preservation), from cadaver donor	
47135	Liver allotransplantation, orthotopic, 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 common bile duct for implantation; without trisegment or lobe split	

Code	NAME/DESCRIPTION	COMMENTS
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 common bile duct for implantation; with trisegment split of whole liver graft into 2 partial liver grafts (ie, left lateral segment [segments II and III] and right trisegment [segments I and IV through VIII])	
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 common bile duct for implantation; with lobe split of whole liver graft into 2 partial liver grafts (ie, left lobe [segments II, III, and IV] and right lobe [segments I and V through VIII])	
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	
47370	Laparoscopy, surgical, ablation of 1 or more liver tumor(s); radiofrequency	
47371	Laparoscopy, surgical, ablation of 1 or more liver tumor(s); cryosurgical	
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	
48160	Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islet cells	
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 arterial anastomoses from iliac artery to superior mesenteric artery and to splenic artery	
48552	Backbench reconstruction of cadaver donor pancreas allograft prior to transplantation, venous anastomosis, each	
48554	Transplantation of pancreatic allograft	
48556	Removal of transplanted pancreatic allograft	
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 code for primary procedure)	
49591	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, reducible	
49592	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, incarcerated or strangulated	

Code	NAME/DESCRIPTION	COMMENTS
49594	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, incarcerated or strangulated	
49596	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, incarcerated or strangulated	
49621	Repair of parastomal hernia, any approach (ie, open, laparoscopic, robotic), initial or recurrent, including implantation of mesh or other prosthesis, when performed; reducible	
49622	Repair of parastomal hernia, any approach (ie, open, laparoscopic, robotic), initial or recurrent, including implantation of mesh or other prosthesis, when performed; incarcerated or strangulated	
49623	Removal of total or near total non-infected mesh or other prosthesis at the time of initial or recurrent anterior abdominal hernia repair or parastomal hernia repair, any approach (ie, open, laparoscopic, robotic) (List separately in addition to code for primary procedure)	
49999	Unlisted procedure, abdomen, peritoneum and omentum	
50250	Ablation, open, 1 or more renal mass lesion(s), cryosurgical, including intraoperative ultrasound guidance and monitoring, if performed	
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 vein(s), and renal artery(s), ligating branches, as necessary	
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 necessary	
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	
50541	Laparoscopy, surgical; ablation of renal cysts	
50542	Laparoscopy, surgical; ablation of renal mass lesion(s), including intraoperative ultrasound guidance and monitoring, when performed	
50547	Laparoscopy, surgical; donor nephrectomy (including cold preservation), from living donor	
50592	Ablation, 1 or more renal tumor(s), percutaneous, unilateral, radiofrequency	
50593	Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy	
52441	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant	

Code	NAME/DESCRIPTION	COMMENTS
52442	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)	
53410	Urethroplasty, 1-stage reconstruction of male anterior 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	
53850	Transurethral destruction of prostate tissue; by microwave thermotherapy	
53852	Transurethral destruction of prostate tissue; by radiofrequency thermotherapy	
53854	Transurethral destruction of prostate tissue; by radiofrequency generated water vapor thermotherapy	
54125	Amputation of penis; complete	
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	
54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach	
54660	Insertion of testicular prosthesis (separate procedure)	
54690	Laparoscopy, surgical; orchiectomy	
55175	Scrotoplasty; simple	
55180	Scrotoplasty; complicated	
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	
55873	Cryosurgical ablation of the prostate (includes ultrasonic guidance and monitoring)	

Code	NAME/DESCRIPTION	COMMENTS
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	
56625	Vulvectomy simple; complete	
56800	Plastic repair of introitus	
56805	Clitoroplasty for intersex state	
56810	Perineoplasty, repair of perineum, nonobstetrical (separate procedure)	
57106	Vaginectomy, partial removal of vaginal wall;	
57107	Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)	
57110	Vaginectomy, complete removal of vaginal wall;	
57111	Vaginectomy, complete removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy)	
57155	Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy	
57156	Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy	
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	
57335	Vaginoplasty for intersex state	
57426	Revision (including removal) of prosthetic vaginal graft, laparoscopic 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-urethrocytostomy (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)	
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)	
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)	
58321	Artificial insemination; intra-cervical	
58322	Artificial insemination; intra-uterine	
58323	Sperm washing for artificial insemination	

Code	NAME/DESCRIPTION	COMMENTS
58346	Insertion of Heyman capsules for clinical brachytherapy	
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)	
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)	
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)	
58661	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)	
58720	Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)	
58940	Oophorectomy, partial or total, unilateral or bilateral;	
58970	Follicle puncture for oocyte retrieval, any method	
58974	Embryo transfer, intrauterine	
58976	Gamete, zygote, or embryo intrafallopian transfer, any method	
60512	Parathyroid autotransplantation (List separately in addition to code for primary procedure)	
61343	Craniectomy, suboccipital with cervical laminectomy for decompression of medulla and spinal cord, with or without dural graft (eg, Arnold-Chiari malformation)	
61517	Implantation of brain intracavitary chemotherapy agent (List separately in addition to code for primary procedure)	
61796	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion	
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	
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 intraoperative microelectrode recording; first array	
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 intraoperative microelectrode recording; each additional array (List separately in addition to primary procedure)	

Code	NAME/DESCRIPTION	COMMENTS
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 microelectrode recording; first array	
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 microelectrode recording; each additional array (List separately in addition to primary procedure)	
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	
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	
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	
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)	

Code	NAME/DESCRIPTION	COMMENTS
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 lu	
63050	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments;	
63051	Laminoplasty, cervical, with decompression of the spinal cord, 2 or more vertebral segments; with reconstruction of the posterior bony elements (including the application of bridging bone graft and non-segmental fixation devices [eg, wire, suture, mini-plates], when performed)	
63052	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; single vertebral segment (List separately in addition to code for primary procedure)	
63053	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; each additional vertebral segment (List separately in addition to code for primary procedure)	
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)	

Code	NAME/DESCRIPTION	COMMENTS
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	
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 in addition to code for primary procedure)	
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	
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	
63185	Laminectomy with rhizotomy; 1 or 2 segments	
63190	Laminectomy with rhizotomy; more than 2 segments	
63191	Laminectomy with section of spinal accessory nerve	
63197	Laminectomy with cordotomy, with section of both spinothalamic tracts, 1 stage, thoracic	
63200	Laminectomy, with release of tethered spinal cord, lumbar	
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	

Code	NAME/DESCRIPTION	COMMENTS
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, requiring pocket creation and connection between electrode array and pulse generator or receiver	
63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver, with detachable connection to electrode array	
64405	Injection(s), anesthetic agent(s) and/or steroid; greater occipital nerve	
64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	
64568	Open implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	
64590	Insertion or replacement of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver	
64595	Revision or removal of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, with detachable connection to electrode array	
64612	Chemodeneration of muscle(s); muscle(s) innervated by facial nerve, unilateral (eg, for blepharospasm, hemifacial spasm)	
64615	Chemodeneration of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)	
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)	
64722	Decompression; plantar digital nerve	
64744	Decompression; unspecified nerve(s) (specify)	
64856	Suture of major peripheral nerve, arm or leg, except sciatic; including transposition	
64892	Nerve graft (includes obtaining graft), single strand, arm or leg; up to 4 cm length	
64896	Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; more than 4 cm length	
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	

Code	NAME/DESCRIPTION	COMMENTS
65757	Backbench preparation of corneal endothelial allograft prior to transplantation (List separately in addition to code for primary procedure)	
65767	Epikeratoplasty	
65778	Placement of amniotic membrane on the ocular surface; without sutures	
65782	Ocular surface reconstruction; limbal conjunctival autograft (includes obtaining graft)	
66180	Aqueous shunt to extraocular equatorial plate reservoir, external approach; with graft	
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 cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; without endoscopic cyclophotocoagulation	
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); without endoscopic cyclophotocoagulation	
67218	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; radiation by implantation of source (includes removal of source)	
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	
67912	Correction of lagophthalmos, with implantation of upper eyelid lid load (eg, gold weight)	
67916	Repair of ectropion; excision tarsal wedge	
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	
69714	Implantation, osseointegrated implant, skull; with percutaneous attachment to external speech processor	
69716	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, within the mastoid and/or resulting in removal of less than 100 sq mm surface area of bone deep to the outer cranial cortex	
69717	Replacement (including removal of existing device), osseointegrated implant, skull; with percutaneous attachment to external speech processor	
69930	Cochlear device implantation, with or without mastoidectomy	
70336	Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)

Code	NAME/DESCRIPTION	COMMENTS
70450	Computed tomography, head or brain; without contrast material	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
70460	Computed tomography, head or brain; with contrast material(s)	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
70470	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
70480	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
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	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
70486	Computed tomography, maxillofacial area; without contrast material	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
70487	Computed tomography, maxillofacial area; with contrast material(s)	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
70488	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
70490	Computed tomography, soft tissue neck; without contrast material	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
70491	Computed tomography, soft tissue neck; with contrast material(s)	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
70492	Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
70543	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
70551	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
70553	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
71250	Computed tomography, thorax, diagnostic; without contrast material	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
71260	Computed tomography, thorax, diagnostic; with contrast material(s)	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
71270	Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
71550	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
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	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
72125	Computed tomography, cervical spine; without contrast material	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
72126	Computed tomography, cervical spine; with contrast material	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
72127	Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
72128	Computed tomography, thoracic spine; without contrast material	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
72129	Computed tomography, thoracic spine; with contrast material	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
72130	Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
72131	Computed tomography, lumbar spine; without contrast material	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
72132	Computed tomography, lumbar spine; with contrast material	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
72133	Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
72141	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
72146	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)

Code	NAME/DESCRIPTION	COMMENTS
72148	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
72156	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
72157	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
72158	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
72195	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
72197	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
73200	Computed tomography, upper extremity; without contrast material	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
73201	Computed tomography, upper extremity; with contrast material(s)	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
73202	Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
73218	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
73220	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
73221	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
73222	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s)	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
73223	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
73700	Computed tomography, lower extremity; without contrast material	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
73701	Computed tomography, lower extremity; with contrast material(s)	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
73702	Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
73718	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
73720	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
73721	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
73722	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s)	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
73723	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
74176	Computed tomography, abdomen and pelvis; without contrast material	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
74177	Computed tomography, abdomen and pelvis; with contrast material(s)	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
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	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
74181	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
74183	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
75625	Aortography, abdominal, by serialography, radiological supervision and interpretation	
75710	Angiography, extremity, unilateral, radiological supervision and interpretation	
75716	Angiography, extremity, bilateral, radiological supervision and interpretation	
75822	Venography, extremity, bilateral, radiological supervision and interpretation	

Code	NAME/DESCRIPTION	COMMENTS
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	
76496	Unlisted fluoroscopic procedure (eg, diagnostic, interventional)	
76497	Unlisted computed tomography procedure (eg, diagnostic, interventional)	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
76498	Unlisted magnetic resonance procedure (eg, diagnostic, interventional)	
76499	Unlisted diagnostic radiographic procedure	
76948	Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation	
77014	Computed tomography guidance for placement of radiation therapy fields	
77078	Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine)	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
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)	
77084	Magnetic resonance (eg, proton) imaging, bone marrow blood supply	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
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; intermediate	
77293	Respiratory motion management simulation (List separately in addition to code for primary procedure)	
77295	Therapeutic radiology simulation-aided field setting; 3-dimensional	
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, only when prescribed by the treating physician	
77301	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications	
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)	
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	
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)	

Code	NAME/DESCRIPTION	COMMENTS
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, 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	
77407	Radiation treatment delivery, => 1 MeV; intermediate	
77412	Radiation treatment delivery, => 1 MeV; complex	
77417	Therapeutic radiology port image(s)	
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	

Code	NAME/DESCRIPTION	COMMENTS
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	
77778	Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source, when performed	
77789	Surface application of low dose rate radionuclide source	
77790	Supervision, handling, loading of radiation source	
77799	Unlisted procedure, clinical brachytherapy	
78072	Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
78099	Unlisted endocrine procedure, diagnostic nuclear medicine	
78199	Unlisted hematopoietic, reticuloendothelial and lymphatic procedure, diagnostic nuclear medicine	
78429	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
78430	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
78431	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
78432	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability);	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)

Code	NAME/DESCRIPTION	COMMENTS
78433	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
78434	Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography (PET), rest and pharmacologic stress (List separately in addition to code for primary procedure)	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
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 (exercise or pharmacologic)	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
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 stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
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)	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
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) and/or redistribution and/or rest reinjection	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
78456	Acute venous thrombosis imaging, peptide	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study;	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
78466	Myocardial imaging, infarct avid, planar; qualitative or quantitative	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
78468	Myocardial imaging, infarct avid, planar; with ejection fraction by first pass technique	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
78469	Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
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	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
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	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
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	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
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	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
78491	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic)	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
78492	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic)	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
78494	Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
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)	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
78499	Unlisted cardiovascular procedure, diagnostic nuclear medicine	

Code	NAME/DESCRIPTION	COMMENTS
78599	Unlisted respiratory procedure, diagnostic nuclear medicine	
78608	Brain imaging, positron emission tomography (PET); metabolic evaluation	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
78609	Brain imaging, positron emission tomography (PET); perfusion evaluation	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
78699	Unlisted nervous system procedure, diagnostic nuclear medicine	
78799	Unlisted genitourinary procedure, diagnostic nuclear medicine	
78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
78812	Positron emission tomography (PET) imaging; skull base to mid-thigh	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
78813	Positron emission tomography (PET) imaging; whole body	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
78999	Unlisted miscellaneous procedure, diagnostic nuclear medicine	
81162	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis (ie, detection of large gene rearrangements)	
81217	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	
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)	
89250	Culture of oocyte(s)/embryo(s), less than 4 days;	
89251	Culture of oocyte(s)/embryo(s), less than 4 days; with co-culture of oocyte(s)/embryos	
89253	Assisted embryo hatching, microtechniques (any method)	
89254	Oocyte identification from follicular fluid	
89255	Preparation of embryo for transfer (any method)	
89257	Sperm identification from aspiration (other than seminal fluid)	
89258	Cryopreservation; embryo(s)	
89264	Sperm identification from testis tissue, fresh or cryopreserved	
89268	Insemination of oocytes	
89272	Extended culture of oocyte(s)/embryo(s), 4-7 days	
89280	Assisted oocyte fertilization, microtechnique; less than or equal to 10 oocytes	
89281	Assisted oocyte fertilization, microtechnique; greater than 10 oocytes	
89290	Biopsy, oocyte polar body or embryo blastomere, microtechnique (for pre-implantation genetic diagnosis); less than or equal to 5 embryos	
89291	Biopsy, oocyte polar body or embryo blastomere, microtechnique (for pre-implantation genetic diagnosis); greater than 5 embryos	
89337	Cryopreservation, mature oocyte(s)	
89342	Storage (per year); embryo(s)	

Code	NAME/DESCRIPTION	COMMENTS
89346	Storage (per year); oocyte(s)	
89352	Thawing of cryopreserved; embryo(s)	
89353	Thawing of cryopreserved; sperm/semen, each aliquot	
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	
90291	Cytomegalovirus immune globulin (CMV-IgIV), human, for intravenous use	
90386	Rho(D) immune globulin (RhIgIV), human, for intravenous use	
90399	Unlisted immune globulin	
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)	
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	

Code	NAME/DESCRIPTION	COMMENTS
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	
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	
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	
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	
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)	
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)	
92970	Cardioassist-method of circulatory assist; internal	
93303	Transthoracic echocardiography for congenital cardiac anomalies; complete	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
93304	Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
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	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
93307	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
93308	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
93312	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)

Code	NAME/DESCRIPTION	COMMENTS
93313	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); placement of transesophageal probe only	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
93314	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation and report only	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
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 therapeutic measures on an immediate time basis	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
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 and report;	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
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 and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
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 appendage occlusion/closure, ventricular septal defect closure) (peri-and intra-procedural), real-time image acquisition and documentation, guidance with quantitative measurements, probe manipulation, interpretation, and report, including diagnostic transesophageal echocardiography and, when performed, administration of ultrasound contrast, Doppler, color flow, and 3D	
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, venous grafts) including intraprocedural injection(s) for bypass graft angiography	
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, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization	

Code	NAME/DESCRIPTION	COMMENTS
93458	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	
93459	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	
93460	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	
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) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	
93593	Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; normal native connections	
93594	Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; abnormal native connections	
93595	Left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone, normal or abnormal native connections	
93596	Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); normal native connections	
93597	Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); abnormal native connections	
93600	Bundle of His recording	
93602	Intra-atrial recording	
93603	Right ventricular recording	
93610	Intra-atrial pacing	
93612	Intraventricular 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 of arrhythmia	
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 recording	
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 implantation or replacement;	

Code	NAME/DESCRIPTION	COMMENTS
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 implantation or replacement; with testing of single or dual chamber pacing cardioverter-defibrillator pulse generator	
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 of sensing or therapeutic parameters)	
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 with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and His bundle recording, when performed; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry	
93654	Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and His bundle recording, when performed; with treatment of ventricular tachycardia or focus of ventricular ectopy including left ventricular pacing and recording, when performed	
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 transseptal catheterizations, insertion and repositioning of multiple electrode catheters with intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation, including intracardiac electrophysiologic 3-dimensional mapping, intracardiac echocardiography including imaging supervision and interpretation, induction or attempted induction of an arrhythmia including left or right atrial pacing/recording, right ventricular pacing/recording, and His bundle recording, when performed	
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)	
93925	Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study	
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 (as appropriate), within a calendar month, 30 minutes or more	
95782	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	

Code	NAME/DESCRIPTION	COMMENTS
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)	
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	
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)	
95970	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain, cranial nerve, spinal cord, peripheral nerve, or sacral nerve, neurostimulator pulse generator/transmitter, without programming	
95971	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	
95972	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	
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 neurostimulator pulse generator/transmitter; intraoperative, with programming	

Code	NAME/DESCRIPTION	COMMENTS
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 neurostimulator pulse generator/transmitter; subsequent, without reprogramming	
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 neurostimulator pulse generator/transmitter; subsequent, with reprogramming	
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, per hour	
96110	Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument	
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]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour	
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 preparing the report	
96127	Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument	
96130	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	
96131	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)	
96132	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	
96133	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)	
96136	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes	

Code	NAME/DESCRIPTION	COMMENTS
96137	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)	
96138	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes	
96139	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)	
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	
96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour	
96366	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)	
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)	
96368	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (List separately in addition to code for primary procedure)	
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	
96373	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intra-arterial	
96374	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug	
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)	
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)	
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	
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	

Code	NAME/DESCRIPTION	COMMENTS
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	
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	
96549	Unlisted chemotherapy procedure	
97012	Application of a modality to 1 or more areas; traction, mechanical	
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	
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	
97124	Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)	
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)	
97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), 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	

Code	NAME/DESCRIPTION	COMMENTS
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 assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; first 20 sq cm or less	
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 assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	
97601	Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day	
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 session	
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	
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	
99183	Physician attendance and supervision of hyperbaric oxygen therapy, per session	
99221	Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward or low level medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.	
99222	Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 55 minutes must be met or exceeded.	
99223	Initial hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 75 minutes must be met or exceeded.	

Code	NAME/DESCRIPTION	COMMENTS
99231	Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward or low level of medical decision making. When using total time on the date of the encounter for code selection, 25 minutes must be met or exceeded.	
99232	Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 35 minutes must be met or exceeded.	
99233	Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 50 minutes must be met or exceeded.	
99234	Hospital inpatient or observation care, for the evaluation and management of a patient including admission and discharge on the same date, which requires a medically appropriate history and/or examination and straightforward or low level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	
99235	Hospital inpatient or observation care, for the evaluation and management of a patient including admission and discharge on the same date, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 70 minutes must be met or exceeded.	
99236	Hospital inpatient or observation care, for the evaluation and management of a patient including admission and discharge on the same date, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 85 minutes must be met or exceeded.	
99238	Hospital inpatient or observation discharge day management; 30 minutes or less on the date of the encounter	
99239	Hospital inpatient or observation discharge day management; more than 30 minutes on the date of the encounter	
99341	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.	
99342	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	
99344	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.	
99345	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 75 minutes must be met or exceeded.	
99347	Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	

Code	NAME/DESCRIPTION	COMMENTS
99348	Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	
99349	Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.	
99350	Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.	
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)	
0072T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume greater or equal to 200 cc of tissue	
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	
0395T	High dose rate electronic brachytherapy, interstitial or intracavitary treatment, per fraction, includes basic dosimetry, when performed	
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 atrial pressure, pulmonary vascular resistance, mean/peak and plateau airway pressure, dynamic compliance and perfusate gas analysis), including bronchoscopy and X ray when performed; first two hours in sterile field	

Code	NAME/DESCRIPTION	COMMENTS
0515T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; complete system (includes electrode and generator [transmitter and battery])	
0516T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; electrode only	
0517T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performed; both components of pulse generator (battery and transmitter) only	
0518T	Removal of pulse generator for wireless cardiac stimulator for left ventricular pacing; battery component only	
0519T	Removal and replacement of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; both components (battery and transmitter)	
0520T	Removal and replacement of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; battery component only	
0524T	Endovenous catheter directed chemical ablation with balloon isolation of incompetent extremity vein, open or percutaneous, including all vascular access, catheter manipulation, diagnostic imaging, imaging guidance and monitoring	
0538T	Chimeric antigen receptor T-cell (CAR-T) therapy; preparation of blood-derived T lymphocytes for transportation (eg, cryopreservation, storage)	
0539T	Chimeric antigen receptor T-cell (CAR-T) therapy; receipt and preparation of CAR-T cells for administration	
0540T	Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous	
0614T	Removal and replacement of substernal implantable defibrillator pulse generator	
A0430	Ambulance service, conventional air services, transport, one way (fixed wing)	
A0435	Fixed wing air mileage, per statute mile	
A9513	Lutetium Lu 177, dotatate, therapeutic, 1 mCi	
A9590	Iodine I-131, iobenguane, 1 mCi	
A9606	Radium RA-223 dichloride, therapeutic, per UCI	
A9607	Lutetium Lu 177 vipivotide tetraxetan, therapeutic, 1 mCi	
A9699	Radiopharmaceutical, therapeutic, not otherwise classified	
C1767	Generator, neurostimulator (implantable), nonrechargeable	
C1816	Receiver and/or transmitter, neurostimulator (implantable)	
C1820	Generator, neurostimulator (implantable), with rechargeable battery and charging system	
C1822	Generator, neurostimulator (implantable), high frequency, with rechargeable battery and charging system	
C2616	Brachytherapy source, nonstranded, yttrium-90, per source	
C2624	Implantable wireless pulmonary artery pressure sensor with delivery catheter, including all system components	
C2634	Brachytherapy source, nonstranded, high activity, iodine-125, greater than 1.01 mCi (NIST), per source	
C8921	Transthoracic echocardiography (TTE) with contrast, or without contrast followed by with contrast, for congenital cardiac anomalies; complete	
C8922	Transthoracic echocardiography (TTE) with contrast, or without contrast followed by with contrast, for congenital cardiac anomalies; follow-up or limited study	

Code	NAME/DESCRIPTION	COMMENTS
C8923	Transthoracic echocardiography (TTE) with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color doppler echocardiography	
C8924	Transthoracic echocardiography (TTE) with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording when performed, follow-up or limited study	
C8925	Transesophageal echocardiography (TEE) with contrast, or without contrast followed by with contrast, real time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	
C8926	Transesophageal echocardiography (TEE) with contrast, or without contrast followed by with contrast, for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report	
C8927	Transesophageal echocardiography (TEE) with contrast, or without contrast followed by with contrast, for monitoring purposes, including probe placement, real time (2D) image acquisition and interpretation leading to ongoing (continuous) assessment of (dynamically changing) cardiac pumping function and to therapeutic measures on an immediate time basis	
C8928	Transthoracic echocardiography (TTE) with contrast, or without contrast followed by with contrast, 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 and report	
C8929	Transthoracic echocardiography (TTE) with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral doppler echocardiography, and with color flow doppler echocardiography	
C8930	Transthoracic echocardiography (TTE) with contrast, or without contrast followed by with contrast, 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 and report; including performance of continuous electrocardiographic monitoring, with physician supervision	
C9257	Injection, bevacizumab, 0.25 mg	
C9762	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with strain imaging	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
C9763	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with stress imaging	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
E0170	Commode chair with integrated seat lift mechanism, electric, any type	
E0277	Powered pressure-reducing air mattress	
E0300	Pediatric crib, hospital grade, fully enclosed, with or without top enclosure	
E0316	Safety enclosure frame/canopy for use with hospital bed, any type	
E0328	Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 in 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 in above the spring, includes mattress	
E0373	Nonpowered advanced pressure reducing mattress	
E0483	High frequency chest wall oscillation system, with full anterior and/or posterior thoracic region receiving simultaneous external oscillation, includes all accessories and supplies, each	
E0616	Implantable cardiac event recorder with memory, activator, and programmer	

Code	NAME/DESCRIPTION	COMMENTS
E0618	Apnea monitor, without recording feature	
E0635	Patient lift, electric, with seat or sling	
E0636	Multipositional patient support system, with integrated lift, patient accessible controls	
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	
E0692	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 4 ft panel	
E0693	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 6 ft panel	
E0694	Ultraviolet multidirectional light therapy system in 6 ft cabinet, includes bulbs/lamps, timer, and eye protection	
E0721	Transcutaneous electrical nerve stimulator, stimulates nerves in the auricular region	
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)	
E0732	Cranial electrotherapy stimulation (CES) system, any type	
E0733	Transcutaneous electrical nerve stimulator for electrical stimulation of the trigeminal nerve	
E0734	External upper limb tremor stimulator of the peripheral nerves of the wrist	
E0735	Noninvasive vagus nerve stimulator	
E0736	Transcutaneous tibial nerve stimulator	
E0737	Transcutaneous tibial nerve stimulator, controlled by phone application	
E0738	Upper extremity rehabilitation system providing active assistance to facilitate muscle re-education, includes microprocessor, all components and accessories	
E0739	Rehabilitation system with interactive interface providing active assistance in rehabilitation therapy, includes all components and accessories, motors, microprocessors, sensors	
E0740	Nonimplanted pelvic floor electrical stimulator, complete system	
E0743	External lower extremity nerve stimulator for restless legs syndrome, each	
E0744	Neuromuscular stimulator for scoliosis	
E0745	Neuromuscular stimulator, electronic shock unit	
E0746	Electromyography (EMG), biofeedback device	
E0748	Osteogenesis stimulator, electrical, noninvasive, spinal applications	
E0755	Electronic salivary reflex stimulator (intraoral/noninvasive)	
E0761	Nonthermal pulsed high frequency radiowaves, high peak power electromagnetic energy treatment device	
E0762	Transcutaneous electrical joint stimulation device system, includes all accessories	
E0763	Intrabuccal, systemic delivery of amplitude-modulated, radiofrequency electromagnetic field device, for cancer treatment, includes all accessories	
E0766	Electrical stimulation device used for cancer treatment, includes all accessories, any type	
E0767	Intrabuccal, systemic delivery of amplitude-modulated, radiofrequency electromagnetic field device, for cancer treatment, includes all accessories	
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	

Code	NAME/DESCRIPTION	COMMENTS
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	
E1007	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction	
E1009	Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and legrest, each	
E1010	Wheelchair accessory, addition to power seating system, power leg elevation system, including legrest, pair	
E1017	Heavy-duty shock absorber for heavy-duty or extra heavy-duty manual wheelchair, each	
E1161	Manual adult size wheelchair, includes tilt in space	
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	
E1399	Durable medical equipment, miscellaneous	
G0129	Occupational therapy services requiring the skills of a qualified occupational therapist, furnished as a component of a partial hospitalization or intensive outpatient treatment program, per session (45 minutes or more)	
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	
G0155	Services of clinical social worker in home health or hospice settings, 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 nonskilled care achieves its purpose in the home health or hospice setting)	
G0180	Physician or allowed practitioner 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 or allowed practitioners to affirm the initial implementation of the plan of care	

Code	NAME/DESCRIPTION	COMMENTS
G0181	Physician or allowed practitioner 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 or allowed practitioner development and/or revision of care plans	
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 patient status, review of laboratory and other studies, communication (including telephone calls) with other health care professionals involved in the patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month, 30 minutes or more	
G0282	Electrical stimulation, (unattended), to one or more areas, for wound care other than described in G0281	
G0299	Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 minutes	
G0300	Direct skilled nursing services of a licensed practical nurse (LPN) in the home health or hospice setting, each 15 minutes	
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 therapy plan of care	
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 treatment	
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	
G0400	Home sleep test (HST) with type IV portable monitor, unattended; minimum of 3 channels	
G0451	Development testing, with interpretation and report, per standardized instrument form	
G0493	Skilled services of a registered nurse (RN) for the observation and assessment of the patient's condition, each 15 minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment in the home health or hospice setting)	
G0494	Skilled services of a licensed practical nurse (LPN) for the observation and assessment of the patient's condition, each 15 minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment in the home health or hospice setting)	
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	
G2168	Services performed by a physical therapist assistant in the home health setting in the delivery of a safe and effective physical therapy maintenance program, each 15 minutes	
G2169	Services performed by an occupational therapist assistant in the home health setting in the delivery of a safe and effective occupational therapy maintenance program, each 15 minutes	
H0018	Behavioral health; short-term residential (nonhospital residential treatment program), without room and board, per diem	
H0019	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem	
J0172	Injection, aducanumab-avwa, 2 mg	

Code	NAME/DESCRIPTION	COMMENTS
J0174	Injection, lecanemab-irmb, 1 mg	
J0219	Injection, avalglucosidase alfa-ngpt, 4 mg	
J0222	Injection, patisiran, 0.1 mg	
J0223	Injection, givosiran, 0.5 mg	
J0224	Injection, lumasiran, 0.5 mg	
J0491	Injection, anifrolumab-fnia, 1 mg	
J0588	Injection, incobotulinumtoxinA, 1 unit	
J0641	Injection, levoleucovorin, not otherwise specified, 0.5 mg	
J0642	Injection, levoleucovorin (Khapzory), 0.5 mg	
J0879	Injection, difelikefalin, 0.1 mcg, (for ESRD on dialysis)	
J0896	Injection, luspatercept-aamt, 0.25 mg	
J1300	Injection, eculizumab, 10 mg	
J1301	Injection, edaravone, 1 mg	
J1302	Injection, sutimlimab-jome, 10 mg	
J1303	Injection, ravulizumab-cwvz, 10 mg	
J1304	Injection, tofersen, 1 mg	
J1305	Injection, evinacumab-dgnb, 5 mg	
J1306	Injection, inclisiran, 1 mg	
J1411	Injection, etranacogene dezaparvovec-drlb, per therapeutic dose	
J1439	Injection, ferric carboxymaltose, 1 mg	
J1448	Injection, trilaciclib, 1 mg	
J1551	Injection, immune globulin (Cutaquig), 100 mg	
J1554	Injection, immune globulin (Asceniv), 500 mg	
J1558	Injection, immune globulin (xembify), 100 mg	
J1576	Injection, immune globulin (Panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg	
J1747	Injection, spesolimab-sbzo, 1 mg	
J1823	Injection, inebilizumab-cdon, 1 mg	
J2329	Injection, ublituximab-xiiy, 1mg	
J2350	Injection, ocrelizumab, 1 mg	
J2356	Injection, tezepelumab-ekko, 1 mg	
J2506	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg	
J2777	Injection, faricimab-svoa, 0.1 mg	
J2781	Injection, pegcetacoplan, intravitreal, 1 mg	
J2820	Injection, sargramostim (GM-CSF), 50 mcg	
J2998	Injection, plasminogen, human-tvmh, 1 mg	
J3032	Injection, eptinezumab-jjmr, 1 mg	
J3241	Injection, teprotumumab-trbw, 10 mg	
J3398	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes	
J3399	Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5x10 ¹⁵ vector genomes	
J3401	Beremagene geperpavec-svdt for topical administration, containing nominal 5 x 10 ⁹ PFU/ml vector genomes, per 0.1 ml	
J7327	Hyaluronan or derivative, Monovisc, for intra-articular injection, per dose	
J7330	Autologous cultured chondrocytes, implant	

Code	NAME/DESCRIPTION	COMMENTS
J7331	Hyaluronan or derivative, SYNOJOYNT, for intra-articular injection, 1 mg	
J9333	Injection, rozanolixizumab-noli, 1 mg	
J9381	Injection, teplizumab-mzwv, 5 mcg	
K0010	Standard-weight frame motorized/power wheelchair	
K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	
K0012	Lightweight portable motorized/power wheelchair	
K0013	Custom motorized/power wheelchair base	
K0014	Other motorized/power wheelchair base	
K0108	Wheelchair component or accessory, not otherwise specified	
K0455	Infusion pump used for uninterrupted parenteral administration of medication, (e.g., epoprostenol or treprostinol)	
K0730	Controlled dose inhalation drug delivery system	
K0800	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds	
K0801	Power operated vehicle, group 1 heavy-duty, patient weight capacity 301 to 450 pounds	
K0802	Power operated vehicle, group 1 very heavy-duty, patient weight capacity 451 to 600 pounds	
K0806	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds	
K0807	Power operated vehicle, group 2 heavy-duty, patient weight capacity 301 to 450 pounds	
K0808	Power operated vehicle, group 2 very heavy-duty, patient weight capacity 451 to 600 pounds	
K0812	Power operated vehicle, not otherwise classified	
K0813	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds	
K0814	Power wheelchair, group 1 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds	
K0815	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds	
K0816	Power wheelchair, group 1 standard, captain's chair, patient weight capacity up to and including 300 pounds	
K0820	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
K0821	Power wheelchair, group 2 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds	
K0822	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
K0823	Power wheelchair, group 2 standard, captain's chair, patient weight capacity up to and including 300 pounds	
K0824	Power wheelchair, group 2 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	
K0825	Power wheelchair, group 2 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds	
K0826	Power wheelchair, group 2 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	
K0827	Power wheelchair, group 2 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds	
K0828	Power wheelchair, group 2 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more	

Code	NAME/DESCRIPTION	COMMENTS
K0829	Power wheelchair, group 2 extra heavy-duty, captain's chair, patient weight 601 pounds or more	
K0830	Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
K0831	Power wheelchair, group 2 standard, seat elevator, captain's chair, patient weight capacity up to and including 300 pounds	
K0835	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
K0836	Power wheelchair, group 2 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	
K0837	Power wheelchair, group 2 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	
K0838	Power wheelchair, group 2 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	
K0839	Power wheelchair, group 2 very heavy-duty, single power option sling/solid seat/back, patient weight capacity 451 to 600 pounds	
K0840	Power wheelchair, group 2 extra heavy-duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more	
K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
K0842	Power wheelchair, group 2 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	
K0843	Power wheelchair, group 2 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	
K0848	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
K0849	Power wheelchair, group 3 standard, captain's chair, patient weight capacity up to and including 300 pounds	
K0850	Power wheelchair, group 3 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	
K0851	Power wheelchair, group 3 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds	
K0852	Power wheelchair, group 3 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	
K0853	Power wheelchair, group 3 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds	
K0854	Power wheelchair, group 3 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more	
K0855	Power wheelchair, group 3 extra heavy-duty, captain's chair, patient weight capacity 601 pounds or more	
K0856	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
K0857	Power wheelchair, group 3 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	
K0858	Power wheelchair, group 3 heavy-duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds	
K0859	Power wheelchair, group 3 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	

Code	NAME/DESCRIPTION	COMMENTS
K0860	Power wheelchair, group 3 very heavy-duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	
K0861	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
K0862	Power wheelchair, group 3 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	
K0863	Power wheelchair, group 3 very heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	
K0864	Power wheelchair, group 3 extra heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more	
K0868	Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
K0869	Power wheelchair, group 4 standard, captain's chair, patient weight capacity up to and including 300 pounds	
K0870	Power wheelchair, group 4 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	
K0871	Power wheelchair, group 4 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	
K0877	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
K0878	Power wheelchair, group 4 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	
K0879	Power wheelchair, group 4 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	
K0880	Power wheelchair, group 4 very heavy-duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds	
K0884	Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
K0885	Power wheelchair, group 4 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	
K0886	Power wheelchair, group 4 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	
K0890	Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	
K0891	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	
K0898	Power wheelchair, not otherwise classified	
K0899	Power mobility device, not coded by DME PDAC or does not meet criteria	
L5460	Immediate postsurgical or early fitting, application of nonweight bearing rigid dressing, above knee (AK)	
L5782	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy-duty	
L5818	Addition, endoskeletal knee-shin system, polycentric, friction swing and stance phase control	
L5856	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type	

Code	NAME/DESCRIPTION	COMMENTS
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)	
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)	
L5980	All lower extremity prostheses, flex-foot system	
L5987	All lower extremity prostheses, shank foot system with vertical loading pylon	
L5999	Lower extremity prosthesis, not otherwise specified	
L8614	Cochlear device, includes all internal and external components	
L8619	Cochlear implant, external speech processor and controller, integrated system, replacement	
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	
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	
Q2026	Injection, Radiesse, 0.1 ml	
Q2041	Axicabtagene ciloleucel, up to 200 million autologous anti-CD19 CAR positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	
Q2042	Tisagenlecleucel, up to 600 million CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	
Q2053	Brexucabtagene autoleucel, up to 200 million autologous anti-CD19 CAR positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	
Q2054	Lisocabtagene maraleucel, up to 110 million autologous anti-CD19 CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	
Q2055	Idecabtagene vicleucel, up to 510 million autologous B-cell maturation antigen (BCMA) directed CAR-positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	
Q2056	Ciltacabtagene autoleucel, up to 100 million autologous B-cell maturation antigen (BCMA) directed CAR-positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	
Q3001	Radioelements for brachytherapy, any type, each	
Q5104	Injection, infliximab-abda, biosimilar, (Renflexis), 10 mg	
Q5108	Injection, pegfilgrastim-jmdb, biosimilar, (Fulphila), 0.5 mg	
Q5111	Injection, pegfilgrastim-cbqv (Udenyca), biosimilar, 0.5 mg	
Q5120	Injection, pegfilgrastim-bmez (ZIEXTENZO), biosimilar, 0.5 mg	
Q5122	Injection, pegfilgrastim-apgf (Nyvepria), biosimilar, 0.5 mg	
Q5123	Injection, rituximab-arrx, biosimilar, (Riabni), 10 mg	
Q5124	Injection, ranibizumab-nuna, biosimilar, (Byooviz), 0.1 mg	

Code	NAME/DESCRIPTION	COMMENTS
Q5125	Injection, filgrastim-ayow, biosimilar, (Releuko), 1 mcg	
Q5127	Injection, pegfilgrastim-fpgk (Stimufend), biosimilar, 0.5 mg	
Q5128	Injection, ranibizumab-eqrn (Cimerli), biosimilar, 0.1 mg	
Q5130	Injection, pegfilgrastim-pbbk (Fylnetra), biosimilar, 0.5 mg	
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	
S2061	Donor lobectomy (lung) for transplantation, living donor	
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 the flap into a breast, unilateral	
S2068	Breast reconstruction with deep inferior epigastric perforator (DIEP) flap or superficial inferior epigastric artery (SIEA) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilateral	
S2080	Laser-assisted uvulopalatoplasty (LAUP)	
S2112	Arthroscopy, knee, surgical for harvesting of cartilage (chondrocyte cells)	
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, diagnostic, emergency, and rehabilitative services, and the number of days of pre- and posttransplant care in the global definition	
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	
S4035	Stimulated intrauterine insemination (IUI), case rate	
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, nonfamily; per 15 minutes	
S5116	Home care training, nonfamily; per session	

Code	NAME/DESCRIPTION	COMMENTS
S5180	Home health respiratory therapy, initial evaluation	
S5181	Home health respiratory therapy, NOS, per diem	
S9001	Home uterine monitor with or without associated nursing services	
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	
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	
S9127	Social work visit, in the home, per diem	
S9128	Speech therapy, in the home, per diem	
S9129	Hospice care, in the home, per diem	
S9131	Physical therapy; in the home, per diem	
S9208	Home management of preterm labor, including administrative services, professional pharmacy services, care coordination, and all necessary supplies or equipment (drugs and nursing visits coded separately), per diem (do not use this code with any home infusion per diem code)	
S9209	Home management of preterm labor, including administrative services, professional pharmacy services, care coordination, and all necessary supplies or equipment (drugs and nursing visits coded separately), per diem (do not use this code with any home infusion per diem code)	
S9211	Home management of gestational hypertension, includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately); per diem (do not use this code with any home infusion per diem code)	
S9212	Home management of postpartum hypertension, includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with any home infusion per diem code)	
S9213	Home management of preeclampsia, includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing services coded separately); per diem (do not use this code with any home infusion per diem code)	
S9214	Home management of gestational diabetes, includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately); per diem (do not use this code with any home infusion per diem code)	
S9474	Enterostomal therapy by a registered nurse certified in enterostomal therapy, per diem	
S9960	Ambulance service, conventional air services, nonemergency transport, one way (fixed wing)	
T1000	Private duty/independent nursing service(s), licensed, up to 15 minutes	
T1004	Services of a qualified nursing aide, up to 15 minutes	
T1005	Respite care services, up to 15 minutes	
T1021	Home health aide or certified nurse assistant, per visit	
T1022	Contracted home health agency services, all services provided under contract, per day	
T1028	Assessment of home, physical and family environment, to determine suitability to meet patient's medical needs	
T1030	Nursing care, in the home, by registered nurse, per diem	
T1031	Nursing care, in the home, by licensed practical nurse, per diem	

Code	NAME/DESCRIPTION	COMMENTS
T1502	Administration of oral, intramuscular and/or subcutaneous medication by health care agency/professional, per visit	
T1503	Administration of medication, other than oral and/or injectable, by a health care agency/professional, per visit	
T2004	Nonemergency transport; commercial carrier, multipass	
0037U	Targeted genomic sequence analysis, solid organ neoplasm, DNA analysis of 324 genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden	
0054T	Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on fluoroscopic images (List separately in addition to code for primary procedure)	
0071T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume less than 200 cc of tissue	
0172U	Oncology (solid tumor as indicated by the label), somatic mutation analysis of BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) and analysis of homologous recombination deficiency pathways, DNA, formalin-fixed paraffin-embedded tissue, algorithm quantifying tumor genomic instability score	
0239U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free DNA, analysis of 311 or more genes, interrogation for sequence variants, including substitutions, insertions, deletions, select rearrangements, and copy number variations	
0242U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 55-74 genes, interrogation for sequence variants, gene copy number amplifications, and gene rearrangements	
0326U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 83 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden	
0334U	Oncology (solid organ), targeted genomic sequence analysis, formalin-fixed paraffin-embedded (FFPE) tumor tissue, DNA analysis, 84 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden	
0345U	Psychiatry (eg, depression, anxiety, attention deficit hyperactivity disorder [ADHD]), genomic analysis panel, variant analysis of 15 genes, including deletion/duplication analysis of CYP2D6	
0360U	Oncology (lung), enzyme-linked immunosorbent assay (ELISA) of 7 autoantibodies (p53, NY-ESO-1, CAGE, GBU4-5, SOX2, MAGE A4, and HuD), plasma, algorithm reported as a categorical result for risk of malignancy	
0394T	High dose rate electronic brachytherapy, skin surface application, per fraction, includes basic dosimetry, when performed	
0411U	Psychiatry (eg, depression, anxiety, attention deficit hyperactivity disorder [ADHD]), genomic analysis panel, variant analysis of 15 genes, including deletion/duplication analysis of CYP2D6	
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 modulation system	
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	

Code	NAME/DESCRIPTION	COMMENTS
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 performed)	
0422T	Tactile breast imaging by computer-aided tactile sensors, unilateral or bilateral	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
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)	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
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)	
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 performed	
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 atrial pressure, pulmonary vascular resistance, mean/peak and plateau airway pressure, dynamic compliance and perfusate gas analysis), including bronchoscopy and X ray when performed; first two hours in sterile field	
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 atrial pressure, pulmonary vascular resistance, mean/peak and plateau airway pressure, dynamic compliance and perfusate gas analysis), including bronchoscopy and X ray when performed; each additional hour (List separately in addition to code for primary procedure)	
0537T	Chimeric antigen receptor T-cell (CAR-T) therapy; harvesting of blood-derived T lymphocytes for development of genetically modified autologous CAR-T cells, per day	

Code	NAME/DESCRIPTION	COMMENTS
11043	Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less	
11044	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less	
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)	
14000	Adjacent tissue transfer or rearrangement, trunk; 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	
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)	
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	
15260	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less	
15730	Midface flap (ie, zygomaticofacial flap) with preservation of vascular pedicle(s)	
15734	Muscle, myocutaneous, or fasciocutaneous flap; trunk	
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) (eg, hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; first stage, up to 5 tissue blocks	
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) (eg, hematoxylin and eosin, toluidine blue), of the trunk, arms, or legs; first stage, up to 5 tissue blocks	
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	
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	
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	

Code	NAME/DESCRIPTION	COMMENTS
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 addition to code for primary procedure)	
19301	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy);	
19302	Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy); with axillary lymphadenectomy	
19303	Mastectomy, simple, complete	
19307	Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle	
20680	Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)	
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; thoracic	
22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophylectomy and decompression of spinal cord and/or nerve roots; cervical below C2	
22612	Arthrodesis, posterior or posterolateral technique, single interspace; lumbar (with lateral transverse technique, when performed)	
25025	Decompression fasciotomy, forearm and/or wrist, flexor AND extensor compartment; with debridement of nonviable muscle and/or nerve	
25290	Tenotomy, open, flexor or extensor tendon, forearm and/or wrist, single, each tendon	
25800	Arthrodesis, wrist; complete, without bone graft (includes radiocarpal and/or intercarpal and/or carpometacarpal joints)	
25825	Arthrodesis, wrist; with autograft (includes obtaining graft)	
26410	Repair, extensor tendon, hand, primary or secondary; without free graft, each tendon	
26455	Tenotomy, flexor, finger, open, each tendon	
26530	Arthroplasty, metacarpophalangeal joint; each joint	
26951	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with direct closure	
27030	Arthrotomy, hip, with drainage (eg, infection)	
27071	Partial excision, wing of ilium, symphysis pubis, or greater trochanter of femur, (craterization, saucerization) (eg, osteomyelitis or bone abscess); deep (subfascial or intramuscular)	
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	
27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	
27470	Repair, nonunion or malunion, femur, distal to head and neck; without graft (eg, compression technique)	
27596	Amputation, thigh, through femur, any level; re-amputation	
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)	

Code	NAME/DESCRIPTION	COMMENTS
27870	Arthrodesis, ankle, open	
28296	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with distal metatarsal osteotomy, any method	
28805	Amputation, foot; transmetatarsal	
28820	Amputation, toe; metatarsophalangeal joint	
28825	Amputation, toe; interphalangeal joint	
29851	Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; with internal or external fixation (includes arthroscopy)	
30117	Excision or destruction (eg, laser), intranasal lesion; internal approach	
31237	Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)	
31259	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy, with removal of tissue from the sphenoid sinus	
31535	Laryngoscopy, direct, operative, with biopsy;	
31536	Laryngoscopy, direct, operative, with biopsy; with operating microscope or telescope	
31574	Laryngoscopy, flexible; with injection(s) for augmentation (eg, percutaneous, transoral), unilateral	
31622	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)	
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	
31652	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), one or two mediastinal and/or hilar lymph node stations or structures	
31653	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), 3 or more mediastinal and/or hilar lymph node stations or structures	
32408	Core needle biopsy, lung or mediastinum, percutaneous, including imaging guidance, when performed	
32551	Tube thoracostomy, includes connection to drainage system (eg, water seal), when performed, open (separate procedure)	
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	
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	
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	
33262	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system	

Code	NAME/DESCRIPTION	COMMENTS
33264	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; multiple lead system	
33274	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty	
33285	Insertion, subcutaneous cardiac rhythm monitor, including programming	
33340	Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation	
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 implantation	
33945	Heart transplant, with or without recipient cardiectomy	
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	
35321	Thromboendarterectomy, including patch graft, if performed; axillary-brachial	
35903	Excision of infected graft; extremity	
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)	
36215	Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family	
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	
36465	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)	
36466	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg	
36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	
36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	
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	
36818	Arteriovenous anastomosis, open; by upper arm cephalic vein transposition	

Code	NAME/DESCRIPTION	COMMENTS
36819	Arteriovenous anastomosis, open; by upper arm basilic vein transposition	
36821	Arteriovenous anastomosis, open; direct, any site (eg, Cimino type) (separate procedure)	
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)	
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 primary procedure)	
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	
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)	
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 supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery	

Code	NAME/DESCRIPTION	COMMENTS
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 for primary procedure)	
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 malformations, venous and capillary hemangiomas, varices, varicoceles)	
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	
38213	Transplant preparation of hematopoietic progenitor cells; platelet depletion	
38241	Hematopoietic progenitor cell (HPC); autologous transplantation	
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)	
41120	Glossectomy; less than one-half tongue	
41874	Alveoloplasty, each quadrant (specify)	
43220	Esophagoscopy, flexible, transoral; with transendoscopic balloon dilation (less than 30 mm diameter)	
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	
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 surgically altered stomach where the jejunum is examined distal to the anastomosis)	
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	
43249	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)	
43251	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	
43255	Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method	
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	
43260	Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	

Code	NAME/DESCRIPTION	COMMENTS
43262	Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy	
43264	Endoscopic retrograde cholangiopancreatography (ERCP); with removal of calculi/debris from biliary/pancreatic duct(s)	
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 exchanged	
43284	Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band), including cruroplasty when performed	
43653	Laparoscopy, surgical; gastrostomy, without construction of gastric tube (eg, Stamm procedure) (separate procedure)	
43659	Unlisted laparoscopy procedure, stomach	
43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty	
43999	Unlisted procedure, stomach	
44373	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with conversion of percutaneous gastrostomy tube to percutaneous jejunostomy tube	
44720	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; venous anastomosis, each	
45171	Excision of rectal tumor, transanal approach; not including muscularis propria (ie, partial thickness)	
47382	Ablation, 1 or more liver tumor(s), percutaneous, radiofrequency	
47539	Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; new access, without placement of separate biliary drainage catheter	
47562	Laparoscopy, surgical; cholecystectomy	
47563	Laparoscopy, surgical; cholecystectomy with cholangiography	
49329	Unlisted laparoscopy procedure, abdomen, peritoneum and omentum	
49505	Repair initial inguinal hernia, age 5 years or older; reducible	
49593	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, reducible	
49650	Laparoscopy, surgical; repair initial inguinal hernia	
50200	Renal biopsy; percutaneous, by trocar or needle	
51720	Bladder instillation of anticarcinogenic agent (including retention time)	
52450	Transurethral incision of prostate	
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)	

Code	NAME/DESCRIPTION	COMMENTS
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 included if performed)	
54161	Circumcision, surgical excision other than clamp, device, or dorsal slit; older than 28 days of age	
54400	Insertion of penile prosthesis; non-inflatable (semi-rigid)	
54405	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir	
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	
55040	Excision of hydrocele; unilateral	
55700	Biopsy, prostate; needle or punch, single or multiple, any approach	
57155	Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy	
57282	Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliococcygeus)	
58555	Hysteroscopy, diagnostic (separate procedure)	
60220	Total thyroid lobectomy, unilateral; with or without isthmusectomy	
61645	Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)	
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)	
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	
62321	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)	
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	
63662	Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	
64483	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, single level	
64590	Insertion or replacement of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver	
64624	Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed	

Code	NAME/DESCRIPTION	COMMENTS
64644	Chemodenervation of one extremity; 5 or more muscles	
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)	
65820	Goniotomy	
66174	Transluminal dilation of aqueous outflow canal (eg, canaloplasty); without retention of device or stent	
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	
66710	Ciliary body destruction; cyclophotocoagulation, transscleral	
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 cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; without endoscopic cyclophotocoagulation	
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); without endoscopic cyclophotocoagulation	
66986	Exchange of intraocular lens	
66988	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); with endoscopic cyclophotocoagulation	
67010	Removal of vitreous, anterior approach (open sky technique or limbal incision); subtotal removal with mechanical vitrectomy	
67036	Vitrectomy, mechanical, pars plana approach;	
67039	Vitrectomy, mechanical, pars plana approach; with focal endolaser photocoagulation	
67041	Vitrectomy, mechanical, pars plana approach; with removal of preretinal cellular membrane (eg, macular pucker)	
67210	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; photocoagulation	
67400	Orbitotomy without bone flap (frontal or transconjunctival approach); for exploration, with or without biopsy	
67904	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach	
67917	Repair of ectropion; extensive (eg, tarsal strip operations)	
67924	Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation)	
67950	Canthoplasty (reconstruction of canthus)	
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	
68320	Conjunctivoplasty; with conjunctival graft or extensive rearrangement	
69433	Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia	
70460	Computed tomography, head or brain; with contrast material(s)	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
70481	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
70488	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan	

Code	NAME/DESCRIPTION	COMMENTS
72157	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
75630	Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by serialography, radiological supervision and interpretation	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
75705	Angiography, spinal, selective, radiological supervision and interpretation	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
75710	Angiography, extremity, unilateral, radiological supervision and interpretation	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
75716	Angiography, extremity, bilateral, radiological supervision and interpretation	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
75822	Venography, extremity, bilateral, radiological supervision and interpretation	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
77295	Therapeutic radiology simulation-aided field setting; 3-dimensional	
77301	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications	
77338	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan	
77373	Canthoplasty (reconstruction of canthus)	
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	
77523	Proton treatment delivery; intermediate	
77770	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel	
78431	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
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 (exercise or pharmacologic)	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
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 stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
78492	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic)	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
78582	Pulmonary perfusion imaging (eg, particulate)	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
78803	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)

Code	NAME/DESCRIPTION	COMMENTS
78830	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging	Prior Authorization Required Only if POS is 22 (On Campus-Outpatient Hospital)
81162	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis (ie, detection of large gene rearrangements)	
81220	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; common variants (eg, ACMG/ACOG guidelines)	
81292	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	
81298	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	
81307	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; full gene sequence	
81317	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	
81408	Molecular pathology procedure, Level 9 (eg, analysis of >50 exons in a single gene by DNA sequence analysis)	
81415	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	
81418	Drug metabolism (eg, pharmacogenomics) genomic sequence analysis panel, must include testing of at least 6 genes, including CYP2C19, CYP2D6, and CYP2D6 duplication/deletion analysis	
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	Hematolymphoid neoplasm or disorder, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; DNA analysis or combined DNA and RNA analysis	
81455	Solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes, genomic sequence analysis panel, interrogation for sequence variants and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; DNA analysis or combined DNA and RNA analysis	
81456	Solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes, genomic sequence analysis panel, interrogation for sequence variants and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; RNA analysis	
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 optic neuropathy [LHON]), genomic sequence, must include sequence analysis of entire mitochondrial genome with heteroplasmy detection	
81465	Whole mitochondrial genome large deletion analysis panel (eg, Kearns-Sayre syndrome, chronic progressive external ophthalmoplegia), including heteroplasmy detection, if performed	
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	

Code	NAME/DESCRIPTION	COMMENTS
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	
81546	Oncology (thyroid), mRNA, gene expression analysis of 10,196 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (eg, benign or suspicious)	
81599	Unlisted multianalyte assay with algorithmic analysis	
88120	Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; manual	
88377	Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each multiplex probe stain procedure	
91110	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report	
92920	Percutaneous transluminal coronary angioplasty; single major coronary artery or branch	
92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	
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	
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 transmitted to a remote attended surveillance center for up to 30 days; technical support for connection and patient instructions for use, attended surveillance, analysis and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional	
93454	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;	
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	
93458	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	
93459	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	
93460	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed	
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) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography	
93580	Percutaneous transcatheter closure of congenital interatrial communication (ie, Fontan fenestration, atrial septal defect) with implant	

Code	NAME/DESCRIPTION	COMMENTS
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 with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and His bundle recording, when performed; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry	
95708	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored	
95715	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance	
95716	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance	
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	
A0140	Nonemergency transportation and air travel (private or commercial) intra- or interstate	
A0426	Ambulance service, advanced life support, nonemergency transport, level 1 (ALS 1)	
A0428	Ambulance service, basic life support, nonemergency transport, (BLS)	
A0430	Ambulance service, conventional air services, transport, one way (fixed wing)	
A0431	Ambulance service, conventional air services, transport, one way (rotary wing)	
A0435	Fixed wing air mileage, per statute mile	
A0436	Rotary wing air mileage, per statute mile	
A0999	Unlisted ambulance service	
A2001	InnovaMatrix AC, per sq cm	
A2004	XCelliStem, 1 mg	
A2008	TheraGenesis, per sq cm	
A4352	Intermittent urinary catheter; Coude (curved) tip, with or without coating (Teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each	
A4575	Topical hyperbaric oxygen chamber, disposable	
A7025	High frequency chest wall oscillation system vest, replacement for use with patient-owned equipment, each	
A7030	Full face mask used with positive airway pressure device, each	
A7031	Face mask interface, replacement for full face mask, each	
A9502	Technetium Tc-99m tetrofosmin, diagnostic, per study dose	
A9552	Fluorodeoxyglucose F-18 FDG, diagnostic, per study dose, up to 45 millicuries	
A9555	Rubidium Rb-82, diagnostic, per study dose, up to 60 mCi	
A9595	Piflufolastat F-18, diagnostic, 1 mCi	

Code	NAME/DESCRIPTION	COMMENTS
A9596	Gallium Ga-68 gozetotide, diagnostic, (Illuccix), 1 mCi	
B4197	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, 74 to 100 g of protein - premix	
B4199	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, over 100 g of protein - premix	
B9002	Enteral nutrition infusion pump, any type	
B9004	Parenteral nutrition infusion pump, portable	
B9006	Parenteral nutrition infusion pump, stationary	
C1716	Brachytherapy source, nonstranded, gold-198, per source	
C1719	Brachytherapy source, nonstranded, nonhigh dose rate iridium-192, per source	
C1721	Cardioverter-defibrillator, dual chamber (implantable)	
C1722	Cardioverter-defibrillator, single chamber (implantable)	
C1760	Closure device, vascular (implantable/insertable)	
C1761	Catheter, transluminal intravascular lithotripsy, coronary	
C1762	Connective tissue, human (includes fascia lata)	
C1763	Connective tissue, nonhuman (includes synthetic)	
C1764	Event recorder, cardiac (implantable)	
C1766	Introducer/sheath, guiding, intracardiac electrophysiological, steerable, other than peel-away	
C1767	Generator, neurostimulator (implantable), nonrechargeable	
C1768	Graft, vascular	
C1769	Guide wire	
C1770	Imaging coil, magnetic resonance (insertable)	
C1771	Repair device, urinary, incontinence, with sling graft	
C1772	Infusion pump, programmable (implantable)	
C1773	Retrieval device, insertable (used to retrieve fractured medical devices)	
C1776	Joint device (implantable)	
C1777	Lead, cardioverter-defibrillator, endocardial single coil (implantable)	
C1778	Lead, neurostimulator (implantable)	
C1779	Lead, pacemaker, transvenous VDD single pass	
C1780	Lens, intraocular (new technology)	
C1781	Mesh (implantable)	
C1782	Morcellator	
C1783	Ocular implant, aqueous drainage assist device	
C1784	Ocular device, intraoperative, detached retina	
C1785	Pacemaker, dual chamber, rate-responsive (implantable)	
C1786	Pacemaker, single chamber, rate-responsive (implantable)	
C1787	Patient programmer, neurostimulator	
C1788	Port, indwelling (implantable)	
C1789	Prosthesis, breast (implantable)	
C1813	Prosthesis, penile, inflatable	
C1814	Retinal tamponade device, silicone oil	
C1815	Prosthesis, urinary sphincter (implantable)	
C1816	Receiver and/or transmitter, neurostimulator (implantable)	

Code	NAME/DESCRIPTION	COMMENTS
C1817	Septal defect implant system, intracardiac	
C1818	Integrated keratoprosthesis	
C1819	Surgical tissue localization and excision device (implantable)	
C1820	Generator, neurostimulator (implantable), with rechargeable battery and charging system	
C1821	Interspinous process distraction device (implantable)	
C1822	Generator, neurostimulator (implantable), high frequency, with rechargeable battery and charging system	
C1823	Generator, neurostimulator (implantable), nonrechargeable, with transvenous sensing and stimulation leads	
C1824	Generator, cardiac contractility modulation (implantable)	
C1825	Generator, neurostimulator (implantable), nonrechargeable with carotid sinus baroreceptor stimulation lead(s)	
C1826	Generator, neurostimulator (implantable), includes closed feedback loop leads and all implantable components, with rechargeable battery and charging system	
C1827	Generator, neurostimulator (implantable), nonrechargeable, with implantable stimulation lead and external paired stimulation controller	
C1830	Powered bone marrow biopsy needle	
C1831	Interbody cage, anterior, lateral or posterior, personalized (implantable)	
C1832	Autograft suspension, including cell processing and application, and all system components	
C1833	Monitor, cardiac, including intracardiac lead and all system components (implantable)	
C1839	Iris prosthesis	
C1840	Lens, intraocular (telescopic)	
C1874	Stent, coated/covered, with delivery system	
C1875	Stent, coated/covered, without delivery system	
C1876	Stent, noncoated/noncovered, with delivery system	
C1877	Stent, noncoated/noncovered, without delivery system	
C1878	Material for vocal cord medialization, synthetic (implantable)	
C1880	Vena cava filter	
C1881	Dialysis access system (implantable)	
C1882	Cardioverter-defibrillator, other than single or dual chamber (implantable)	
C1883	Adaptor/extension, pacing lead or neurostimulator lead (implantable)	
C1884	Embolization protective system	
C1885	Catheter, transluminal angioplasty, laser	
C1886	Catheter, extravascular tissue ablation, any modality (insertable)	
C1887	Catheter, guiding (may include infusion/perfusion capability)	
C1888	Catheter, ablation, noncardiac, endovascular (implantable)	
C1889	Implantable/insertable device, not otherwise classified	
C1890	No implantable/insertable device used with device-intensive procedures	
C1891	Infusion pump, nonprogrammable, permanent (implantable)	
C1892	Introducer/sheath, guiding, intracardiac electrophysiological, fixed-curve, peel-away	
C1893	Introducer/sheath, guiding, intracardiac electrophysiological, fixed-curve, other than peel-away	
C1894	Introducer/sheath, other than guiding, other than intracardiac electrophysiological, nonlaser	
C1895	Lead, cardioverter-defibrillator, endocardial dual coil (implantable)	
C1896	Lead, cardioverter-defibrillator, other than endocardial single or dual coil (implantable)	

Code	NAME/DESCRIPTION	COMMENTS
C1897	Lead, neurostimulator test kit (implantable)	
C1898	Lead, pacemaker, other than transvenous VDD single pass	
C1899	Lead, pacemaker/cardioverter-defibrillator combination (implantable)	
C1900	Lead, left ventricular coronary venous system	
C1982	Catheter, pressure generating, one-way valve, intermittently occlusive	
C2613	Lung biopsy plug with delivery system	
C2614	Probe, percutaneous lumbar discectomy	
C2615	Sealant, pulmonary, liquid	
C2616	Brachytherapy source, nonstranded, yttrium-90, per source	
C2634	Brachytherapy source, nonstranded, high activity, iodine-125, greater than 1.01 mCi (NIST), per source	
C2635	Brachytherapy source, nonstranded, high activity, palladium-103, greater than 2.2 mCi (NIST), per source	
C2636	Brachytherapy linear source, nonstranded, palladium-103, per 1 mm	
C2637	Brachytherapy source, nonstranded, ytterbium-169, per source	
C2638	Brachytherapy source, stranded, iodine-125, per source	
C2639	Brachytherapy source, nonstranded, iodine-125, per source	
C2640	Brachytherapy source, stranded, palladium-103, per source	
C2641	Brachytherapy source, nonstranded, palladium-103, per source	
C2642	Brachytherapy source, stranded, cesium-131, per source	
C2643	Brachytherapy source, nonstranded, cesium-131, per source	
C2644	Brachytherapy source, cesium-131 chloride solution, per mCi	
C2645	Brachytherapy planar source, palladium-103, per sq mm	
C2698	Brachytherapy source, stranded, not otherwise specified, per source	
C2699	Brachytherapy source, nonstranded, not otherwise specified, per source	
C8925	Transesophageal echocardiography (TEE) with contrast, or without contrast followed by with contrast, real time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	
C8929	Transthoracic echocardiography (TTE) with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral doppler echocardiography, and with color flow doppler echocardiography	
C8957	Brachytherapy source, nonstranded, not otherwise specified, per source	
C9399	Unclassified drugs or biologicals	
C9600	Percutaneous transcatheter placement of drug eluting intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	
C9602	Percutaneous transluminal coronary atherectomy, with drug eluting intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	
C9725	Placement of endorectal intracavitary applicator for high intensity brachytherapy	
C9726	Placement and removal (if performed) of applicator into breast for intraoperative radiation therapy, add-on to primary breast procedure	
E0147	Walker, heavy-duty, multiple braking system, variable wheel resistance	
E0170	Commode chair with integrated seat lift mechanism, electric, any type	
E0193	Powered air flotation bed (low air loss therapy)	
E0194	Air fluidized bed	
E0217	Water circulating heat pad with pump	

Code	NAME/DESCRIPTION	COMMENTS
E0225	Hydrocollator unit, includes pads	
E0239	Hydrocollator unit, portable	
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	
E0277	Powered pressure-reducing air mattress	
E0290	Hospital bed, fixed height, without side rails, with 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	
E0316	Safety enclosure frame/canopy for use with hospital bed, any type	
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	
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	
E0439	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing	
E0462	Rocking bed, with or without side rails	

Code	NAME/DESCRIPTION	COMMENTS
E0465	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)	
E0466	Home ventilator, any type, used with noninvasive interface, (e.g., mask, chest shell)	
E0467	Home ventilator, multi-function respiratory device, also performs any or all of the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stimulation, includes all accessories, components and supplies for all functions	
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)	
E0482	Cough stimulating device, alternating positive and negative airway pressure	
E0483	High frequency chest wall oscillation system, with full anterior and/or posterior thoracic region receiving simultaneous external oscillation, includes all accessories and supplies, each	
E0550	Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery	
E0565	Compressor, air power source for equipment which is not self-contained or cylinder driven	
E0575	Nebulizer, ultrasonic, large volume	
E0600	Respiratory suction pump, home model, portable or stationary, electric	
E0601	Continuous positive airway pressure (CPAP) device	
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	
E0620	Skin piercing device for collection of capillary blood, laser, each	
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	
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	
E0650	Pneumatic compressor, nonsegmental home model	
E0651	Pneumatic compressor, segmental home model without calibrated gradient pressure	
E0652	Pneumatic compressor, segmental home model with calibrated gradient pressure	
E0656	Segmental pneumatic appliance for use with pneumatic compressor, trunk	
E0657	Segmental pneumatic appliance for use with pneumatic compressor, chest	
E0667	Segmental pneumatic appliance for use with pneumatic compressor, full leg	
E0668	Segmental pneumatic appliance for use with pneumatic compressor, full arm	
E0670	Segmental pneumatic appliance for use with pneumatic compressor, integrated, two full legs and trunk	
E0671	Segmental gradient pressure pneumatic appliance, full leg	
E0672	Segmental gradient pressure pneumatic appliance, full arm	

Code	NAME/DESCRIPTION	COMMENTS
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	
E0720	Transcutaneous electrical nerve stimulation (TENS) device, two-lead, localized stimulation	
E0747	Osteogenesis stimulator, electrical, noninvasive, other than spinal applications	
E0749	Osteogenesis stimulator, electrical, surgically implanted	
E0760	Osteogenesis stimulator, low intensity ultrasound, noninvasive	
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	
E0781	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient	
E0782	Infusion pump, implantable, nonprogrammable (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 multichannel	
E0912	Trapeze bar, heavy-duty, for patient weight capacity greater than 250 pounds, freestanding, complete with grab bar	
E0945	Extremity belt/harness	
E0947	Fracture frame, attachments for complex pelvic traction	
E0948	Fracture frame, attachments for complex cervical traction	
E0986	Manual wheelchair accessory, push-rim activated power assist system	
E0988	Manual wheelchair accessory, lever-activated, wheel drive, pair	
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	
E1010	Wheelchair accessory, addition to power seating system, power leg elevation system, including legrest, pair	
E1012	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each	
E1028	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for joystick, other control interface or positioning accessory	
E1030	Wheelchair accessory, ventilator tray, gimbaled	

Code	NAME/DESCRIPTION	COMMENTS
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	
E1161	Manual adult size wheelchair, includes tilt in space	
E1226	Wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each	
E1227	Special height arms for wheelchair	
E1230	Power operated vehicle (three- or four-wheel nonhighway), specify brand name and model number	
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	
E1296	Special wheelchair seat height from floor	
E1298	Special wheelchair seat depth and/or width, by construction	
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	
E1405	Oxygen and water vapor enriching system with heated delivery	
E1406	Oxygen and water vapor enriching system without heated delivery	
E2000	Gastric suction pump, home model, portable or stationary, electric	
E2100	Blood glucose monitor with integrated voice synthesizer	
E2201	Manual wheelchair accessory, nonstandard seat frame, width greater than or equal to 20 in and less than 24 in	
E2202	Manual wheelchair accessory, nonstandard seat frame width, 24-27 in	
E2203	Manual wheelchair accessory, nonstandard seat frame depth, 20 to less than 22 in	
E2204	Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 in	
E2227	Manual wheelchair accessory, gear reduction drive wheel, each	
E2228	Manual wheelchair accessory, wheel braking system and lock, complete, each	
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 2 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	

Code	NAME/DESCRIPTION	COMMENTS
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	
E2325	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware	
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	
E2340	Power wheelchair accessory, nonstandard seat frame width, 20-23 in	
E2341	Power wheelchair accessory, nonstandard seat frame width, 24-27 in	
E2342	Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 in	
E2343	Power wheelchair accessory, nonstandard seat frame depth, 22-25 in	
E2351	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface	
E2367	Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or nonsealed, each	
E2368	Power wheelchair component, drive wheel motor, replacement only	
E2370	Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only	
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, nonexpandable 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	
E2378	Power wheelchair component, actuator, replacement only	
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 prerecorded messages, less than or equal to eight minutes recording time	
E2502	Speech generating device, digitized speech, using prerecorded messages, greater than eight minutes but less than or equal to 20 minutes recording time	
E2504	Speech generating device, digitized speech, using prerecorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time	

Code	NAME/DESCRIPTION	COMMENTS
E2506	Speech generating device, digitized speech, using prerecorded 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	
E2606	Positioning wheelchair seat cushion, width 22 in or greater, any depth	
E2608	Skin protection and positioning wheelchair seat cushion, width 22 in or greater, any depth	
E2609	Custom fabricated wheelchair seat cushion, any size	
E2611	General use wheelchair back cushion, width less than 22 in, any height, including any type mounting hardware	
E2612	General use wheelchair back cushion, width 22 in or greater, any height, including any type mounting hardware	
E2613	Positioning wheelchair back cushion, posterior, width less than 22 in, any height, including any type mounting hardware	
E2614	Positioning wheelchair back cushion, posterior, width 22 in or greater, any height, including any type mounting hardware	
E2615	Positioning wheelchair back cushion, posterior-lateral, width less than 22 in, any height, including any type mounting hardware	
E2616	Positioning wheelchair back cushion, posterior-lateral, width 22 in or greater, any height, including any type mounting hardware	
E2620	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 in, any height, including any type mounting hardware	
E2621	Positioning wheelchair back cushion, planar back with lateral supports, width 22 in or greater, any height, including any type mounting hardware	
E2622	Skin protection wheelchair seat cushion, adjustable, width less than 22 in, any depth	
E2623	Skin protection wheelchair seat cushion, adjustable, width 22 in or greater, any depth	
E2624	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 in, any depth	
E2625	Skin protection and positioning wheelchair seat cushion, adjustable, width 22 in 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	
G0151	Services performed by a qualified physical therapist in the home health or hospice setting, 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	

Code	NAME/DESCRIPTION	COMMENTS
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)	
G0179	Physician or allowed practitioner 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 and allowed practitioners to affirm the initial implementation of the plan of care	
G0277	Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval	
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 part of a therapy plan of care	
G0295	Electromagnetic therapy, to one or more areas, for wound care other than described in G0329 or for other uses	
G0339	Image guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment	
G0378	Hospital observation service, per hour	
G0379	Direct admission of patient for hospital observation care	
G0458	Low dose rate (LDR) prostate brachytherapy services, composite rate	
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)	
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 living) using a portable pump provided by the office/clinic, includes follow up office/clinic visit at the conclusion of the infusion	
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, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks: up to 5 mev	
G6008	Radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks: 6-10 mev	
G6009	Radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks: 11-19 mev	
G6010	Radiation treatment delivery, two separate treatment areas, three or more ports on a single treatment area, use of multiple blocks: 20 mev or greater	
G6011	Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5 mev	

Code	NAME/DESCRIPTION	COMMENTS
G6012	Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 mev	
G6013	Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 mev	
G6014	Radiation treatment delivery, three 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 three 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 (e.g., 3D positional tracking, gating, 3D surface tracking), each fraction of treatment	
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 potassium concentration	
H0001	Alcohol and/or drug assessment	
H0002	Behavioral health screening to determine eligibility for admission to treatment program	
H0003	Alcohol and/or drug screening; laboratory analysis of specimens for presence of alcohol and/or drugs	
H0004	Behavioral health counseling and therapy, per 15 minutes	
H0005	Alcohol and/or drug services; group counseling by a clinician	
H0006	Alcohol and/or drug services; case management	
H0007	Alcohol and/or drug services; crisis intervention (outpatient)	
H0008	Alcohol and/or drug services; subacute detoxification (hospital inpatient)	
H0009	Alcohol and/or drug services; acute detoxification (hospital inpatient)	
H0010	Alcohol and/or drug services; subacute detoxification (residential addiction program inpatient)	
H0011	Alcohol and/or drug services; acute detoxification (residential addiction program inpatient)	
H0012	Alcohol and/or drug services; subacute detoxification (residential addiction program outpatient)	
H0013	Alcohol and/or drug services; acute detoxification (residential addiction program outpatient)	
H0014	Alcohol and/or drug services; ambulatory detoxification	
H0015	Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education	
H0016	Alcohol and/or drug services; medical/somatic (medical intervention in ambulatory setting)	
H0017	Behavioral health; residential (hospital residential treatment program), without room and board, per diem	
H0020	Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program)	
H0021	Alcohol and/or drug training service (for staff and personnel not employed by providers)	
H0022	Alcohol and/or drug intervention service (planned facilitation)	
H0023	Behavioral health outreach service (planned approach to reach a targeted population)	
H0024	Behavioral health prevention information dissemination service (one-way direct or nondirect contact with service audiences to affect knowledge and attitude)	
H0025	Behavioral health prevention education service (delivery of services with target population to affect knowledge, attitude and/or behavior)	

Code	NAME/DESCRIPTION	COMMENTS
H0026	Alcohol and/or drug prevention process service, community-based (delivery of services to develop skills of impactors)	
H0027	Alcohol and/or drug prevention environmental service (broad range of external activities geared toward modifying systems in order to mainstream prevention through policy and law)	
H0028	Alcohol and/or drug prevention problem identification and referral service (e.g., student assistance and employee assistance programs), does not include assessment	
H0029	Alcohol and/or drug prevention alternatives service (services for populations that exclude alcohol and other drug use e.g., alcohol free social events)	
H0030	Behavioral health hotline service	
H0031	Mental health assessment, by nonphysician	
H0032	Mental health service plan development by nonphysician	
H0033	Oral medication administration, direct observation	
H0034	Medication training and support, per 15 minutes	
H0035	Mental health partial hospitalization, treatment, less than 24 hours	
H0036	Community psychiatric supportive treatment, face-to-face, per 15 minutes	
H0037	Community psychiatric supportive treatment program, per diem	
H0038	Self-help/peer services, per 15 minutes	
H0039	Assertive community treatment, face-to-face, per 15 minutes	
H0040	Assertive community treatment program, per diem	
H0041	Foster care, child, nontherapeutic, per diem	
H0042	Foster care, child, nontherapeutic, per month	
H0043	Supported housing, per diem	
H0044	Supported housing, per month	
H0045	Respite care services, not in the home, per diem	
H0046	Mental health services, not otherwise specified	
H0047	Alcohol and/or other drug abuse services, not otherwise specified	
H0048	Alcohol and/or other drug testing: collection and handling only, specimens other than blood	
H0049	Alcohol and/or drug screening	
H0050	Alcohol and/or drug services, brief intervention, per 15 minutes	
H1000	Prenatal care, at-risk assessment	
H1001	Prenatal care, at-risk enhanced service; antepartum management	
H1002	Prenatal care, at risk enhanced service; care coordination	
H1003	Prenatal care, at-risk enhanced service; education	
H1004	Prenatal care, at-risk enhanced service; follow-up home visit	
H1005	Prenatal care, at-risk enhanced service package (includes H1001-H1004)	
H1010	Nonmedical family planning education, per session	
H1011	Family assessment by licensed behavioral health professional for state defined purposes	
H2000	Comprehensive multidisciplinary evaluation	
H2001	Rehabilitation program, per 1/2 day	
H2010	Comprehensive medication services, per 15 minutes	
H2012	Behavioral health day treatment, per hour	
H2013	Psychiatric health facility service, per diem	
H2014	Skills training and development, per 15 minutes	

Code	NAME/DESCRIPTION	COMMENTS
H2015	Comprehensive community support services, per 15 minutes	
H2016	Comprehensive community support services, per diem	
H2017	Psychosocial rehabilitation services, per 15 minutes	
H2018	Psychosocial rehabilitation services, per diem	
H2019	Therapeutic behavioral services, per 15 minutes	
H2020	Therapeutic behavioral services, per diem	
H2021	Community-based wrap-around services, per 15 minutes	
H2022	Community-based wrap-around services, per diem	
H2023	Supported employment, per 15 minutes	
H2024	Supported employment, per diem	
H2025	Ongoing support to maintain employment, per 15 minutes	
H2026	Ongoing support to maintain employment, per diem	
H2027	Psychoeducational service, per 15 minutes	
H2028	Sexual offender treatment service, per 15 minutes	
H2029	Sexual offender treatment service, per diem	
H2030	Mental health clubhouse services, per 15 minutes	
H2031	Mental health clubhouse services, per diem	
H2032	Activity therapy, per 15 minutes	
H2033	Multisystemic therapy for juveniles, per 15 minutes	
H2034	Alcohol and/or drug abuse halfway house services, per diem	
H2035	Alcohol and/or other drug treatment program, per hour	
H2036	Alcohol and/or other drug treatment program, per diem	
H2037	Developmental delay prevention activities, dependent child of client, per 15 minutes	
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	
J0178	Injection, aflibercept, 1 mg	
J0179	Injection, brolocizumab-dbl, 1 mg	
J0180	Injection, agalsidase beta, 1 mg	
J0202	Injection, alemtuzumab, 1 mg	
J0207	Injection, amifostine, 500 mg	
J0225	Injection, vutrisiran, 1 mg	
J0256	Injection, alpha 1-proteinase inhibitor (human), not otherwise specified, 10 mg	
J0257	Injection, alpha 1 proteinase inhibitor (human), (GLASSIA), 10 mg	
J0480	Injection, basiliximab, 20 mg	
J0490	Injection, belimumab, 10 mg	
J0517	Injection, benralizumab, 1 mg	
J0567	Injection, cerliponase alfa, 1 mg	
J0570	Buprenorphine implant, 74.2 mg	
J0572	Buprenorphine/naloxone, oral, less than or equal to 3 mg buprenorphine	
J0584	Injection, burosumab-twza, 1 mg	
J0585	Injection, onabotulinumtoxinA, 1 unit	
J0586	Injection, abobotulinumtoxinA, 5 units	

Code	NAME/DESCRIPTION	COMMENTS
J0587	Injection, rimabotulinumtoxinB, 100 units	
J0588	Injection, incobotulinumtoxinA, 1 unit	
J0600	Injection, edetate calcium disodium, up to 1,000 mg	
J0606	Injection, etelcalcetide, 0.1 mg	
J0630	Injection, calcitonin salmon, up to 400 units	
J0638	Injection, canakinumab, 1 mg	
J0640	Injection, leucovorin calcium, per 50 mg	
J0791	Injection, crizanlizumab-tmca, 5 mg	
J0850	Injection, cytomegalovirus immune globulin intravenous (human), per vial	
J0875	Injection, dalbavancin, 5 mg	
J0881	Injection, darbepoetin alfa, 1 mcg (non-ESRD use)	
J0885	Injection, epoetin alfa, (for non-ESRD use), 1000 units	
J0887	Injection, epoetin beta, 1 mcg, (for ESRD on dialysis)	
J0888	Injection, epoetin beta, 1 mcg, (for non-ESRD use)	
J0894	Injection, decitabine, 1 mg	
J0897	Injection, denosumab, 1 mg	
J1290	Injection, ecallantide, 1 mg	
J1300	Injection, eculizumab, 10 mg	
J1413	Injection, delandistrogene moxeparvovec-rokl, per therapeutic dose	
J1428	Injection, eteplirsen, 10 mg	
J1437	Injection, ferric derisomaltose, 10 mg	
J1439	Injection, ferric carboxymaltose, 1 mg	
J1442	Injection, filgrastim (G-CSF), excludes biosimilars, 1 mcg	
J1447	Injection, tbo-filgrastim, 1 mcg	
J1449	Injection, eflapegrastim-xnst, 0.1 mg	
J1456	Injection, fosaprepitant (Teva), not therapeutically equivalent to J1453, 1 mg	
J1458	Injection, galsulfase, 1 mg	
J1459	Injection, immune globulin (Privigen), intravenous, nonlyophilized (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, nonlyophilized (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/Gamunex-C/Gammaked), nonlyophilized (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, nonlyophilized (e.g., liquid), 500 mg	
J1569	Injection, immune globulin, (Gammagard liquid), nonlyophilized, (e.g., liquid), 500 mg	
J1572	Injection, immune globulin, (Flebogamma/Flebogamma Dif), intravenous, nonlyophilized (e.g., liquid), 500 mg	
J1575	Injection, immune globulin/hyaluronidase, 100 mg immunoglobulin	
J1599	Injection, immune globulin, intravenous, nonlyophilized (e.g., liquid), not otherwise specified, 500 mg	

Code	NAME/DESCRIPTION	COMMENTS
J1745	Injection, infliximab, excludes biosimilar, 10 mg	
J1930	Injection, lanreotide, 1 mg	
J1932	Injection, lanreotide, (Cipla), 1 mg	
J1950	Injection, leuprolide acetate (for depot suspension), per 3.75 mg	
J2323	Injection, natalizumab, 1 mg	
J2326	Injection, nusinersen, 0.1 mg	
J2327	Injection, risankizumab-rzaa, intravenous, 1 mg	
J2329	Injection, ublituximab-xiiy, 1mg	
J2350	Injection, ocrelizumab, 1 mg	
J2430	Injection, pamidronate disodium, per 30 mg	
J2506	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg	
J2507	Injection, pegloticase, 1 mg	
J2777	Injection, faricimab-svoa, 0.1 mg	
J2778	Injection, ranibizumab, 0.1 mg	
J2779	Injection, ranibizumab, via intravitreal implant (Susvimo), 0.1 mg	
J2781	Injection, pegcetacoplan, intravitreal, 1 mg	
J2783	Injection, rasburicase, 0.5 mg	
J2786	Injection, reslizumab, 1 mg	
J2793	Injection, rilonacept, 1 mg	
J2840	Injection, sebelipase alfa, 1 mg	
J2997	Injection, alteplase recombinant, 1 mg	
J3060	Injection, taliglucerase alfa, 10 units	
J3101	Injection, tenecteplase, 1 mg	
J3111	Injection, romosozumab-aqqg, 1 mg	
J3121	Injection, testosterone enanthate, 1 mg	
J3145	Injection, testosterone undecanoate, 1 mg	
J3262	Injection, tocilizumab, 1 mg	
J3380	Injection, vedolizumab, IV, 1 mg	
J3489	Injection, zoledronic acid, 1 mg	
J3490	Unclassified drugs	
J3590	Unclassified biologics	
J7168	Prothrombin complex concentrate (human), Kcentra, per IU of Factor IX activity	
J7239	Hyaluronan or derivative, trivisc, for intra-articular injection, 1 mg	
J7311	Injection, fluocinolone acetonide, intravitreal implant (Retisert), 0.01 mg	
J7312	Injection, dexamethasone, intravitreal implant, 0.1 mg	
J7313	Injection, fluocinolone acetonide, intravitreal implant (Iluvien), 0.01 mg	
J7316	Injection, ocriplasmin, 0.125 mg	
J7318	Hyaluronan or derivative, Durolane, for intra-articular injection, 1 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	

Code	NAME/DESCRIPTION	COMMENTS
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	
J7332	Hyaluronan or derivative, Triluron, for intra-articular injection, 1 mg	
J7340	Carbidopa 5 mg/levodopa 20 mg enteral suspension, 100 ml	
J7504	Lymphocyte immune globulin, antithymocyte globulin, equine, parenteral, 250 mg	
J9000	Injection, doxorubicin HCl, 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	
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 mcg	
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	
J9057	Injection, copanlisib, 1 mg	
J9060	Injection, cisplatin, powder or solution, 10 mg	
J9065	Injection, cladribine, per 1 mg	
J9098	Injection, cytarabine liposome, 10 mg	
J9100	Injection, cytarabine, 100 mg	
J9119	Injection, cemiplimab-rwlc, 1 mg	
J9120	Injection, dactinomycin, 0.5 mg	
J9130	Dacarbazine, 100 mg	
J9144	Injection, daratumumab, 10 mg and hyaluronidase-fihj	
J9145	Injection, daratumumab, 10 mg	
J9150	Injection, daunorubicin, 10 mg	
J9151	Injection, daunorubicin citrate, liposomal formulation, 10 mg	
J9155	Injection, degarelix, 1 mg	
J9165	Injection, diethylstilbestrol diphosphate, 250 mg	
J9171	Injection, docetaxel, 1 mg	

Code	NAME/DESCRIPTION	COMMENTS
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 HCl, not otherwise specified, 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 g	
J9209	Injection, mesna, 200 mg	
J9211	Injection, idarubicin HCl, 5 mg	
J9212	Injection, interferon alfacon-1, recombinant, 1 mcg	
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 HCl, (nitrogen mustard), 10 mg	
J9245	Injection, melphalan HCl, not otherwise specified, 50 mg	
J9260	Injection, 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	
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 HCl, per 5 mg	

Code	NAME/DESCRIPTION	COMMENTS
J9295	Injection, necitumumab, 1 mg	
J9299	Injection, nivolumab, 1 mg	
J9301	Injection, obinutuzumab, 10 mg	
J9302	Injection, ofatumumab, 10 mg	
J9303	Injection, panitumumab, 10 mg	
J9305	Injection, pemetrexed, NOS, 10 mg	
J9306	Injection, pertuzumab, 1 mg	
J9307	Injection, pralatrexate, 1 mg	
J9308	Injection, ramucirumab, 5 mg	
J9311	Injection, rituximab 10 mg and hyaluronidase	
J9312	Injection, rituximab, 10 mg	
J9320	Injection, streptozocin, 1 g	
J9325	Injection, talimogene laherparepvec, per 1 million plaque forming units	
J9328	Injection, temozolomide, 1 mg	
J9330	Injection, temsirolimus, 1 mg	
J9332	Injection, efgartigimod alfa-fcab, 2 mg	
J9334	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc	
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, excludes biosimilar, 10 mg	
J9357	Injection, valrubicin, intravesical, 200 mg	
J9360	Injection, vinblastine sulfate, 1 mg	
J9370	Vincristine sulfate, 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	
K0002	Standard hemi (low seat) wheelchair	
K0003	Lightweight wheelchair	
K0004	High strength, lightweight wheelchair	
K0005	Ultralightweight wheelchair	
K0006	Heavy-duty wheelchair	
K0007	Extra heavy-duty wheelchair	
K0009	Other manual wheelchair/base	
K0010	Standard-weight frame motorized/power wheelchair	
K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	
K0012	Lightweight portable motorized/power wheelchair	
K0455	Infusion pump used for uninterrupted parenteral administration of medication, (e.g., epoprostenol or treprostinol)	

Code	NAME/DESCRIPTION	COMMENTS
K0606	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type	
K0609	Replacement electrodes for use with automated external defibrillator, garment type only, each	
K0730	Controlled dose inhalation drug delivery system	
K0738	Portable gaseous oxygen system, rental; home compressor used to fill portable oxygen cylinders; includes portable containers, regulator, flowmeter, humidifier, cannula or mask, and tubing	
K0800	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds	
K0812	Power operated vehicle, not otherwise classified	
K0861	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
L0112	Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated	
L0170	Cervical, collar, molded to patient model	
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	
L0454	Thoracic-lumbar-sacral orthosis (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), includes shoulder straps and closures, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	
L0455	Thoracic-lumbar-sacral orthosis (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), includes shoulder straps and closures, prefabricated, off-the-shelf	
L0456	Thoracic-lumbar-sacral orthosis (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, produces intracavitary pressure to reduce load on the intervertebral disks, includes straps and closures, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	
L0457	Thoracic-lumbar-sacral orthosis (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, produces intracavitary pressure to reduce load on the intervertebral disks, includes straps and closures, prefabricated, off-the-shelf	
L0458	Thoracic-lumbar-sacral orthosis (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, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	

Code	NAME/DESCRIPTION	COMMENTS
L0460	Thoracic-lumbar-sacral orthosis (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 liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	
L0462	Thoracic-lumbar-sacral orthosis (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, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	
L0464	Thoracic-lumbar-sacral orthosis (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, restricts gross trunk motion in sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	
L0466	Thoracic-lumbar-sacral orthosis (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 that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	
L0467	Thoracic-lumbar-sacral orthosis (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-the-shelf	
L0468	Thoracic-lumbar-sacral orthosis (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, restricts gross trunk motion in sagittal, and coronal planes, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	
L0469	Thoracic-lumbar-sacral orthosis (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, restricts gross trunk motion in sagittal and coronal planes, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated, off-the-shelf	
L0470	Thoracic-lumbar-sacral orthosis (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 strength provided by subclavicular extensions, restricts gross trunk motion in sagittal, coronal, and transverse planes, provides intracavitary pressure to reduce load on the intervertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment	

Code	NAME/DESCRIPTION	COMMENTS
L0472	Thoracic-lumbar-sacral orthosis (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, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment	
L0480	Thoracic-lumbar-sacral orthosis (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 sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	
L0482	Thoracic-lumbar-sacral orthosis (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 notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	
L0484	Thoracic-lumbar-sacral orthosis (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 sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	
L0486	Thoracic-lumbar-sacral orthosis (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 notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	
L0488	Thoracic-lumbar-sacral orthosis (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 notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, prefabricated, includes fitting and adjustment	
L0491	Thoracic-lumbar-sacral orthosis (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, soft liner, restricts gross trunk motion in the sagittal and coronal planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	
L0492	Thoracic-lumbar-sacral orthosis (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, soft liner, restricts gross trunk motion in the sagittal and coronal planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment	
L0622	Sacroiliac orthosis (SO), flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated	

Code	NAME/DESCRIPTION	COMMENTS
L0627	Lumbar orthosis (LO), 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, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	
L0631	Lumbar-sacral orthosis (LSO), 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 include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	
L0635	Lumbar-sacral orthosis (LSO), 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 lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, prefabricated, includes fitting and adjustment	
L0636	Lumbar-sacral orthosis (LSO), 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 lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, custom fabricated	
L0637	Lumbar-sacral orthosis (LSO), 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 reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	
L0638	Lumbar-sacral orthosis (LSO), 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 reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated	
L0639	Lumbar-sacral orthosis (LSO), 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 intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	
L0640	Lumbar-sacral orthosis (LSO), 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 intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, custom fabricated	

Code	NAME/DESCRIPTION	COMMENTS
L0642	Lumbar orthosis (LO), 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, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	
L0648	Lumbar-sacral orthosis (LSO), 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 include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	
L0650	Lumbar-sacral orthosis (LSO), 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 to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	
L0651	Lumbar-sacral orthosis (LSO), 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 intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated, off-the-shelf	
L0700	Cervical-thoracic-lumbar-sacral orthosis (CTLSO), anterior-posterior-lateral control, molded to patient model, (Minerva type)	
L0710	Cervical-thoracic-lumbar-sacral orthosis (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 orthotic	
L0859	Addition to halo procedure, magnetic resonance image compatible systems, rings and pins, any material	
L1000	Cervical-thoracic-lumbar-sacral orthosis (CTLSO) (Milwaukee), inclusive of furnishing initial orthotic, including model	
L1005	Tension based scoliosis orthosis and accessory pads, includes fitting and adjustment	
L1110	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSO) or scoliosis orthosis, ring flange, plastic or leather, molded to patient model	
L1200	Thoracic-lumbar-sacral orthosis (TLSO), inclusive of furnishing initial orthosis only	
L1210	Addition to thoracic-lumbar-sacral orthosis (TLSO), (low profile), lateral thoracic extension	
L1230	Addition to thoracic-lumbar-sacral orthosis (TLSO), (low profile), Milwaukee type superstructure	
L1300	Other scoliosis procedure, body jacket molded to patient model	
L1310	Other scoliosis procedure, postoperative body jacket	
L1640	Hip orthosis (HO), abduction control of hip joints, static, pelvic band or spreader bar, thigh cuffs, custom fabricated	
L1652	Hip orthosis (HO), bilateral thigh cuffs with adjustable abductor spreader bar, adult size, prefabricated, includes fitting and adjustment, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	
L1680	Hip orthosis (HO), abduction control of hip joints, dynamic, pelvic control, adjustable hip motion control, thigh cuffs (Rancho hip action type), custom fabricated	
L1685	Hip orthosis (HO), abduction control of hip joint, postoperative hip abduction type, custom fabricated	

Code	NAME/DESCRIPTION	COMMENTS
L1686	Hip orthosis (HO), 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	
L1832	Knee orthosis (KO), 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 (KO), adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, off-the shelf	
L1834	Knee orthosis (KO), without knee joint, rigid, custom fabricated	
L1840	Knee orthosis (KO), derotation, medial-lateral, anterior cruciate ligament, custom fabricated	
L1843	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 item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	
L1844	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, custom fabricated	
L1845	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 item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	
L1846	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, custom fabricated	
L1847	Knee orthosis (KO), 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 (KO), double upright with adjustable joint, with inflatable air support chamber(s), prefabricated, off-the-shelf	
L1850	Knee orthosis (KO), 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 (KO), modification of supracondylar prosthetic socket, custom fabricated (SK)	

Code	NAME/DESCRIPTION	COMMENTS
L1900	Ankle-foot orthosis (AFO), spring wire, dorsiflexion assist calf band, custom fabricated	
L1904	Ankle orthosis (AO), ankle gauntlet or similar, with or without joints, custom fabricated	
L1906	Ankle foot orthosis (AFO), multiligamentous ankle support, prefabricated, off-the-shelf	
L1907	Ankle orthosis (AO), supramalleolar with straps, with or without interface/pads, custom fabricated	
L1910	Ankle-foot orthosis (AFO), posterior, single bar, clasp attachment to shoe counter, prefabricated, includes fitting and adjustment	
L1920	Ankle-foot orthosis (AFO), single upright with static or adjustable stop (Phelps or Perlstein type), custom fabricated	
L1932	Ankle-foot orthosis (AFO), rigid anterior tibial section, total carbon fiber or equal material, prefabricated, includes fitting and adjustment	
L1940	Ankle-foot orthosis (AFO), plastic or other material, custom fabricated	
L1945	Ankle-foot orthosis (AFO), plastic, rigid anterior tibial section (floor reaction), custom fabricated	
L1950	Ankle-foot orthosis (AFO), spiral, (Institute of Rehabilitative Medicine type), plastic, custom fabricated	
L1951	Ankle-foot orthosis (AFO), spiral, (Institute of rehabilitative Medicine type), plastic or other material, prefabricated, includes fitting and adjustment	
L1960	Ankle-foot orthosis (AFO), posterior solid ankle, plastic, custom fabricated	
L1970	Ankle-foot orthosis (AFO), plastic with ankle joint, custom fabricated	
L1971	Ankle-foot orthosis (AFO), plastic or other material with ankle joint, prefabricated, includes fitting and adjustment	
L1980	Ankle-foot orthosis (AFO), single upright free plantar dorsiflexion, solid stirrup, calf band/cuff (single bar 'BK' orthosis), custom fabricated	
L1990	Ankle-foot orthosis (AFO), double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar 'BK' orthosis), custom fabricated	
L2000	Knee-ankle-foot orthosis (KAFO), single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar 'AK' orthosis), custom fabricated	
L2005	Knee-ankle-foot orthosis (KAFO), 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 (KAFO), 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 (KAFO), double upright, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar 'AK' orthosis), custom fabricated	
L2030	Knee-ankle-foot orthosis (KAFO), 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 (KAFO), full plastic, single upright, with or without free motion knee, medial-lateral rotation control, with or without free motion ankle, custom fabricated	
L2036	Knee-ankle-foot orthosis (KAFO), full plastic, double upright, with or without free motion knee, with or without free motion ankle, custom fabricated	
L2037	Knee-ankle-foot orthosis (KAFO), full plastic, single upright, with or without free motion knee, with or without free motion ankle, custom fabricated	
L2038	Knee-ankle-foot orthosis (KAFO), full plastic, with or without free motion knee, multi-axis ankle, custom fabricated	
L2050	Hip-knee-ankle-foot orthosis (HKAFO), torsion control, bilateral torsion cables, hip joint, pelvic band/belt, custom fabricated	

Code	NAME/DESCRIPTION	COMMENTS
L2060	Hip-knee-ankle-foot orthosis (HKAFO), torsion control, bilateral torsion cables, ball bearing hip joint, pelvic band/ belt, custom fabricated	
L2080	Hip-knee-ankle-foot orthosis (HKAFO), torsion control, unilateral torsion cable, hip joint, pelvic band/belt, custom fabricated	
L2090	Hip-knee-ankle-foot orthosis (HKAFO), torsion control, unilateral torsion cable, ball bearing hip joint, pelvic band/ belt, custom fabricated	
L2106	Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture cast orthosis, thermoplastic type casting material, custom fabricated	
L2108	Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture cast orthosis, custom fabricated	
L2112	Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture orthosis, soft, prefabricated, includes fitting and adjustment	
L2114	Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture orthosis, semi-rigid, prefabricated, includes fitting and adjustment	
L2116	Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture orthosis, rigid, prefabricated, includes fitting and adjustment	
L2126	Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, thermoplastic type casting material, custom fabricated	
L2128	Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, custom fabricated	
L2132	Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, soft, prefabricated, includes fitting and adjustment	
L2134	Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, semi-rigid, prefabricated, includes fitting and adjustment	
L2136	Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, rigid, prefabricated, includes fitting and adjustment	
L2188	Addition to lower extremity fracture orthosis, quadrilateral brim	
L2192	Addition to lower extremity fracture orthosis, hip joint, pelvic band, thigh flange, and pelvic belt	
L2250	Addition to lower extremity, foot plate, molded to patient model, stirrup attachment	
L2280	Addition to lower extremity, molded inner boot	
L2300	Addition to lower extremity, abduction bar (bilateral hip involvement), jointed, adjustable	
L2330	Addition to lower extremity, lacer molded to patient model, for custom fabricated orthosis only	
L2340	Addition to lower extremity, pretibial shell, molded to patient model	
L2350	Addition to lower extremity, prosthetic type, (BK) socket, molded to patient model, (used for PTB, AFO orthoses)	
L2370	Addition to lower extremity, Patten bottom	
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	
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	

Code	NAME/DESCRIPTION	COMMENTS
L2580	Addition to lower extremity, pelvic control, pelvic sling	
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	
L2640	Addition to lower extremity, pelvic control, band and belt, bilateral	
L3000	Foot insert, removable, molded to patient model, UCB type, Berkeley shell, each	
L3671	Shoulder orthosis (SO), shoulder joint design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
L3674	Shoulder orthosis (SO), 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	
L3720	Elbow orthosis (EO), double upright with forearm/arm cuffs, free motion, custom fabricated	
L3730	Elbow orthosis (EO), double upright with forearm/arm cuffs, extension/ flexion assist, custom fabricated	
L3740	Elbow orthosis (EO), 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	
L3763	Elbow-wrist-hand orthosis (EWHO), rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
L3764	Elbow-wrist-hand orthosis (EWHO), 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 (EWHFO), rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
L3766	Elbow-wrist-hand-finger orthosis (EWHFO), 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 (WHFO), includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, custom fabricated, includes fitting and adjustment	
L3808	Wrist-hand-finger orthosis (WHFO), rigid without joints, may include soft interface material; straps, custom fabricated, includes fitting and adjustment	
L3900	Wrist-hand-finger orthosis (WHFO), dynamic flexor hinge, reciprocal wrist extension/ flexion, finger flexion/extension, wrist or finger driven, custom fabricated	
L3901	Wrist-hand-finger orthosis (WHFO), dynamic flexor hinge, reciprocal wrist extension/ flexion, finger flexion/extension, cable driven, custom fabricated	
L3904	Wrist-hand-finger orthosis (WHFO), external powered, electric, custom fabricated	
L3905	Wrist-hand orthosis (WHO), includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
L3906	Wrist-hand orthosis (WHO), without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	

Code	NAME/DESCRIPTION	COMMENTS
L3915	Wrist-hand orthosis (WHO), 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 individual with expertise	
L3916	Wrist-hand orthosis (WHO), includes one or more nontorsion joint(s), elastic bands, turnbuckles, may include soft interface, straps, prefabricated, off-the-shelf	
L3960	Shoulder-elbow-wrist-hand orthosis (SEWHO), abduction positioning, airplane design, prefabricated, includes fitting and adjustment	
L3961	Shoulder-elbow-wrist-hand orthosis (SEWHO), shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
L3962	Shoulder-elbow-wrist-hand orthosis (SEWHO), abduction positioning, Erb's palsy design, prefabricated, includes fitting and adjustment	
L3967	Shoulder-elbow-wrist-hand orthosis (SEWHO), 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 orthotic (SEWHO), 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 (SEWHO), 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 and adjustment	
L3975	Shoulder-elbow-wrist-hand-finger orthosis (SEWHO), shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
L3976	Shoulder-elbow-wrist-hand-finger orthosis (SEWHO), 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 (SEWHO), 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 (SEWHO), 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 and adjustment	
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	
L4000	Replace girdle for spinal orthosis (cervical-thoracic-lumbar-sacral orthosis (CTLSO) or spinal orthosis SO)	
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 nonmolded thigh lacer, for custom fabricated orthosis only	
L4050	Replace molded calf lacer, for custom fabricated orthosis only	

Code	NAME/DESCRIPTION	COMMENTS
L4055	Replace nonmolded calf lacer, for custom fabricated orthosis only	
L4060	Replace high roll cuff	
L4070	Replace proximal and distal upright for KAFO	
L4130	Replace pretibial shell	
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, with or without interface material, prefabricated, off-the-shelf	
L4631	Ankle-foot orthosis (AFO), 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	Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated, off-the-shelf	
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 (SACH)	
L5100	Below knee (BK), molded socket, shin, SACH foot	
L5105	Below knee (BK), 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 (AK), molded socket, single axis constant friction knee, shin, SACH foot	
L5210	Above knee (AK), short prosthesis, no knee joint (stubbies), with foot blocks, no ankle joints, each	
L5220	Above knee (AK), short prosthesis, no knee joint (stubbies), with articulated ankle/foot, dynamically aligned, each	
L5230	Above knee (AK), 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 (BK), 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 (AK), 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 postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee (BK)	

Code	NAME/DESCRIPTION	COMMENTS
L5410	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, below knee (BK), each additional cast change and realignment	
L5420	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, below knee (BK), each additional cast change and realignment	
L5430	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, below knee (BK), each additional cast change and realignment	
L5450	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, below knee (BK), each additional cast change and realignment	
L5500	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, below knee (BK), each additional cast change and realignment	
L5505	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, below knee (BK), each additional cast change and realignment	
L5510	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, below knee (BK), each additional cast change and realignment	
L5520	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, below knee (BK), each additional cast change and realignment	
L5530	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, below knee (BK), each additional cast change and realignment	
L5535	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, below knee (BK), each additional cast change and realignment	
L5540	Preparatory, below knee (BK) PTB type socket, nonalignable system, pylon, no cover, SACH foot, laminated socket, molded to model	
L5560	Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, plaster socket, molded to model	
L5570	Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed	
L5580	Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model	
L5585	Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable system, pylon, no cover, SACH foot, prefabricated adjustable open end socket	
L5590	Preparatory, above knee (AK), knee disarticulation, ischial level socket, nonalignable 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 (AK), hydracandence system	
L5611	Addition to lower extremity, endoskeletal system, above knee (AK), knee disarticulation, four-bar linkage, with friction swing phase control	
L5613	Addition to lower extremity, endoskeletal system, above knee (AK), knee disarticulation, four-bar linkage, with hydraulic swing phase control	
L5614	Addition to lower extremity, exoskeletal system, above knee (AK), knee disarticulation, four-bar linkage, with pneumatic swing phase control	

Code	NAME/DESCRIPTION	COMMENTS
L5616	Addition to lower extremity, endoskeletal system, above knee (AK), universal multiplex system, friction swing phase control	
L5617	Addition to lower extremity, quick change self-aligning unit, above knee (AK) or below knee (BK), each	
L5618	Addition to lower extremity, test socket, Symes	
L5620	Addition to lower extremity, test socket, below knee (BK)	
L5622	Addition to lower extremity, test socket, knee disarticulation	
L5624	Addition to lower extremity, test socket, above knee (AK)	
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 (AK) or knee disarticulation, acrylic 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 (BK), total contact	
L5638	Addition to lower extremity, below knee (BK), leather socket	
L5639	Addition to lower extremity, below knee (BK), wood socket	
L5640	Addition to lower extremity, knee disarticulation, leather socket	
L5642	Addition to lower extremity, above knee (AK), leather socket	
L5643	Addition to lower extremity, hip disarticulation, flexible inner socket, external frame	
L5644	Addition to lower extremity, above knee (AK), wood socket	
L5645	Addition to lower extremity, below knee (BK), flexible inner socket, external frame	
L5646	Addition to lower extremity, below knee (BK), air, fluid, gel or equal, cushion socket	
L5647	Addition to lower extremity, below knee (BK), suction socket	
L5648	Addition to lower extremity, above knee (AK), 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 (AK) or knee disarticulation socket	
L5651	Addition to lower extremity, above knee (AK), flexible inner socket, external frame	
L5652	Addition to lower extremity, suction suspension, above knee (AK) or knee disarticulation socket	
L5653	Addition to lower extremity, knee disarticulation, expandable wall socket	
L5654	Addition to lower extremity, socket insert, Symes, (Kemblo, Pelite, Aliplast, Plastazote or equal)	
L5655	Addition to lower extremity, socket insert, below knee (BK) (Kemblo, Pelite, Aliplast, Plastazote or equal)	
L5656	Addition to lower extremity, socket insert, knee disarticulation (Kemblo, Pelite, Aliplast, Plastazote or equal)	
L5658	Addition to lower extremity, socket insert, above knee (AK) (Kemblo, Pelite, Aliplast, Plastazote or equal)	
L5661	Addition to lower extremity, socket insert, multidurometer Symes	
L5665	Addition to lower extremity, socket insert, multidurometer, below knee (BK)	
L5670	Addition to lower extremity, below knee (BK), molded supracondylar suspension (PTS or similar)	
L5671	Addition to lower extremity, below knee (BK)/above knee (AK) suspension locking mechanism (shuttle, lanyard, or equal), excludes socket insert	
L5672	Addition to lower extremity, below knee (BK), removable medial brim suspension	
L5673	Addition to lower extremity, below knee (BK)/above knee (AK), 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 (BK), knee joints, single axis, pair	

Code	NAME/DESCRIPTION	COMMENTS
L5677	Additions to lower extremity, below knee (BK), knee joints, polycentric, pair	
L5679	Addition to lower extremity, below knee (BK)/above knee (AK), 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 (BK), thigh lacer, nonmolded	
L5681	Addition to lower extremity, below knee (BK)/above knee (AK), 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 L5673 or L5679)	
L5682	Addition to lower extremity, below knee (BK), thigh lacer, gluteal/ischial, molded	
L5683	Addition to lower extremity, below knee (BK)/above knee (AK), 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 initial, use code L5673 or L5679)	
L5700	Replacement, socket, below knee (BK), molded to patient model	
L5701	Replacement, socket, above knee (AK)/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 (BK)	
L5705	Custom shaped protective cover, above knee (AK)	
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 (BK), ultra-light material (titanium, carbon fiber or equal)	
L5790	Addition, exoskeletal system, above knee (AK), 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)	

Code	NAME/DESCRIPTION	COMMENTS
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	
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, four-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	
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 (BK), alignable system	
L5920	Addition, endoskeletal system, above knee (AK) or hip disarticulation, alignable system	
L5925	Addition, endoskeletal system, above knee (AK), knee disarticulation or hip disarticulation, manual lock	
L5930	Addition, endoskeletal system, high activity knee control frame	
L5940	Addition, endoskeletal system, below knee (BK), ultra-light material (titanium, carbon fiber or equal)	
L5950	Addition, endoskeletal system, above knee (AK), 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 (BK), flexible protective outer surface covering system	
L5964	Addition, endoskeletal system, above knee (AK), 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	
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 prostheses, 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 prostheses, multiaxial ankle, dynamic response foot, one-piece system	

Code	NAME/DESCRIPTION	COMMENTS
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 prostheses, axial rotation unit, with or without adjustability	
L5986	All lower extremity prostheses, multiaxial rotation unit (MCP or equal)	
L5987	All lower extremity prostheses, 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	
L6000	Partial hand, thumb remaining	
L6010	Partial hand, little and/or ring finger remaining	
L6020	Partial hand, no finger remaining	
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(s)	
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 postsurgical 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 postsurgical 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 postsurgical 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 postsurgical or early fitting, each additional cast change and realignment	
L6388	Immediate postsurgical 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	

Code	NAME/DESCRIPTION	COMMENTS
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	
L6611	Addition to upper extremity prosthesis, external powered, additional switch, any type	
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, rotation wrist unit with cable lock	
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	
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	
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	

Code	NAME/DESCRIPTION	COMMENTS
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 initial, use code L6694 or L6695)	
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 other than initial, use code L6694 or L6695)	
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	
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	
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	

Code	NAME/DESCRIPTION	COMMENTS
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 device	
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 device	
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	

Code	NAME/DESCRIPTION	COMMENTS
L7259	Electronic wrist rotator, any type	
L7362	Battery charger, six volt, each	
L7364	Twelve volt battery, each	
L7366	Battery charger, 12 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, ultra-light material (titanium, carbon fiber or equal)	
L7401	Addition to upper extremity prosthesis, above elbow disarticulation, ultra-light material (titanium, carbon fiber or equal)	
L7402	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, ultra-light 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	
L8030	Breast prosthesis, silicone or equal, without integral adhesive	
L8031	Breast prosthesis, silicone or equal, with integral adhesive	
L8035	Custom breast prosthesis, post mastectomy, molded to patient model	
L8040	Nasal prosthesis, provided by a nonphysician	
L8041	Midfacial prosthesis, provided by a nonphysician	
L8042	Orbital prosthesis, provided by a nonphysician	
L8043	Upper facial prosthesis, provided by a nonphysician	
L8044	Hemi-facial prosthesis, provided by a nonphysician	
L8045	Auricular prosthesis, provided by a nonphysician	
L8046	Partial facial prosthesis, provided by a nonphysician	
L8047	Nasal septal prosthesis, provided by a nonphysician	
L8500	Artificial larynx, any type	
L8600	Implantable breast prosthesis, silicone or equal	
L8603	Injectable bulking agent, collagen implant, urinary tract, 2.5 ml syringe, includes shipping and necessary supplies	
L8605	Injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, anal canal, 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	
L8619	Cochlear implant, external speech processor and controller, integrated system, replacement	
L8627	Cochlear implant, external speech processor, component, replacement	
L8628	Cochlear implant, external controller component, replacement	
L8630	Metacarpophalangeal joint implant	

Code	NAME/DESCRIPTION	COMMENTS
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, two 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	
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	
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	
M0248	Intravenous infusion, sotrovimab, includes infusion and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the COVID-19 public health emergency	
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	
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	
Q0487	Leads (pneumatic/electrical) for use with any type electric/pneumatic ventricular assist device, replacement only	
Q0489	Power pack base for use with electric/pneumatic ventricular assist device, replacement only	

Code	NAME/DESCRIPTION	COMMENTS
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	
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	
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	
Q0509	Miscellaneous supply or accessory for use with any implanted ventricular assist device for which payment was not made under Medicare Part A	
Q2050	Injection, doxorubicin HCl, liposomal, not otherwise specified, 10 mg	
Q3027	Injection, interferon beta-1a, 1 mcg for intramuscular use	
Q4018	Cast supplies, long arm splint, adult (11 years +), fiberglass	
Q4100	Skin substitute, not otherwise specified	
Q4101	Apligraf, per sq cm	
Q4102	Oasis wound matrix, per sq cm	
Q4103	Oasis burn matrix, per sq cm	
Q4104	Integra bilayer matrix wound dressing (BMWD), per sq cm	
Q4105	Integra dermal regeneration template (DRT) or Integra Omnigraft dermal regeneration matrix, per sq cm	
Q4106	Dermagraft, per sq cm	
Q4107	GRAFTJACKET, per sq cm	
Q4108	Integra matrix, per sq cm	
Q4110	PriMatrix, per sq cm	
Q4111	GammaGraft, per sq cm	
Q4112	Cymetra, injectable, 1 cc	
Q4113	GRAFTJACKET XPRESS, injectable, 1 cc	
Q4114	Integra flowable wound matrix, injectable, 1 cc	
Q4115	AlloSkin, per sq cm	
Q4116	AlloDerm, per sq cm	
Q4117	HYALOMATRIX, per sq cm	
Q4118	MatriStem micromatrix, 1 mg	
Q4121	TheraSkin, per sq cm	
Q4122	DermACELL, DermACELL AWM or DermACELL AWM Porous, per sq cm	
Q4123	AlloSkin RT, per sq cm	
Q4124	OASIS ultra tri-layer wound matrix, per sq cm	
Q4125	ArthroFlex, per sq cm	
Q4126	MemoDerm, DermaSpan, TranZgraft or InteguPly, per sq cm	
Q4127	Talymed, per sq cm	

Code	NAME/DESCRIPTION	COMMENTS
Q4128	FlexHD, or AllopatchHD, per sq cm	
Q4130	Strattice, per sq cm	
Q4132	Grafix Core and GrafixPL Core, per sq cm	
Q4133	Grafix PRIME, GrafixPL PRIME, Stravix and StravixPL, per sq cm	
Q4134	HMatrix, per sq cm	
Q4135	Mediskin, per sq cm	
Q4136	EZ Derm, per sq cm	
Q4137	AmnioExcel, AmnioExcel Plus or BioDExcel, per sq cm	
Q4138	BioDFence DryFlex, per sq cm	
Q4139	AmnioMatrix or BioDMatrix, injectable, 1 cc	
Q4140	BioDFence, per sq cm	
Q4141	AlloSkin AC, per sq cm	
Q4142	XCM biologic tissue matrix, per sq cm	
Q4143	Repriza, per sq cm	
Q4145	EpiFix, injectable, 1 mg	
Q4146	TENSIX, per sq cm	
Q4147	Architect, Architect PX, or Architect FX, extracellular matrix, per sq cm	
Q4148	Neox Cord 1K, Neox Cord RT, or Clarix Cord 1K, per sq cm	
Q4149	Excellagen, 0.1 cc	
Q4150	AlloWrap DS or dry, per sq cm	
Q4151	AmnioBand or Guardian, per sq cm	
Q4152	DermaPure, per sq cm	
Q4153	Dermavest and Plurivest, per sq cm	
Q4154	Biovance, per sq cm	
Q4155	Neox Flo or Clarix Flo 1 mg	
Q4156	Neox 100 or Clarix 100, per sq cm	
Q4157	Revitalon, per sq cm	
Q4158	Kerecis Omega3, per sq cm	
Q4159	Affinity, per sq cm	
Q4160	NuShield, per sq cm	
Q4161	bio-ConneKt wound matrix, per sq cm	
Q4162	WoundEx Flow, BioSkin Flow, 0.5 cc	
Q4163	WoundEx, BioSkin, per sq cm	
Q4164	Helicoll, per sq cm	
Q4165	Keramatrix or Kerasorb, per sq cm	
Q4166	Cytal, per sq cm	
Q4167	Truskin, per sq cm	
Q4168	AmnioBand, 1 mg	
Q4169	Artacent wound, per sq cm	
Q4170	Cygnus, per sq cm	
Q4171	Interfyl, 1 mg	
Q4173	PalinGen or PalinGen XPlus, per sq cm	
Q4174	PalinGen or ProMatrX, 0.36 mg per 0.25 cc	

Code	NAME/DESCRIPTION	COMMENTS
Q4175	Miroderm, per sq cm	
Q4176	NeoPatch or Therion, per sq cm	
Q4177	FlowerAmnioFlo, 0.1 cc	
Q4178	FlowerAmnioPatch, per sq cm	
Q4179	FlowerDerm, per sq cm	
Q4180	Revita, per sq cm	
Q4181	Amnio Wound, per sq cm	
Q4182	TransCyte, per sq cm	
Q4183	surgiGRAFT, per sq cm	
Q4184	Cellesta or Cellesta Duo, per sq cm	
Q4185	Cellesta Flowable Amnion (25 mg per cc); per 0.5 cc	
Q4186	Epifix, per sq cm	
Q4187	Epicord, per sq cm	
Q4188	AmnioArmor, per sq cm	
Q4189	Artacent AC, 1 mg	
Q4190	Artacent AC, per sq cm	
Q4191	Restorigin, per sq cm	
Q4192	Restorigin, 1 cc	
Q4193	Coll-e-Derm, per sq cm	
Q4194	Novachor, per sq cm	
Q4195	PuraPly, per sq cm	
Q4196	PuraPly AM, per sq cm	
Q4197	PuraPly XT, per sq cm	
Q4198	Genesis Amniotic Membrane, per sq cm	
Q4199	Cygnus matrix, per sq cm	
Q4200	SkinTE, per sq cm	
Q4201	Matrion, per sq cm	
Q4202	Kerxxx (2.5 g/cc), 1 cc	
Q4203	Derma-Gide, per sq cm	
Q4204	XWRAP, per sq cm	
Q4205	Membrane Graft or Membrane Wrap, per sq cm	
Q4206	Fluid Flow or Fluid GF, 1 cc	
Q4208	Novafix, per sq cm	
Q4209	SurGraft, per sq cm	
Q4211	Amnion Bio or AxoBioMembrane, per sq cm	
Q4212	AlloGen, per cc	
Q4213	Ascent, 0.5 mg	
Q4214	Cellesta Cord, per sq cm	
Q4215	Axolotl Ambient or Axolotl Cryo, 0.1 mg	
Q4216	Artacent Cord, per sq cm	
Q4217	WoundFix, BioWound, WoundFix Plus, BioWound Plus, WoundFix Xplus or BioWound Xplus, per sq cm	
Q4218	SurgiCORD, per sq cm	
Q4219	SurgiGRAFT-DUAL, per sq cm	

Code	NAME/DESCRIPTION	COMMENTS
Q4221	Amnio Wrap2, per sq cm	
Q4222	ProgenaMatrix, per sq cm	
Q4224	Human Health Factor 10 Amniotic Patch (HHF10-P), per sq cm	
Q4225	AmnioBind or DermaBind TL, per sq cm	
Q4226	MyOwn Skin, includes harvesting and preparation procedures, per sq cm	
Q4227	AmnioCore, per sq cm	
Q4229	Cogenex Amniotic Membrane, per sq cm	
Q4230	Cogenex Flowable Amnion, per 0.5 cc	
Q4231	Corplex P, per cc	
Q4232	Corplex, per sq cm	
Q4233	SurFactor or NuDyn, per 0.5 cc	
Q4234	XCellerate, per sq cm	
Q4235	AMNIOREPAIR or AltiPly, per sq cm	
Q4236	carePATCH, per sq cm	
Q4237	Cryo-Cord, per sq cm	
Q4238	Derm-Maxx, per sq cm	
Q4239	Amnio-Maxx or Amnio-Maxx Lite, per sq cm	
Q4240	CoreCyte, for topical use only, per 0.5 cc	
Q4241	PolyCyte, for topical use only, per 0.5 cc	
Q4242	AmnioCyte Plus, per 0.5 cc	
Q4245	AmnioText, per cc	
Q4246	CoreText or ProText, per cc	
Q4247	AmnioText Patch, per sq cm	
Q4248	Dermacyte Amniotic Membrane Allograft, per sq cm	
Q4249	AMNIPLY, for topical use only, per sq cm	
Q4250	AmnioAmp-MP, per sq cm	
Q4251	Vim, per sq cm	
Q4252	Vendaje, per sq cm	
Q4253	Zenith Amniotic Membrane, per sq cm	
Q4254	Novafix DL, per sq cm	
Q4255	REGUaRD, for topical use only, per sq cm	
Q4256	MLG-Complete, per sq cm	
Q4257	Relese, per sq cm	
Q4258	Enverse, per sq cm	
Q4259	Celera Dual Layer or Celera Dual Membrane, per sq cm	
Q4260	Signature APatch, per sq cm	
Q4261	TAG, per sq cm	
Q4262	Dual Layer Impax Membrane, per sq cm	
Q4263	SurGraft TL, per sq cm	
Q4264	Cocoon Membrane, per sq cm	
Q4265	NeoStim TL, per sq cm	
Q4266	NeoStim Membrane, per sq cm	
Q4267	NeoStim DL, per sq cm	

Code	NAME/DESCRIPTION	COMMENTS
Q4268	SurGraft FT, per sq cm	
Q4269	SurGraft XT, per sq cm	
Q4270	Complete SL, per sq cm	
Q4271	Complete FT, per sq cm	
Q4272	Esano A, per sq cm	
Q4273	Esano AAA, per sq cm	
Q4274	Esano AC, per sq cm	
Q4275	Esano ACA, per sq cm	
Q4276	ORION, per sq cm	
Q4278	EPIEFFECT, per sq cm	
Q4279	Vendaje AC, per sq cm	
Q4280	Xcell Amnio Matrix, per sq cm	
Q4281	Barrera SL or Barrera DL, per sq cm	
Q4282	Cygnus Dual, per sq cm	
Q4283	Biovance Tri-Layer or Biovance 3L, per sq cm	
Q4284	DermaBind SL, per sq cm	
Q4285	NuDYN DL or NuDYN DL MESH, per sq cm	
Q4286	NuDYN SL or NuDYN SLW, per sq cm	
Q4287	DermaBind DL, per sq cm	
Q4288	DermaBind CH, per sq cm	
Q4289	RevoShield+ Amniotic Barrier, per sq cm	
Q4290	Membrane Wrap-Hydro, per sq cm	
Q4291	Lamellas XT, per sq cm	
Q4292	Lamellas, per sq cm	
Q4293	Acesso DL, per sq cm	
Q4294	Amnio Quad-Core, per sq cm	
Q4295	Amnio Tri-Core Amniotic, per sq cm	
Q4296	Rebound Matrix, per sq cm	
Q4297	Emerge Matrix, per sq cm	
Q4298	AmniCore Pro, per sq cm	
Q4299	AmniCore Pro+, per sq cm	
Q4300	Acesso TL, per sq cm	
Q4301	Activate Matrix, per sq cm	
Q4302	Complete ACA, per sq cm	
Q4303	Complete AA, per sq cm	
Q4304	GRAFIX PLUS, per sq cm	
Q4305	American Amnion AC Tri-Layer, per sq cm	
Q4306	American Amnion AC, per sq cm	
Q4307	American Amnion, per sq cm	
Q4308	Sanopellis, per sq cm	
Q4309	VIA Matrix, per sq cm	
Q4310	Procenta, per 100 mg	
Q4311	Acesso, per sq cm	

Code	NAME/DESCRIPTION	COMMENTS
Q4312	Acesso AC, per sq cm	
Q4313	DermaBind FM, per sq cm	
Q4314	Reeva FT, per sq cm	
Q4315	RegeneLink Amniotic Membrane Allograft, per sq cm	
Q4316	AmchoPlast, per sq cm	
Q4317	VitoGraft, per sq cm	
Q4318	E-Graft, per sq cm	
Q4319	SanoGraft, per sq cm	
Q4320	PelloGraft, per sq cm	
Q4321	RenoGraft, per sq cm	
Q4322	CaregraFT, per sq cm	
Q4323	alloPLY, per sq cm	
Q4324	AmnioTX, per sq cm	
Q4325	ACApach, per sq cm	
Q4326	WoundPlus, per sq cm	
Q4327	DuoAmnion, per sq cm	
Q4328	MOST, per sq cm	
Q4329	Singlay, per sq cm	
Q4330	TOTAL, per sq cm	
Q4331	Axolotl Graft, per sq cm	
Q4332	Axolotl DualGraft, per sq cm	
Q4333	ArdeoGraft, per sq cm	
Q5105	Injection, epoetin alfa-epbx, biosimilar, (Retacrit) (for ESRD on dialysis), 100 units	
Q5107	Injection, bevacizumab-awwb, biosimilar, (Mvasi), 10 mg	
Q5110	Injection, filgrastim-aafi, biosimilar, (Nivestym), 1 mcg	
Q5111	Injection, pegfilgrastim-cbqv (Udenyca), biosimilar, 0.5 mg	
Q5128	Injection, ranibizumab-eqrn (Cimerli), biosimilar, 0.1 mg	
S0270	Physician management of patient home care, standard monthly case rate (per 30 days)	
S2060	Lobar lung transplantation	
S2095	Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method, using yttrium-90 microspheres	
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)	
V2531	Contact lens, scleral, gas permeable, per lens (for contact lens modification, see 92325)	
V2623	Prosthetic eye, plastic, custom	
V2625	Enlargement of ocular prosthesis	
V2626	Reduction of ocular prosthesis	
V2627	Scleral cover shell	
V2628	Fabrication and fitting of ocular conformer	
V2629	Prosthetic eye, other type	
V5140	Binaural, behind the ear	
V5256	Hearing aid, digital, monaural, ITE	
V5257	Hearing aid, digital, monaural, BTE	

Code	NAME/DESCRIPTION	COMMENTS
V5259	Hearing aid, digital, binaural, ITC	
V5260	Hearing aid, digital, binaural, ITE	
V5261	Hearing aid, digital, binaural, BTE	