

**SETON CHARITY NON-COVERED SERVICES EFF: 01/01/2020 (updated 05/05/2020)**

Code	Narrative	Comments
3051F	Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0% (DM)	
3052F	Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0% (DM)	
4185F	Histamine therapy - intravenous	
4186F	Histamine therapy - intravenous	
0002M	Liver disease, ten biochemical assays (ALT, A2-macro- globulin, apolipoprotein A-1, total bilirubin, GGT, hapto- globin, AST, glucose, total cholesterol and triglycerides) utilizing serum, prognostic algorithm reported as quanti- tative scores for fibrosis, steatosis and alcoholic/non alco- holic steatohepatitis	
0003M	Liver disease, ten biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, haptoglobin, AST, glucose, total cholesterol and triglycerides) utilizing serum, prognostic algorithm reported as quantitative scores for fibrosis, steatosis and nonalcoholic steatohepatitis (NASH)	
0004M	Scoliosis, DNA analysis of 53 single nucleotide polymor- phisms (SNPs), using saliva, prognostic algorithm reported as a risk score	
0006M	Oncology (hepatic), mRNA expression levels of 161 genes, utilizing fresh hepatocellular carcinoma tumor tissue, with alpha-fetoprotein level, algorithm reported as a risk classifier	
0007M	Oncology (gastrointestinal neuroendocrine tumors), real- time PCR expression analysis of 51 genes, utilizing whole peripheral blood, algorithm reported as a nomogram of tumor disease index	
0008M	Oncology (breast), mRNA analysis of 58 genes using hybrid capture, on formalin-fixed paraffin-embedded (FFPE) tissue, prognostic algorithm reported as a risk score	
0308T	Prosthetic eye or facial quarter	
0042T	Cerebral perfusion analysis using computed tomography with contrast administration, including postprocessing of parametric maps with determination of cerebral blood flow, cerebral blood volume, and mean transit time	
0051T	Implantation of a total replacement heart system heart system (artificial heart) with recipient cardiectomy (i.e., AbioCor, etc.)	
0052T	Replacement or repair of thoracic unit of a total replacement heart system (artificial heart) (i.e., AbioCor, etc.)	
0053T	Replacement or repair of implantable component or components of total replacement heart system (artificial heart), excluding thoracic unit (i.e., AbioCor, etc.)	
0054T	Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on fluoroscopic images (List separately in addition to code for primary procedure)	
0055T	Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on CT/MRI images (List separately in addition to code for primary procedure)	
0058T	Cryopreservation; reproductive tissue, ovarian	
0071T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume less than 200 cc of tissue	

0072T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume greater or equal to 200 cc of tissue	
0075T	Transcatheter placement of extracranial vertebral or intrathoracic carotid artery stent(s), including radiologic supervision and interpretation, percutaneous; initial vessel	
0076T	Transcatheter placement of extracranial vertebral or intrathoracic carotid artery stent(s), including radiologic supervision and interpretation, percutaneous; each additional vessel	
0085T	Breath test for heart transplant rejection	
0098T	Revision of total disc arthroplasty, anterior approach; each additional interspace	
0100T	Placement of a subconjunctival retinal prosthesis receiver and pulse generator, and implantation of intra-ocular retinal electrode array, with vitrectomy	
0101T	Extracorporeal shock wave involving musculoskeletal system, not otherwise specified, high energy	
0102T	Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, involving lateral humeral epicondyle	
0106T	Quantitative sensory testing (QST), testing and interpretation per extremity; using touch pressure stimuli to assess large diameter sensation	
0107T	Quantitative sensory testing (QST), testing and interpretation per extremity; using vibration stimuli to assess large diameter fiber sensation	
0108T	Quantitative sensory testing (QST), testing and interpretation per extremity; using cooling stimuli to assess small nerve fiber sensation and hyperalgesia	
0109T	Quantitative sensory testing (QST), testing and interpretation per extremity; using heat-pain stimuli to assess small nerve fiber sensation and hyperalgesia	
0110T	Quantitative sensory testing (QST), testing and interpretation per extremity; using other stimuli to assess sensation	
0111T	Long-chain (C20-22) omega-3 fatty acids in red blood cell (RBC) membranes	
0126T	Common carotid intima-media thickness (IMT) study for evaluation of atherosclerotic burden or coronary heart disease risk factor assessment	
0133T	Upper GI endoscopy, incl esoph, stomach and duod and/ or jejun, w/injection implantable material, lower esophageal sphincter	
0163T	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), lumbar, each additional interspace	
0164T	Removal of total disc arthroplasty, anterior approach, lumbar, each additional interspace	
0165T	Revision of total disc arthroplasty, anterior approach, lumbar, each additional interspace	
0174T	Computer-aided detection (CAD) (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation and report, with or without digitization of film radiographic images, chest radiograph(s), performed concurrent with primary interpretation	
0175T	Computer-aided detection (CAD) (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation and report, with or without digitization of film radiographic images, chest radiograph(s), performed remote from primary interpretation	
0178T	Electrocardiogram, 64 leads or greater, with graphic presentation and analysis; with interpretation and report	

0179T	Electrocardiogram, 64 leads or greater, tracing and graphics only, without interpretation and report	
0180T	Electrocardiogram, 64 leads or greater, interpretation and report only	
0182T	High dose rate electronic brachytherapy per fraction	
0198T	Measurement of ocular blood flow by repetitive intraocular pressure sampling, with interpretation and report	
0200T	Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical device, when used, 1 or more needles, includes imaging guidance and bone biopsy, when performed	
0201T	Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical device, when used, 2 or more needles, includes imaging guidance and bone biopsy, when performed	
0202T	Posterior vertebral joint(s) arthroplasty (e.g., facet joint[s] replacement) including facetectomy, laminectomy, foraminotomy and vertebral column fixation, with or without injection of bone cement, including fluoroscopy, single level, lumbar spine	
0207T	Evacuation of Meibomian glands, automated, using heat and intermittent pressure, unilateral	
0208T	Pure tone audiometry (threshold), automated (includes use of computer-assisted device); air only	
0209T	Pure tone audiometry (threshold), automated (includes use of computer-assisted device); air and bone	
0210T	Speech audiometry threshold, automated (includes use of computer-assisted device);	
0211T	Speech audiometry threshold, automated (includes use of computer-assisted device); with speech recognition	
0212T	Comprehensive audiometry threshold evaluation and speech recognition (0209T, 0211T combined), automated (includes use of computer-assisted device)	
0213T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; single level	
0214T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; second level (List separately in addition to code for primary procedure)	
0215T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary)	
0216T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; single level	
0217T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; second level (List separately in addition to code for primary procedure)	
0218T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)	
0219T	Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; cervical	

0220T	Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; thoracic	
0221T	Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; lumbar	
0222T	Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; each additional vertebral segment (List separately in addition to code for primary procedure)	
0228T	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, cervical or thoracic; single level	
0229T	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, cervical or thoracic; each additional level (List separately in addition to code for primary procedure)	
0230T	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, lumbar or sacral; single level	
0231T	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, lumbar or sacral; each additional level (List separately in addition to code for primary procedure)	
0232T	Injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed	
0234T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; renal artery	
0235T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; visceral artery (except renal), each vessel	
0236T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; abdominal aorta	
0237T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; brachiocephalic trunk and branches, each vessel	
0238T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; iliac artery, each vessel	
0253T	Insertion of anterior segment aqueous drainage device, without extraocular reservoir; internal approach, into the suprachoroidal space	
0255T	Endovascular repair of iliac artery bifurcation (e.g., aneurysm, pseudoaneurysm, arteriovenous malformation, trauma) using bifurcated endoprosthesis from the common iliac artery into both the external and internal iliac artery, unilateral; radiological supervision and interpretation	
0263T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete procedure including unilateral or bilateral bone marrow harvest	
0264T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete procedure excluding bone marrow harvest	

0265T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; unilateral or bilateral bone marrow harvest only for intramuscular autologous bone marrow cell therapy	
0266T	Implantation or replacement of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra- operative interrogation, programming, and repositioning, when performed)	
0267T	Implantation or replacement of carotid sinus baroreflex activation device; total system (includes generator placement, lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed)	
0268T	Implantation or replacement of carotid sinus baroreflex activation device; total system (includes generator placement, pulse generator only (includes intra- operative interrogation, programming, and repositioning, when performed)	
0269T	Revision or removal of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrogation, programming, and repositioning, when performed)	
0270T	Revision or removal of carotid sinus baroreflex activation device; total system (includes generator placement, lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed)	
0271T	Revision or removal of carotid sinus baroreflex activation device; total system (includes generator placement, pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed)	
0272T	Interrogation device evaluation (in person), carotid sinus baroreflex activation system, including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (e.g., battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day);	
0273T	Interrogation device evaluation (in person), carotid sinus baroreflex activation system, including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (e.g., battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day); with programming	
0274T	Percutaneous laminotomy/laminectomy (intradiscal approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy) any method under indirect image guidance (e.g., fluoroscopic, CT), with or without the use of an endoscope, single or multiple levels, unilateral or bilateral; cervical or thoracic	
0275T	Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (eg, fluoroscopic, CT), with or without the use of an endoscope, single or multiple levels, unilateral or bilateral; lumbar	
0278T	Transcutaneous electrical modulation pain reprocessing (e.g., scrambler therapy), each treatment session (includes placement of electrodes)	

0290T	Corneal incisions in the recipient cornea created using a laser, in preparation for penetrating or lamellar keratoplasty (List separately in addition to code for primary procedure)	
0293T	Insertion of left atrial hemodynamic monitor; complete system, includes implanted communication module and pressure sensor lead in left atrium including transeptal access, radiological supervision and interpretation, and associated injection procedures, when performed	
0294T	Insertion of left atrial hemodynamic monitor; pressure sensor lead at time of insertion of pacing cardioverter-defibrillator pulse generator including radiological supervision and interpretation and associated injection procedures, when performed (List separately in addition to code for primary procedure)	
0299T	Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care; initial wound	
0300T	Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care; each additional wound (List separately in addition to code for primary procedure)	
0301T	Destruction/reduction of malignant breast tumor with externally applied focused microwave, including interstitial placement of disposable catheter with combined temperature monitoring probe and microwave focusing sensocatheter under ultrasound thermotherapy guidance	
0302T	Insertion or removal and replacement of intracardiac ischemia monitoring system including imaging supervision and interpretation when performed and intra-operative interrogation and programming when performed; complete system (includes device and electrodes)	
0303T	Insertion or removal and replacement of intracardiac ischemia monitoring system including imaging supervision and interpretation when performed and intra-operative interrogation and programming when performed; complete system (includes electrode only)	
0304T	Insertion or removal and replacement of intracardiac ischemia monitoring system including imaging supervision and interpretation when performed and intra-operative interrogation and programming when performed; complete system (includes device only)	
0305T	Programming device evaluation (in person) of intracardiac ischemia monitoring system with iterative adjustment of programmed values, with analysis, review, and report	
0306T	Interrogation device evaluation (in person) of intracardiac ischemia monitoring system with analysis, review, and report	
0307T	Removal of intracardiac ischemia monitoring device	
0309T	Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft, when performed, lumbar, L4-L5 interspace (List separately in addition to code for primary procedure)	
0310T	Motor function mapping using noninvasive navigated transcranial magnetic stimulation (nTMS) for therapeutic treatment planning, upper and lower extremity	
0312T	Vagus nerve blocking therapy (morbid obesity); laparoscopic implantation of neurostimulator electrode array, anterior and posterior vagal trunks adjacent to esophagogastric junction (EGJ), with implantation of pulse generator, includes programming, (e.g., Maestro vBloc® for weight reduction)	

0313T	Vagus nerve blocking therapy (morbid obesity); laparoscopic revision or replacement of vagal trunk neurostimulator electrode array, including connection to existing pulse generator	
0314T	Vagus nerve blocking therapy (morbid obesity); laparoscopic removal of vagal trunk neurostimulator electrode array and pulse generator	
0315T	Vagus nerve blocking therapy (morbid obesity); removal of pulse generator	
0316T	Vagus nerve blocking therapy (morbid obesity); replacement of pulse generator	
0317T	Vagus nerve blocking therapy (morbid obesity); neurostimulator pulse generator electronic analysis, includes reprogramming when performed	
0329T	Monitoring of intraocular pressure for 24 hours or longer, unilateral or bilateral, with interpretation and report	
0330T	Tear film imaging, unilateral or bilateral, with interpretation and report	
0331T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment;	
0332T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment, with tomographic SPECT	
0333T	Visual evoked potential screening of visual acuity, automated	
0335T	Extra-osseous subtalar joint implant for talotarsal stabilization	
0338T	Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed; unilateral	
0339T	Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed; bilateral	
0340T	Ablation, pulmonary tumor(s), including pleura or chest wall when involved by tumor extension, percutaneous, cryoablation, unilateral, includes imaging guidance	
0342T	Therapeutic apheresis with selective HDL delipidation and plasma reinfusion	
0347T	Placement of interstitial device(s) in bone for radiostereometric analysis (RSA)	
0348T	Radiologic examination, radiostereometric analysis (RSA), spine, (includes, cervical, thoracic and lumbosacral, when performed)	
0349T	Radiologic examination, radiostereometric analysis (RSA), upper extremity(ies), (includes shoulder, elbow and wrist, when performed)	
0350T	Radiologic examination, radiostereometric analysis (RSA); lower extremity(ies), (includes hip, proximal femur, knee, and ankle, when performed) ankle, when performed)	
0351T	Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; real time intraoperative	
0352T	Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; interpretation and report, real time or referred	
0353T	Optical coherence tomography of breast, surgical cavity; real time intraoperative	

0354T	Optical coherence tomography of breast, surgical cavity; interpretation and report, real time or referred	
0355T	Gastrointestinal tract imaging, intraluminal (e.g., capsule endoscopy), colon, with interpretation and report	
0356T	Insertion of drug-eluting implant (including punctal dilation and implant removal when performed) into lacrimal canaliculus, each	
0358T	Bioelectrical impedance analysis whole body composition assessment, supine position, with interpretation and report	
0362T	Exposure behavioral follow-up assessment, includes physician or other qualified health care professional direction with interpretation and report, administered by physician or other qualified health care professional with the assistance of one or more technicians; first 30 minutes of technician(s) time, face-to-face with the patient	
0373T	Exposure adaptive behavior treatment with protocol modification requiring two or more technicians for severe maladaptive behavior(s); first 60 minutes of technicians' time, face-to-face with patient	
0376T	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the trabecular meshwork; each additional device insertion (List separately in addition to code for primary procedure)	
0378T	Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated data transmitted to a remote surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified health care professional	
0379T	Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated data transmitted to a remote surveillance center for up to 30 days; technical support and patient instructions, surveillance, analysis and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional	
0381T	External heart rate and 3-axis accelerometer data recording up to 14 days to assess changes in heart rate and to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; includes report, scanning analysis with report, review and interpretation by a physician or other qualified health care professional	
0382T	External heart rate and 3-axis accelerometer data recording up to 14 days to assess changes in heart rate and to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; review and interpretation only	
0383T	External heart rate and 3-axis accelerometer data recording from 15 to 30 days to assess changes in heart rate to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; includes report, scanning analysis with report, review and interpretation by a physician or other qualified health care professional	
0384T	External heart rate and 3-axis accelerometer data recording from 15 to 30 days to assess changes in heart rate to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; review and interpretation only	
0385T	External heart rate and 3-axis accelerometer data recording more than 30 days to assess changes in heart rate to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; includes report, scanning analysis with report, review and interpretation by a physician or other qualified health care professional	



0386T	External heart rate and 3-axis accelerometer data recording more than 30 days to assess changes in heart rate to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; review and interpretation only	
0394T	High dose rate electronic brachytherapy, skin surface application, per fraction, includes basic dosimetry, when performed	
0395T	High dose rate electronic brachytherapy, interstitial or intracavitary treatment, per fraction, includes basic dosimetry, when performed	
0396T	Intra-operative use of kinetic balance sensor for implant stability during knee replacement arthroplasty (List separately in addition to code for primary procedure)	
0397T	Endoscopic retrograde cholangiopancreatography (ERCP), with optical endomicroscopy (List separately in addition to code for primary procedure)	
0398T	Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation lesion, intracranial for movement disorder including stereotactic navigation and frame placement when performed	
0400T	Multi-spectral digital skin lesion analysis of clinically atypical cutaneous pigmented lesions for detection of melanomas and high risk melanocytic atypia; one to five lesions	
0401T	Multi-spectral digital skin lesion analysis of clinically atypical cutaneous pigmented lesions for detection of melanomas and high risk melanocytic atypia; six or more lesions	
0402T	Collagen cross-linking of cornea (including removal of the corneal epithelium and intraoperative pachymetry when performed)	
0404T	Transcervical uterine fibroid(s) ablation with ultrasound guidance, radiofrequency	
0405T	Oversight of the care of an extracorporeal liver assist system patient requiring review of status, review of laboratories and other studies, and revision of orders and liver assist care plan (as appropriate), within a calendar month, 30 minutes or more of non- face-to-face time	
0408T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator with transvenous electrodes	
0409T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator only	
0410T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; atrial electrode only	
0411T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; ventricular electrode only	
0412T	Removal of permanent cardiac contractility modulation system; pulse generator only	
0413T	Removal of permanent cardiac contractility modulation system; transvenous electrode (atrial or ventricular)	
0414T	Removal and replacement of permanent cardiac contractility modulation system pulse generator only	
0415T	Repositioning of previously implanted cardiac contractility modulation transvenous electrode, (atrial or ventricular lead)	
0416T	Relocation of skin pocket for implanted cardiac contractility modulation pulse generator	

0417T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, including review and report, implantable cardiac contractility 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	
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	
0423T	Secretory type II phospholipase A2 (sPLA2-IIA)	
0424T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; complete system (transvenous placement of right or left stimulation lead, sensing lead, implantable pulse generator)	
0425T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; sensing lead only	
0426T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; stimulation lead only	
0427T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; pulse generator only	
0428T	Removal of neurostimulator system for treatment of central sleep apnea; pulse generator only	
0429T	Removal of neurostimulator system for treatment of central sleep apnea; sensing lead only	
0430T	Removal of neurostimulator system for treatment of central sleep apnea; stimulation lead only	
0431T	Removal and replacement of neurostimulator system for treatment of central sleep apnea, pulse generator only	
0432T	Repositioning of neurostimulator system for treatment of central sleep apnea; stimulation lead only	
0433T	Repositioning of neurostimulator system for treatment of central sleep apnea; sensing lead only	
0434T	Interrogation device evaluation implanted neurostimulator pulse generator system for central sleep apnea	
0435T	Programming device evaluation of implanted neurostimulator pulse generator system for central sleep apnea; single session	
0436T	Programming device evaluation of implanted neurostimulator pulse generator system for central sleep apnea; during sleep study	
0438T	Transperineal placement of biodegradable material, peri- prostatic (via needle), single or multiple, includes image guidance	
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	
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	
0449T	Insertion of aqueous drainage device	
0450T	Insertion of aqueous drainage device	
0451T	Insertion or replacement of a permanently implantable aortic counterpulsation VAD	
0452T	Insertion or replacement of a permanently implantable aortic counterpulsation VAD	
0453T	Insertion or replacement of a permanently implantable aortic counterpulsation VAD	
0454T	Insertion or replacement of a permanently implantable aortic counterpulsation VAD	
0455T	Insertion or replacement of a permanently implantable aortic counterpulsation VAD	
0456T	Removal of permanently implantable aortic counterpulsation VAD	
0457T	Removal of permanently implantable aortic counterpulsation VAD	
0458T	Removal of permanently implantable aortic counterpulsation VAD	
0459T	Relocation of permanently implantable aortic counterpulsation VAD	
0460T	Repositioning of previously implanted aortic counterpulsation VAD	
0461T	Repositioning of previously implanted aortic counterpulsation VAD	
0462T	Programming device evaluation with iterative adjustment	
0463T	Interrogation device evaluation	
0464T	Visual evoked potential	
0465T	Suprachonoidal injection	
0466T	Revision or replacement of chest wall respiratory sensor	
0467T	Revision or replacement of chest wall respiratory sensor electrode or electrode array, including connection to existing pulse generator (e.g., hypoglossal nerve stimulation for treatment of obstructive sleep apnea)	
0468T	Removal of chest wall respiratory sensor electrode or electrode array (e.g., hypoglossal nerve stimulation for treatment of obstructive sleep apnea)	
0563T	Evacuation of meibomian glands, using heat delivered through wearable, open-eye eyelid treatment devices and manual gland expression, bilateral	
0565T	Autologous cellular implant derived from adipose tissue for the treatment of osteoarthritis of the knees; tissue harvesting and cellular implant creation	
0566T	Autologous cellular implant derived from adipose tissue for the treatment of osteoarthritis of the knees; injection of cellular implant into knee joint including ultrasound guidance, unilateral	

0567T	Permanent fallopian tube occlusion with degradable biopolymer implant, transcervical approach, including transvaginal ultrasound	
0568T	Introduction of mixture of saline and air for sonosalpingography to confirm occlusion of fallopian tubes, transcervical approach, including transvaginal ultrasound and pelvic ultrasound	
0569T	Transcatheter tricuspid valve repair, percutaneous approach; initial prosthesis	
0570T	Transcatheter tricuspid valve repair, percutaneous approach; each additional prosthesis during same session (List separately in addition to code for primary procedure)	
0571T	Insertion or replacement of implantable cardioverter-defibrillator system with substernal electrode(s), including all imaging guidance and electrophysiological evaluation (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters), when performed	
0572T	Insertion of substernal implantable defibrillator electrode	
0573T	Removal of substernal implantable defibrillator electrode	
0574T	Repositioning of previously implanted substernal implantable defibrillator-pacing electrode	
0575T	Programming device evaluation (in person) of implantable cardioverter-defibrillator system with substernal electrode, with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional	
0576T	Interrogation device evaluation (in person) of implantable cardioverter-defibrillator system with substernal electrode, with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter	
0577T	Electrophysiological evaluation of implantable cardioverter-defibrillator system with substernal electrode (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)	
0578T	Interrogation device evaluation(s) (remote), up to 90 days, substernal lead implantable cardioverter-defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	
0579T	Interrogation device evaluation(s) (remote), up to 90 days, substernal lead implantable cardioverter-defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	
0580T	Removal of substernal implantable defibrillator pulse generator only	
0581T	Ablation, malignant breast tumor(s), percutaneous, cryotherapy, including imaging guidance when performed, unilateral	
0582T	Transurethral ablation of malignant prostate tissue by high-energy water vapor thermotherapy, including intraoperative imaging and needle guidance	
0583T	Tympanostomy (requiring insertion of ventilating tube), using an automated tube delivery system, iontophoresis local anesthesia	

0584T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; percutaneous	
0585T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; laparoscopic	
0586T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; open	
0587T	Percutaneous implantation or replacement of integrated single device neurostimulation system including electrode array and receiver or pulse generator, including analysis, programming, and imaging guidance when performed, posterior tibial nerve	
0588T	Revision or removal of integrated single device neurostimulation system including electrode array and receiver or pulse generator, including analysis, programming, and imaging guidance when performed, posterior tibial nerve	
0589T	Electronic analysis with simple programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, posterior tibial nerve, 1-3 parameters	
0590T	Electronic analysis with complex programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, posterior tibial nerve, 4 or more parameters	
0591T	Health and well-being coaching face-to-face; individual, initial assessment	
0592T	Health and well-being coaching face-to-face; individual, follow-up session, at least 30 minutes	
0593T	Health and well-being coaching face-to-face; group (2 or more individuals), at least 30 minutes	
0139U	Neurology (autism spectrum disorder [ASD]), quantitative measurements of 6 central carbon metabolites (ie, $\alpha$ -ketoglutarate, alanine, lactate, phenylalanine, pyruvate, and succinate), LC-MS/MS, plasma, algorithmic analysis with result reported as negative or positive (with metabolic subtypes of ASD)	
0140U	Infectious disease (fungi), fungal pathogen identification, DNA (15 fungal targets), blood culture, amplified probe technique, each target reported as detected or not detected	
0141U	Infectious disease (bacteria and fungi), gram-positive organism identification and drug resistance element detection, DNA (20 gram-positive bacterial targets, 4 resistance genes, 1 pan gram-negative bacterial target, 1 pan Candida target), blood culture, amplified probe technique, each target reported as detected or not detected	

0142U	Infectious disease (bacteria and fungi), gram-negative bacterial identification and drug resistance element detection, DNA (21 gram-negative bacterial targets, 6 resistance genes, 1 pan gram-positive bacterial target, 1 pan Candida target), amplified probe technique, each target reported as detected or not detected	
0143U	Drug assay, definitive, 120 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	
0144U	Drug assay, definitive, 160 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	
0145U	Drug assay, definitive, 65 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	
0146U	Drug assay, definitive, 80 or more drugs or metabolites, urine, by quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	
0147U	Drug assay, definitive, 85 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	
0148U	Drug assay, definitive, 100 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	
0149U	Drug assay, definitive, 60 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	
0150U	Drug assay, definitive, 120 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	
0151U	Infectious disease (bacterial or viral respiratory tract infection), pathogen specific nucleic acid (DNA or RNA), 33 targets, real-time semi-quantitative PCR, bronchoalveolar lavage, sputum, or endotracheal aspirate, detection of 33 organismal and antibiotic resistance genes with limited semi-quantitative results	
0152U	Infectious disease (bacteria, fungi, parasites, and DNA viruses), DNA, PCR and next-generation sequencing, plasma, detection of >1,000 potential microbial organisms for significant positive pathogens	
0153U	Oncology (breast), mRNA, gene expression profiling by next-generation sequencing of 101 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a triple negative breast cancer clinical subtype(s) with information on immune cell involvement	

0154U	FGFR3 (fibroblast growth factor receptor 3) gene analysis (ie, p.R248C [c.742C>T], p.S249C [c.746C>G], p.G370C [c.1108G>T], p.Y373C [c.1118A>G], FGFR3-TACC3v1, and FGFR3-TACC3v3)	
0155U	PIK3CA (phosphatidylinositol-4,5-bisphosphate 3-kinase, catalytic subunit alpha) (eg, breast cancer) gene analysis (ie, p.C420R, p.E542K, p.E545A, p.E545D [g.1635G>T only], p.E545G, p.E545K, p.Q546E, p.Q546R, p.H1047L, p.H1047R, p.H1047Y)	
0156U	Copy number (eg, intellectual disability, dysmorphism), sequence analysis	
0157U	APC (APC regulator of WNT signaling pathway) (eg, familial adenomatosis polyposis [FAP]) mRNA sequence analysis (List separately in addition to code for primary procedure)	
0158U	MLH1 (mutL homolog 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	
0159U	MSH2 (mutS homolog 2) (eg, hereditary colon cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	
0160U	MSH6 (mutS homolog 6) (eg, hereditary colon cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	
0161U	PMS2 (PMS1 homolog 2, mismatch repair system component) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	
0162U	Hereditary colon cancer (Lynch syndrome), targeted mRNA sequence analysis panel (MLH1, MSH2, MSH6, PMS2) (List separately in addition to code for primary procedure)	
01841	Retinal prosthesis, includes all internal and external components	
10040	Acne surgery, marsupialization	
11950	Subcutan inj filling matl	
11951	Subcutan inj filling matl (e.g., collagen); 1.1 to 5.0 cc	
11952	Subcutans inj filling matl (e.g., collagen); 5.1 to 10.0 cc	
11954	Subcutan inj filling matl (e.g., collagen); over 10.0 cc	
15769	Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)	
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)	
15773	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate	
15774	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; each additional 25 cc injectate, or part thereof (List separately in addition to code for primary procedure)	
15775	Punch graft for hair transplant	
15776	Punch graft for hair transplant; more than 15 punch grafts	
15780	Dermabrasion; total face (e.g., for acne scarring, fine wrinkling)	
15781	Dermabrasion; segmental, face	
15782	Dermabrasion; regional, other than face	
15783	Dermabrasion; superficial, any site (e.g., tattoo removal)	
15786	Abrasion; single lesion (e.g., keratosis, scar)	

15787	Abrasion, each additional four lesions or less	
15788	Chemical peel, facial, epidermal	
15789	Chemical peel/facial/dermal	
15792	Chemical peel nonfacial/epidermal	
15793	Chemical peel/nonfacial/dermal	
15819	Cervicoplasty	
15820	Blepharoplasty – lower eyelid	
15821	Blepharoplasty – lower eyelid	
15822	Blepharoplasty – upper eyelid	
15823	Blepharoplasty – upper eyelid	
15824	Rhytidectomy; forehead	
15825	Rhytidectomy; neck with platysmal tightening	
15826	Rhytidectomy; glabellar frown lines	
15828	Rhytidectomy; cheek, chin and neck	
15829	Rhytidectomy; subcutaneous musculoaponeurotic system (SMAS) flap	
15830	Panniculectomy	
15837	Excision, excessive skin and subcut tissue; forearm, hand	
15838	Excision, excess skin and subcut tissue; submental fat pad	
15847	Abdominoplasty	
15850	Removal of sutures under anesthesia (other than local), same surgeon	
15876	Suction assisted lipectomy; head and neck	
15877	Lipectomy – suction assisted, trunk when performed in conjunction with abdominoplasty/panniculectomy	
17360	Chemical exfoliation for acne (e.g., acne paste, acid)	
17380	Electrolysis epilation, each 1/2 hour	
19105	Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma	
19300	Mastectomy for gynecomastia	
19316	Mastopexy	
19318	Reduction mammoplasty	
19324	Mammoplasty, augmentation w/ or w/o implant	
19325	Mammoplasty, augmentation w/ or w/o implant	
19367	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site	
19368	with microvascular anastomosis (supercharging)	
19369	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), double pedicle, including closure of donor site	
19380	Revision of reconstructed breast	
19396	Preparation of mouldage for custom breast implant	
20552	Trigger point injections	
20553	Trigger point injections	
20700	Manual preparation and insertion of drug-delivery device(s), deep (eg, subfascial) (List separately in addition to code for primary procedure)	
20701	Removal of drug-delivery device(s), deep (eg, subfascial) (List separately in addition to code for primary procedure)	
20702	Manual preparation and insertion of drug-delivery device(s), intramedullary (List separately in addition to code for primary procedure)	
20703	Removal of drug-delivery device(s), intramedullary (List separately in addition to code for primary procedure)	
20704	Manual preparation and insertion of drug-delivery device(s), intra-articular (List separately in addition to code for primary procedure)	
20705	Removal of drug-delivery device(s), intra-articular (List separately in addition to code for primary procedure)	
20930	Allograft for spine surgery only; morselized	



20936	Allograft for spine surgery only (includes harvesting the graft); local (e.g., ribs, spinous process, or laminar fragments) obtained from same incision	
20985	Computer-assisted surgical navigational procedure for musculoskeletal procedures; image-less (list separately in addition to code for primary procedure)	
21050	Condylectomy, temporomandibular joint (separate procedure)	
21060	Meniscectomy, partial or complete, temporomandibular joint (separate procedure)	
21073	Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care)	
21076	Oral Maxillofacial Prosthesis	
21077	Oral Maxillofacial Prosthesis	
21079	Oral Maxillofacial Prosthesis	
21080	Oral Maxillofacial Prosthesis	
21081	Oral Maxillofacial Prosthesis	
21082	Oral Maxillofacial Prosthesis	
21083	Oral Maxillofacial Prosthesis	
21084	Oral Maxillofacial Prosthesis	
21085	Oral Maxillofacial Prosthesis	
21086	Oral Maxillofacial Prosthesis	
21087	Oral Maxillofacial Prosthesis	
21088	Oral Maxillofacial Prosthesis	
21089	Unlisted maxillofacial prosthetic procedure	
21110	Application of interdental fixation device for conditions other than fracture or dislocation, includes removal	
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)	
21121	Genioplasty; sliding osteotomy, single piece	
21122	Genioplasty; sliding osteotomies, two or more	
21123	Genioplasty; sliding, augmentation w interposit bone grafts	
21125	Augmentation, mandibular body or angle; prosthetic material	
21127	Augmentation, mandib body/angle; w bone graft, onlay or interpositional	
21137	Reduction forehead; contouring only	
21138	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)	
21139	Reduction forehead; contouring and setback of anterior frontal sinus wall	
21141	Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft	
21142	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft	
21143	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, without bone graft	
21145	Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)	
21146	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft)	
21147	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted bilateral alveolar cleft or multiple osteotomies)	
21150	Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome)	
21151	Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)	

21154	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I	
21155	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I	
21159	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I	
21160	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); with LeFort I	
21172	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)	
21175	Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (eg, plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)	
21179	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)	
21180	Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)	
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)	
21209	Osteoplasty, facial bones; reduction	
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	
21270	Malar augmentation, prosthetic material	
21295	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); extraoral approach	
21296	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); intraoral approach	
21497	Interdental wiring, for condition other than fracture	
21499	Unlisted musculoskeletal procedure, head	
21740	Reconstructive repair of pectus excavatum or carinatum	
21742	Reconstructive repair of pectus excavatum or carinatum	
21743	Reconstructive repair of pectus excavatum or carinatum	
22505	Manipulation of spine requiring anesthesia	
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	
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)	

22523	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, one vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); thoracic	
22524	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, one vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); lumbar	
22525	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, one vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)	
22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level	
22527	Percutaneous intradiscal electrothermal annuloplasty, uni- lateral or bilateral including fluoroscopic guidance; one or more additional levels (list separately in addition to code for primary procedure)	
22841	Internal spinal fixation by wiring of spinous processes	
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), lumbar, single interspace	
22858	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decom- pression and microdissection); second level, cervical (List separately in addition to code for primary procedure)	
22862	Revision including replacement of total disc arthroplasty (artificial disc) anterior approach, lumbar, single inter- space	
22865	Removal of total disc arthroplasty (artificial disc), anterior approach, lumbar, single interspace	
25111	Excision of ganglion, wrist	
26531	Implantations (e.g. silicone, saline, penile, etc)	
28035	Release, tarsal tunnel	
28291	Hallux rigidus correction with cheilectomy	
28890	Extracorporeal shockwave, hi energy, by MD, incl u/s guidance, involv plantar fascia	
29800	Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure)	
29804	Arthroscopy , temporomandibular joint (TMJ), surgical	
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	
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)	
32701	Thoracic target(s) delineation for stereotactic body radiation therapy (SRS/SBRT), (photon or particle beam), entire course of treatment	
32850	Donor Pneumonectomy(s), 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	
33223	Relocation of skin pocket for implantable defibrillator	
33361	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach	
33362	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach	
33363	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach	
33364	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach	
33365	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (eg, median sternotomy, mediastinotomy)	
33367	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with percutaneous peripheral arterial and venous cannulation (eg, femoral vessels) (List separately in addition to code for primary procedure)	
33368	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with open peripheral arterial and venous cannulation (eg, femoral, iliac, axillary vessels) (List separately in addition to code for primary procedure)	
33369	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with central arterial and venous cannulation (eg, aorta, right atrium, pulmonary artery) (List separately in addition to code for primary procedure)	
33930	Donor cardiectomy-pneumonectomy	
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	
33947	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-arterial	
33957	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)	
33959	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age (includes fluoroscopic guidance, when performed)	

33963	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age (includes fluoroscopic guidance, when performed)	
33964	Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition central cannula(e) by sternotomy or thoracotomy, 6 years and older (includes fluoroscopic guidance, when performed)	
33975	Insertion of ventricular assist device; extracorporeal, single ventricle	
33976	Insertion VAD Extracorporeal, biventricular	
33979	Insertion VAD Implantable intracorporeal, single vent	
33981	Replace extracorporeal VAD, single or bivent pump	
33990	Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; arterial access only	
33991	Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; both arterial and venous access, with transseptal puncture	
33993	Repositioning of percutaneous ventricular assist device with imaging guidance at separate and distinct session from insertion	
34806	Transcatheter placement of wireless physiologic sensor in aneurysmal sac during endovascular repair, including radiological supervision and interpretation, instrument calibration, and collection of pressure data	
36416	Collection of capillary blood specimen (e.g., finger, heel, ear stick)	
36430	Transfusion, blood or blood components	
36468	Injections of sclerosing solutions, spider veins; limb or TR	
36469	Injections of sclerosing solutions, spider veins; face	
36473	Endovenous ablation therapy of incompetent vein, extremity	
36474	Endovenous ablation therapy of incompetent vein, extremity	
36821	Arteriovenous anastomosis, open; direct, any site (eg, Cimino type) (separate procedure)	
36825	Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); autogenous graft	
36830	Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); nonautogenous graft (eg, biological collagen, thermoplastic graft)	
36831	Thrombectomy, open, arteriovenous fistula without revision, autogenous or nonautogenous dialysis graft (separate procedure)	
36832	Revision, open, arteriovenous fistula; without thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)	
36833	Revision, open, arteriovenous fistula; with thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)	
36909	Dialysis circuit permanent vascular embolization or occlusion (including main circuit or any accessory veins), endovascular, including all imaging and radiological supervision and interpretation necessary to complete the intervention (List separately in addition to code for primary procedure)	
37252	Intravascular ultrasound during diagnostic evaluation	
37253	Intravascular ultrasound during diagnostic evaluation	
37790	Penile venous occlusive procedure	
37788	Penile revascularization, artery, w/without vein graft	

38204	Management of recipient hematopoietic progenitor cell donor search and cell acquisition	
38205	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; allogenic	
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	
38209	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing	
38210	Transplant preparation of hematopoietic progenitor cells; specific cell depletion within harvest, T-cell depletion	
38211	Transplant preparation of hematopoietic progenitor cells; tumor cell depletion	
38212	Transplant preparation of hematopoietic progenitor cells; red blood cell removal	
38213	Transplant preparation of hematopoietic progenitor cells; platelet depletion	
38214	Transplant preparation of hematopoietic progenitor cells; plasma (volume) depletion	
38215	Transplant preparation of hematopoietic progenitor cells; cell concentration in plasma, mononuclear, or buffy coat layer	
38230	Bone marrow harvesting for transplantation	
38231	Bone marrow harvesting for transplantation	
38232	Bone marrow harvesting for transplantation; autologous	
38240	Bone marrow or blood derived peripheral stem cell transplantation, allogenic	
38241	Bone marrow or blood derived peripheral stem cell, transplantation autologous	
38242	Bone marrow or blood-derived peripheral stem cell transplantation; allogenic donor lymphocyte infusion	
38243	Hematopoietic progenitor cell (HPC); HPC boost	
41512	Tongue base suspension, permanent suture technique	
41530	Submucosal ablation of the tongue base, radiofrequency, one or more sites, per session	
41821	Operculectomy, excision pericoronal tissues	
41828	Excision of hyperplastic alveolar mucosa, each sextant or quad	
41830	Alveolectomy, including curettage of osteitis or sequestrum	
41870	Periodontal mucosal grafting	
43210	Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed	
43252	Upper GI endoscopy including esophagus, stomach and either the duodenum and/or jejunum as appropriate	
43257	Upper GI endoscopy including esophagus, stomach and either the duodenum and/or jejunum as appropriate; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia for TX of GI reflux disease	
43284	Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band), including cruroplasty when performed	
43285	Removal of esophageal sphincter augmentation device	
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; revision or removal 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	
43775	Lap sleeve gastrectomy	
43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty	
43843	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty	
43845	Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)	
43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (less than 100 cm) 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)	
43855	REVISE STOMACH-BOWEL FUSION	
43860	REVISE STOMACH-BOWEL FUSION	
43865	REVISE STOMACH-BOWEL FUSION	
43881	Implantation or replacement of gastric neurostimulator	
43882	Revision or removal of gastric neurostimulator electrodes, antrum, open	
43886	Gastric restrictive procedure, open; revision of subcutaneous port component only	
43888	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only	
44132	Donor enterectomy, open; from cadaver donor	
44133	Donor enterectomy, 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	
44720	Backbench standard preparation of cadaver or living donor intestine allograft prior to transplantation, venous anastomosis, each	

44721	Backbench standard preparation 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	
47136	Liver allotransplantation; heterotopic, partial or whole, from cadaver or living donor, any age	
47140	Donor hepatectomy, with preparation and maintenance of allograft, from living donor; left lateral segment only (segments II and III)	
47141	Donor hepatectomy, with preparation and maintenance of allograft, from living donor; total left lobectomy (segments II, III and IV)	
47142	Donor hepatectomy, with preparation and maintenance of allograft, 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	
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	
48160	PANCREAS REMOVAL/TRANSPLANT	
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	
49185	Sclerotherapy	
50300	Donor nephrectomy, open from cadaver living donor (excluding preparation and maintenance of allograft)	
50320	Donor nephrectomy, open from living donor (excluding preparation and maintenance of allograft)	



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), 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; excluding donor and recipient nephrectomy	
50365	Renal allotransplantation, implantation of graft; with recipient nephrectomy	
50370	Removal of transplanted renal allograft	
50380	Renal autotransplantation, reimplantation of kidney	
50547	Laparoscopy, surgical; donor nephrectomy from living donor (excluding preparation and maintenance of allograft)	
52441	Cystourethroscopy, with insertion of permanent adjustable transprotatic implant	
52442	Cystourethroscopy, with insertion of permanent adjustable transprotatic implant	
53855	Insertion of temporary prostatic ureteral stent	
54161	Circumcision (routine) for clients one year of age or older.	
54385	Implantation	
54390	Implantation	
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	
54408	Repair of component(s) of a multi-component, inflatable penile prosthesis	
54410	Removal and replacement of all components of a multi-component, inflatable penile prosthesis at the same operative session	
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	
54660	Insertion of testicular prosthesis (separate procedure)	
54900	Epididymovasostomy, anastomosis of epididymis to vas deferens; unilateral	
54901	Epididymovasostomy, anastomosis of epididymis to vas deferens; bilateral	
55200	Vasotomy, cannulization with or without incision of vas, unilateral or bilateral (separate procedure)	
55300	Vasotomy for vasograms, seminal vesiculograms, or epididymograms, unilateral or bilateral	
55400	Vasovasostomy, vasovasorrhaphy	
55870	Electroejaculation	
55970	Intersex surgery; male to female	

55980	Intersex surgery; female to male	
56805	Clitoroplasty for intersex state	
57291	Construction of artificial vagina; without graft	
57292	Construction of artificial vagina; with graft	
57335	Vaginoplasty for intersex state	
58301	Removal IUD	
58321	Artificial insemination; intra-cervical	
58322	Artificial insemination; intra-uterine	
58323	Sperm washing for artificial insemination	
58350	Chromotubation of oviduct, including materials	
58672	Laparoscopy, surgical; with fimbrioplasty	
58673	Laparoscopy, surgical; with salpingostomy (salpingoneostomy)	
58750	Tubotubal anastomosis	
58752	Tubouterine implantation	
58760	Fimbrioplasty	
58970	Follicle puncture for oocyte retrieval, any method	
58974	Embryo transfer, intrauterine	
58976	Gamete, zygote, or embryo intrafallopian transfer, any method	
59897	Unlisted fetal invasive procedure, including ultrasound guidance	
59898	Unlisted laparoscopy procedure, maternity care and delivery	
59899	Unlisted procedure, maternity care and delivery	
61630	Balloon angioplasty, intracranial	
61635	Transcatheter placement of intravascular stent, intracranial	
61640	Balloon dilation of intracranial vasospasm	
61641	Balloon dilation of intracranial vasospasm	
61642	Balloon dilation of intracranial vasospasm	
61796	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion	
61797	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (List separately in addition to code for primary procedure)	
61798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion	
61799	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (List separately in addition to code for primary procedure)	
61800	Applicaton of sterotactic headframe for sterotactic radiosurgery ( List separately in addition to code for primary procedure)	
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	
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 seperately in addition to primay procedure)	
62280	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; subarachnoid	

62281	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance;epidural, cervical or thoracic	
62282	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance;epidural, lumbar, sacral (caudal)	
62292	Chemolase injections (Chemodiactin, Chymopapain).	
62310	Injection, single (not via indwelling catheter), not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), epidural or subarachnoid; cervical or thoracic	
62311	Injection, single (not via indwelling catheter), not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), epidural or subarachnoid; lumbar, sacral (caudal)	
62318	Injection, including catheter placement, continuous infusion or intermittent bolus, not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic,opioid,steroid,othersolution), epidural or subarachnoid; cervical or thoracic	
62319	Injection, including catheter placement, continuous infusion or intermittent bolus, not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic,opioid,steroid,othersolution), epidural or subarachnoid;lumbar, sacral (caudal)	
62320	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance	
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)	
62322	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance	
62323	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)	
62324	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance	

62325	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)	
62326	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance	
62327	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)	
62350	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy	
62351	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump;with laminectomy	
62355	Removal of previously implanted intrathecal or epidural catheter	
62360	Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir	
62361	Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump	
62362	Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming	
62365	Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion	
62367	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); without reprogramming	
62368	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status);with reprogramming	
62369	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill	
62370	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill (requiring skill of a physician or other qualified health care professional)	
63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion	
63621	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separately in addition to code for primary procedure)	
63650	Percutaneous implantation of neurostimulator electrode array, epidural	

63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	
63661	Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	
63662	Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	
63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	
63664	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	
63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling	
63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver	
64451	Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	
64454	Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches, including imaging guidance, when performed	
64479	Injection, anesthetic agent and/or steroid, transforaminal epidural; cervical or thoracic, single level	
64480	Injection, anesthetic agent and/or steroid, transforaminal epidural;cervical or thoracic, each additional level (List separately in addition to code for primary procedure)	
64483	Injection, anesthetic agent and/or steroid, transforaminal epidural;lumbar or sacral, single level	
64484	Injection, anesthetic agent and/or steroid, transforaminal epidural;lumbar or sacral, each additional level (List separately in addition to code for primary procedure)	
64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (1r nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	
64491	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure)	
64492	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)	
64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	
64494	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure)	
64495	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)	

64510	Injection, anesthetic agent;stellate ganglion (cervical sympathetic)	
64520	Injection, anesthetic agent;lumbar or thoracic (paravertebral sympathetic)	
64553	Percutaneous implantation of neurostimulator electrodes, cranial nerve	
64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	
64561	Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed	
64565	Percutaneous implantation of neurostimulator electrodes; neuromuscular	
64566	Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming	
64568	Incision for implantation cranial nerve	
64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator	
64575	Incision for implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	
64581	Incision for implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)	
64590	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling	
64611	Chemodenervation of parotid and submandibular salivary glands, bilateral	
64612	Chemodenervation of muscle(s); muscle(s) innervated by facial nerve (e.g., for blepharospasm, hemifacial spasm)	
64615	Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)	
64620	Destruction by neurolytic agent, intercostal nerve	
64624	Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed	
64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	
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)	
64704	Neuroplasty, nerve of hand or foot	
64708	Neuroplasty,major peripheral nerve, arm or leg	
64712	Neuroplasty, sciatic nerve	
64722	Decompression; unspecified nerve	
65093	Evisceration of eye with implant	
65103	Enucleation w/implant muscle not attached to implant	
65105	Enucleation of eye w/implant, muscle attached to eye	
65125	Modification, ocular implant (separate procedure)	
65130	Evisceration, eye implantation in scleral shell	

65135	After enucleation, muscles not attached to implant	
65140	After enucleation, muscles attached to implant	
65150	Reinsertion/ocular implant w/wo conjunctival graft	
65155	With use of foreign material for reinforcement and/or attachment of muscles to implant	
65175	Removal ocular implant	
65710	Keratoplasty	
65760	Keratomileusis	
65765	Keratophakia	
65767	Epikeratoplasty	
65771	Radial keratotomy	
65772	Corneal relaxing incision for correction of surgically induced astigmatism	
65782	Ocular surface reconstruction, limbal conjunctival autograft	
65785	Implantation of intrastromal corneal ring segments	
67121	Remove eye implant material	
67221	Destruction of localized lesion of choroid	
67225	Destruction of localized lesion of choroid	
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)	
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material	
67902	Repair of blepharoptosis; frontalis muscle technique with 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 (e.g., Fasanella-Servat type)	
67909	Reduction of overcorrection of ptosis	
67911	Correction of lid retraction	
69090	Ear piercing	
69209	Remove impacted cerumen, unilateral	
69300	Otoplasty, protruding ear, with or without size reduction	
69714	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy	
69715	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy	
69717	Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy	
69718	Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy	
69930	Cochlear device implantation, with or without mastoidectomy	
74261	Ct colonography, w/o dye	
74262	Ct colonography, w/dye	
74263	Computed tomographic (CT) colonography, screening, including image postprocessing	
74712	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation	

74713	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; each additional gestation (List separately in addition to code for primary procedure)	
74742	Transcervical catheterization of fallopian tube, radiological supervision and interpretation	
75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	
75958	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta	
76977	Ultrasound bone density measurement	
77061	Digital breast tomosynthesis; unilateral	
77062	Digital breast tomosynthesis; bilateral	
77063	Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure)	
77071	Manual application of stress performed by physician for joint radiography, including contralateral joint if indicated	
77301	IMRT Planning	
77305	Teletherapy isodose plan simple	
77306	Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)	
77307	Teletherapy isodose plan; complex (multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s)	
77310	Teletherapy isodose plan; intermediate	
77315	Teletherapy Isodose plan; complex	
77316	Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)	
77317	Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)	
77318	Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)	
77321	Special Teletherapy port plan, particles, hemibody, total body	
77326	Brachytherapy isodose plan; simple (calculation made from single plane, one to four sources/ribbon application, remote afterloading brachytherapy, 1 to 8 sources)	
77327	Brachytherapy isodose plan; intermediate (multiplane dosage calculations, application involving 5 to 10 sources/ribbons, remote afterloading brachytherapy, 9 to 12 sources)	
77328	Brachytherapy isodose plan; complex (multiplane isodose plan, volume implant calculations, over 10 sources/ribbons used, special spatial reconstruction, remote afterloading brachytherapy, over 12 sources)	
77331	Special radiation dosimetry	
77332	Treatment Devices; simple	
77333	Treatment Devices; intermediate	
77334	Treatment Devices; complex	
77336	Continuing medical physics consultation	
77338	Multi-leaf collimator (MLC) device(s) for IMRT, design and construction per IMRT plan	
77370	Special medical physics consultation	
77385	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple	
77386	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex	



77387	Guidance for localization of target volume for delivery of radiation treatment delivery, includes intrafraction tracking, when performed	
77399	Unlisted procedure, medical radiation physics	
77401	Radiation treatment delivery; superficial and/or ortho voltage	
77402	Radiation treatment delivery; single treatment area, single port or parallel opposed ports, simple blocks or no blocks up to 5 MeV	
77403	Radiation treatment delivery; single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 11-19 MeV	
77404	Radiation treatment delivery; single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 6-10 MeV	
77406	Radiation treatment delivery; single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 20 MeV and greater	
77407	Radiation treatment delivery; two separate treatment areas, three or more ports on a single treatment area use of multiple blocks; up to 5 MeV	
77408	Radiation treatment delivery; two separate treatment areas, three or more ports on a single treatment area use of multiple blocks; 6-10 MeV	
77409	Radiation treatment delivery; two separate treatment areas, three or more ports on a single treatment area use of multiple blocks; 11 - 19 MeV	
77411	Radiation treatment delivery; two separate treatment areas, three or more ports on a single treatment area use of multiple blocks; 20 MeV or greater	
77412	Radiation treatment delivery; three or more separate treatment areas; custom blocking, tangential ports wedges, rotational beam, compensators, electron beam; up to 5 MeV	
77413	Radiation treatment delivery; three or more separate treatment areas; custom blocking, tangential ports wedges, rotational beam, compensators, electron beam; 6-10 MV Complex	
77414	Radiation treatment delivery; three or more separate treatment areas; custom blocking, tangential ports wedges, rotational beam, compensators, electron beam; 11-19 MV Complex	
77416	Radiation treatment delivery; three or more separate treatment areas; custom blocking, tangential ports wedges, rotational beam, compensators, electron beam; 20 MV or greater	
77417	Therapeutic Radiology Port Films	
77418	IMRT Treatment Delivery; single or multiple fields/arcs, via narrow spatially and temporarily modulated beams, binary, dynamic MLC, per treatment session	
77421	Stereoscopic x-ray guidance for localization of target volume	
77422	High energy neutron radiation treatment delivery; single treatment area using a single port or parallel-opposed ports with no blocks or simple blocking	
77423	High energy neutron radiation treatment delivery; 1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s)	
77424	Intraoperative radiation treatment delivery, x-ray, single treatment session	
77425	Intraoperative radiation treatment delivery, electrons, single treatment session	
77427	Radiation treatment management, five treatments	
77431	Radiation treatment management, with complete course of therapy consisting of 1 -2 fractions	
77469	Intraoperative radiation treatment management	

77470	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation) Updated description (January 2012)	
77499	Unlisted procedure, therapeutic radiology treatment management	
77371	Stereotactic radiosurgery treatment delivery, complete course of treatment of cerebral lesion(s) 1 session, multi-source Cobalt 60 based	
77372	Stereotactic radiosurgery treatment delivery, complete course of treatment of cerebral lesion(s) 1 session, linac 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	
77432	Stereotactic radiation treatment management cerebral lesion(s) complete course of treatment consisting of 1 session	
77435	Stereotactic body radiation therapy, treatment management, per treatment course, to one or more lesions, including image guidance, entire course not to exceed 5 fractions	
77520	Proton treatment delivery; simple, without compensation	
77522	Proton treatment delivery; simple, with compensation	
77523	Proton treatment delivery; intermediate	
77525	Proton treatment delivery; complex	
77600	Hyperthermia	
77605	Hyperthermia	
77610	Hyperthermia	
77615	Hyperthermia	
77620	Hyperthermia	
77750	Infusion or instillation of radioelement solution (includes 3-month follow-up care)	
77761	Intracavitary radiation source application; simple	
77762	Intracavitary radiation source application; intermediate	
77763	Intracavitary radiation source application; complex	
77767	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel	
77768	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions	
77770	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel	
77771	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels	
77772	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels	
77776	Interstitial radiation source application; simple	
77777	Interstitial radiation source application; intermediate	
77778	Interstitial radiation source application; complex	
77785	Remote afterloading high dose rate radionuclide brachytherapy; 1 channel	
77786	Remote afterloading high dose rate radionuclide brachytherapy; 2-12 channels	
77787	Remote afterloading high dose rate radionuclide brachytherapy; over 12 channels	
77789	Apply surface radiation	
77790	Radio Isotope Supervision, Handling, Loading	
77799	Unlisted procedure, clinical brachytherapy	

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	
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	
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	
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)	
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	
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)	
78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation	
78491	Myocardial imaging, positron emission tomography (PET), perfusion; single study at rest or stress	
78492	Myocardial imaging, positron emission tomography (PET), perfusion; multiple studies at rest and/or stress	
78608	Brain imaging, positron emission tomography (PET); metabolic evaluation	
78609	Brain imaging, positron emission tomography (PET); perfusion evaluation	
78808	Injection procedure for radiopharmaceutical localization by non-imaging probe study, intravenous (e.g., parathyroid adenoma)	
78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)	
78812	Positron emission tomography (PET) imaging; skull base to mid-thigh	
78813	Positron emission tomography (PET) imaging; whole body	
78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)	
78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh	
78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	
81161	DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis, if performed	

81162	BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis	
81163	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	
81164	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	
81165	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	
81166	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	
81167	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	
81170	ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib tyrosine kinase inhibitor resistance), gene analysis, variants in the kinase domain	
81171	AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg, fragile X mental retardation 2 [FRAXE]) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	
81172	AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg, fragile X mental retardation 2 [FRAXE]) gene analysis; characterization of alleles (eg, expanded size and methylation status)	
81173	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; full gene sequence	
81174	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; known familial variant	
81177	ATN1 (atrophin 1) (eg, dentatorubral-pallidoluysian atrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	
81178	ATXN1 (ataxin 1) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	
81179	ATXN2 (ataxin 2) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	
81180	ATXN3 (ataxin 3) (eg, spinocerebellar ataxia, Machado-Joseph disease) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	
81181	ATXN7 (ataxin 7) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	
81182	ATXN8OS (ATXN8 opposite strand [non-protein coding]) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	
81183	ATXN10 (ataxin 10) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	
81184	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	
81185	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; full gene sequence	
81186	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; known familial variant	

81187	CNBP (CCHC-type zinc finger nucleic acid binding protein) (eg, myotonic dystrophy type 2) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	
81188	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	
81189	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; full gene sequence	
81190	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; known familial variant(s)	
81201	APC (adenomatous polyposis coli) (eg, familial adenomatous polyposis [FAP], attenuated FAP) gene analysis; full gene sequence	
81202	APC (adenomatous polyposis coli) (eg, familial adenomatous polyposis [FAP], attenuated FAP) gene analysis; known familial variants	
81203	APC (adenomatous polyposis coli) (eg, familial adenomatous polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants	
81204	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; characterization of alleles (eg, expanded size or methylation status)	
81215	BRCA1 (breast cancer 1) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	
81216	BRCA2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	
81217	BRCA2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	
81219	CALR (calreticulin) (eg, myeloproliferative disorders), gene analysis, common variants in exon 9	
81223	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; full gene sequence	
81226	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *9, *10, *17, *19, *29, *35, *41, *1XN, *2XN, *4XN)	
81228	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number variants (eg, Bacterial Artificial Chromosome [BAC] or oligo-based comparative genomic hybridization [CGH] microarray analysis)	
81229	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants for chromosomal abnormalities	
81233	BTK (Bruton's tyrosine kinase) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, C481S, C481R, C481F)	
81234	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; evaluation to detect abnormal (expanded) alleles	
81235	EGFR (epidermal growth factor receptor) (eg, non-small cell lung cancer) gene analysis, common variants (eg, exon 19 LREA deletion, L858R, T790M, G719A, G719S, L861Q)	
81236	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, myelodysplastic syndrome, myeloproliferative neoplasms) gene analysis, full gene sequence	
81237	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, diffuse large B-cell lymphoma) gene analysis, common variant(s) (eg, codon 646)	
81239	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; characterization of alleles (eg, expanded size)	

81240	F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis, 20210G>A variant	
81241	F5 (coagulation Factor V) (eg, hereditary hypercoagulability) gene analysis, Leiden variant	
81243	FMR1 (Fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	
81244	FMR1 (Fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; characterization of alleles (eg, expanded size and methylation status)	
81246	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; tyrosine kinase domain (TKD) variants (eg, D835, I836)	
81252	GJB2 (gap junction protein, beta 2, 26kDa; connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence	
81253	GJB2 (gap junction protein, beta 2, 26kDa; connexin 26) (eg, nonsyndromic hearing loss) gene analysis; known familial variants	
81254	GJB6 (gap junction protein, beta 6, 30kDa, connexin 30) (eg, nonsyndromic hearing loss) gene analysis, common variants (eg, 309kb [del(GJB6-D13S1830)] and 232kb [del(GJB6-D13S1854)])	
81271	HTT (huntingtin) (eg, Huntington disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	
81274	HTT (huntingtin) (eg, Huntington disease) gene analysis; characterization of alleles (eg, expanded size)	
81277	Cytogenomic neoplasia (genome-wide) microarray analysis, interrogation of genomic regions for copy number and loss-of-heterozygosity variants for chromosomal abnormalities	
81280	Long QT syndrome gene analyses (eg, KCNQ1, KCNH2, SCN5A, KCNE1, KCNE2, KCNJ2, CACNA1C, CAV3, SCN4B, AKAP, SNTA1, and ANK2); full sequence analysis	
81281	Long QT syndrome gene analyses (eg, KCNQ1, KCNH2, SCN5A, KCNE1, KCNE2, KCNJ2, CACNA1C, CAV3, SCN4B, AKAP, SNTA1, and ANK2); known familial sequence variant	
81282	Long QT syndrome gene analyses (eg, KCNQ1, KCNH2, SCN5A, KCNE1, KCNE2, KCNJ2, CACNA1C, CAV3, SCN4B, AKAP, SNTA1, and ANK2); duplication/deletion variants	
81284	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; evaluation to detect abnormal (expanded) alleles	
81285	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; characterization of alleles (eg, expanded size)	
81286	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; full gene sequence	
81287	Mgmt methylation analysis	
81288	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; promoter methylation analysis	
81289	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; known familial variant(s)	
81292	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	
81293	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	
81294	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	

81295	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	
81296	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	
81297	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	
81298	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	
81299	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	
81300	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	
81301	Microsatellite instability analysis (eg, hereditary nonpolyposis colorectal cancer, Lynch syndrome) of markers for mismatch repair deficiency (eg, BAT25, BAT26), includes comparison of neoplastic and normal tissue, if performed	
81302	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; full sequence analysis	
81304	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; duplication/deletion variants	
81305	MYD88 (myeloid differentiation primary response 88) (eg, Waldenstrom's macroglobulinemia, lymphoplasmacytic leukemia) gene analysis, p.Leu265Pro (L265P) variant	
81306	NUDT15 (nudix hydrolase 15) (eg, drug metabolism) gene analysis, common variant(s) (eg, *2, *3, *4, *5, *6)	
81307	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; full gene sequence	
81308	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; known familial variant	
81309	PIK3CA (phosphatidylinositol-4, 5-biphosphate 3-kinase, catalytic subunit alpha) (eg, colorectal and breast cancer) gene analysis, targeted sequence analysis (eg, exons 7, 9, 20)	
81312	PABPN1 (poly[A] binding protein nuclear 1) (eg, oculopharyngeal muscular dystrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	
81313	PCA3/KLK3 (prostate cancer antigen 3 [non-protein coding]/kallikrein-related peptidase 3 [prostate specific antigen]) ratio (eg, prostate cancer)	
81317	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	
81318	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	
81319	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	
81320	PLCG2 (phospholipase C gamma 2) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, R665W, S707F, L845F)	
81321	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis	

81322	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant	
81323	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant	
81324	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; duplication/deletion analysis	
81325	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; full sequence analysis	
81326	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; known familial variant	
81327	SEPT9 (Septin9) (eg, colorectal cancer) methylation analysis	
81329	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; dosage/deletion analysis (eg, carrier testing), includes SMN2 (survival of motor neuron 2, centromeric) analysis, if performed	
81331	SNRPN/UBE3A (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A) (eg, Prader-Willi syndrome and/or Angelman syndrome), methylation analysis	
81332	SERPINA1 (serpin peptidase inhibitor, clade A, alpha-1 antiproteinase, antitrypsin, member 1) (eg, alpha-1-antitrypsin deficiency), gene analysis, common variants (eg, *S and *Z)	
81333	TGFBI (transforming growth factor beta-induced) (eg, corneal dystrophy) gene analysis, common variants (eg, R124H, R124C, R124L, R555W, R555Q)	
81336	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; full gene sequence	
81337	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; known familial sequence variant(s)	
81343	PPP2R2B (protein phosphatase 2 regulatory subunit Bbeta) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	
81344	TBP (TATA box binding protein) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	
81345	TERT (telomerase reverse transcriptase) (eg, thyroid carcinoma, glioblastoma multiforme) gene analysis, targeted sequence analysis (eg, promoter region)	
81400	Molecular pathology procedure, Level 1 (eg, identification of single germline variant [eg, SNP] by techniques such as restriction enzyme digestion or melt curve analysis)ACADM (acyl-CoA dehydrogenase, C-4 to C-12 straight chain, MCAD) (eg, medium chain ac	
81401	Molecular pathology procedure, Level 2 (eg, 2-10 SNPs, 1 methylated variant, or 1 somatic variant [typically using nonsequencing target variant analysis], or detection of a dynamic mutation disorder/triplet repeat) ABL (c-abl oncogene 1, receptor tyrosine	
81402	Molecular pathology procedure, Level 3 (eg, >10 SNPs, 2-10 methylated variants, or 2-10 somatic variants [typically using non-sequencing target variant analysis], immunoglobulin and T-cell receptor gene rearrangements, duplication/deletion variants 1 exon	



81403	Molecular pathology procedure, Level 4 (eg, analysis of single exon by DNA sequence analysis, analysis of >10 amplicons using multiplex PCR in 2 or more independent reactions, mutation scanning or duplication/deletion variants of 2-5 exons) ABL1 (c-abl on	
81404	Molecular pathology procedure, Level 5 (eg, analysis of 2-5 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 6-10 exons, or characterization of a dynamic mutation disorder/triplet repeat by Southern blot analysis) BTD	
81405	Molecular pathology procedure, Level 6 (eg, analysis of 6-10 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 11-25 exons) CYP21A2 (cytochrome P450, family 21, subfamily A, polypeptide2) (eg, steroid 21-hydroxylase iso	
81406	Molecular pathology procedure, Level 7 (eg, analysis of 11-25 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 26-50 exons, cytogenomic array analysis for neoplasia) CAPN3 (Calpain 3) (eg, limb-girdle muscular dystroph	
81407	Molecular pathology procedure, Level 8 (eg, analysis of 26-50 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of >50 exons, sequence analysis of multiple genes on one platform) SCN1A (sodium channel, voltage-gated, type	
81408	Molecular pathology procedure, Level 9 (eg, analysis of >50 exons in a single gene by DNA sequence analysis) FBN1 (fibrillin 1) (eg, Marfan syndrome), full gene sequence NF1 (neurofibromin 1) (eg, neurofibromatosis, type 1), full gene sequence RYR1 (ryano	
81410	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); genomic sequence analysis panel, must include sequencing of at least 9 genes, including FBN1, TGFBR1, TGFBR2, COL3A1, MYH11, ACTA2, SLC2A10, SMAD3, and MYLK	
81411	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); duplication/deletion analysis panel, must include analyses for TGFBR1, TGFBR2, MYH11, and COL3A1	
81412	Ashkenazi Jewish associated disorders (eg, Bloom syndrome, Canavan disease, cystic fibrosis, familial dysautonomia, Fanconi anemia group C, Gaucher disease, Tay-Sachs disease), genomic sequence analysis panel, must include sequencing of at least 9 genes, including ASPA, BLM, CFTR, FANCC, GBA, HEXA, IKBKAP, MCOLN1, and SMPD1	
81413	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); genomic sequence analysis panel, must include sequencing of at least 10 genes, including ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, and SCN5A	
81414	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); duplication/deletion gene analysis panel, must include analysis of at least 2 genes, including KCNH2 and KCNQ1	
81415	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	

81416	Exome (e.g., unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator exome (e.g., parents, siblings) (List separately in addition to code for primary procedure)	
81417	Exome (e.g., unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained exome sequence (eg, updated knowledge or unrelated condition/syndrome)	
81420	Fetal chromosomal aneuploidy (eg, trisomy 21, monosomy X) genomic sequence analysis panel, circulating cell-free fetal DNA in maternal blood, must include analysis of chromosomes 13, 18, and 21	
81422	Fetal chromosomal microdeletion(s) genomic sequence analysis (eg, DiGeorge syndrome, Cri-du-chat syndrome), circulating cell-free fetal DNA in maternal blood	
81425	Genome (e.g., unexplained constitutional or heritable disorder or syndrome); sequence analysis	
81426	Genome (e.g., unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator genome (e.g., parents, siblings) (List separately in addition to code for primary procedure)	
81427	Genome (e.g., unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained genome sequence (eg, updated knowledge or unrelated condition/syndrome)	
81430	Hearing loss (e.g., nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); genomic sequence analysis panel, must include sequencing of at least 60 genes, including CDH23, CLRN1, GJB2, GPR98, MTRNR1, MYO7A, MYO15A, PCDH15, OTOF, SLC26A4, TMC1, TMPRSS3, USH1C, USH1G, USH2A, and WFS1	
81431	Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); duplication/deletion analysis panel, must include copy number analyses for STRC and DFNB1 deletions in GJB2 and GJB6 genes	
81432	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); genomic sequence analysis panel, must include sequencing of at least 14 genes, including ATM, BRCA1, BRCA2, BRIP1, CDH1, MLH1, MSH2, MSH6, NBN, PALB2, PTEN, RAD51C, STK11, and TP53	
81433	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); duplication/deletion analysis panel, must include analyses for BRCA1, BRCA2, MLH1, MSH2, and STK11	
81434	Hereditary retinal disorders (eg, retinitis pigmentosa, Leber congenital amaurosis, cone-rod dystrophy), genomic sequence analysis panel, must include sequencing of at least 15 genes, including ABCA4, CNGA1, CRB1, EYS, PDE6A, PDE6B, PRPF31, PRPH2, RDH12, RHO, RP1, RP2, RPE65, RPGR, and USH2A	
81435	Hereditary colon cancer syndromes (eg, Lynch syndrome, familial adenomatous polyposis); genomic sequence analysis panel, must include analysis of at least 7 genes, including APC, CHEK2, MLH1, MSH2, MSH6, MUTYH, and PMS2	
81436	Hereditary colon cancer syndromes (eg, Lynch syndrome, familial adenomatous polyposis); duplication/deletion gene analysis panel, must include analysis of at least 8 genes, including APC, MLH1, MSH2, MSH6, PMS2, EPCAM, CHEK2, and MUTYH	

81437	Hereditary neuroendocrine tumor disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma); genomic sequence analysis panel, must include sequencing of at least 6 genes, including MAX, SDHB, SDHC, SDHD, TMEM127, and VHL	
81438	Hereditary neuroendocrine tumor disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma); duplication/deletion analysis panel, must include analyses for SDHB, SDHC, SDHD, and VHL	
81439	Inherited cardiomyopathy (eg, hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy) genomic sequence analysis panel, must include sequencing of at least 5 genes, including DSG2, MYBPC3, MYH7, PKP2, and TTN	
81440	Nuclear encoded mitochondrial genes (eg, neurologic or myopathic phenotypes), genomic sequence panel, must include analysis of at least 100 genes, including BCS1L, C10orf2, COQ2, COX10, DGUOK, MPV17, OPA1, PDSS2, POLG, POLG2, RRM2B, SCO1, SCO2, SLC25A4, SUCLA2, SUCLG1, TAZ, TK2, and TYMP	
81442	Noonan spectrum disorders (eg, Noonan syndrome, cardio-facio-cutaneous syndrome, Costello syndrome, LEOPARD syndrome, Noonan-like syndrome), genomic sequence analysis panel, must include sequencing of at least 12 genes, including BRAF, CBL, HRAS, KRAS, MAP2K1, MAP2K2, NRAS, PTPN11, RAF1, RIT1, SHOC2, and SOS1	
81443	Genetic testing for severe inherited conditions (eg, cystic fibrosis, Ashkenazi Jewish-associated disorders [eg, Bloom syndrome, Canavan disease, Fanconi anemia type C, mucopolidosis type VI, Gaucher disease, Tay-Sachs disease], beta hemoglobinopathies, phenylketonuria, galactosemia), genomic sequence analysis panel, must include sequencing of at least 15 genes (eg, ACADM, ARSA, ASPA, ATP7B, BCKDHA, BCKDHB, BLM, CFTR, DHCR7, FANCC, G6PC, GAA, GALT, GBA, GBE1, HBB, HEXA, IKBKAP, MCOLN1, PAH)	
81445	Targeted genomic sequence analysis panel, solid organ neoplasm, DNA analysis, 5-50 genes (eg, ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, NRAS, MET, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed	
81450	Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, DNA and RNA analysis when performed, 5-50 genes (eg, BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, JAK2, KRAS, KIT, MLL, NRAS, NPM1, NOTCH1), interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed	
81455	Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm, DNA and RNA analysis when performed, 51 or greater genes (eg, ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MLL, NPM1, NRAS, MET, NOTCH1, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed	

81460	Whole mitochondrial genome (e.g., 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 (e.g., Kearns-Sayre syndrome, chronic progressive external ophthalmoplegia), including heteroplasmy detection, if performed	
81470	X-linked intellectual disability (XLID) (eg, syndromic and non-syndromic XLID); genomic sequence analysis panel, must include sequencing of at least 60 genes, including ARX, ATRX, CDKL5, FGD1, FMR1, HUWE1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3, and SLC16A2	
81471	X-linked intellectual disability (XLID) (eg, syndromic and non-syndromic XLID); duplication/deletion gene analysis, must include analysis of at least 60 genes, including ARX, ATRX, CDKL5, FGD1, FMR1, HUWE1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3, and SLC16A2	
81479	Unlisted molecular pathology procedure	
81490	Autoimmune (rheumatoid arthritis), analysis of 12 biomarkers using immunoassays, utilizing serum, prognostic algorithm reported as a disease activity score	
81493	Coronary artery disease, mRNA, gene expression profiling by real-time RT-PCR of 23 genes, utilizing whole peripheral blood, algorithm reported as a risk score	
81500	Oncology (ovarian), biochemical assays of two proteins (CA-125 and HE4), utilizing serum, with menopausal status, algorithm reported as a risk score	
81503	Oncology (ovarian), biochemical assays of five proteins (CA-125, apolipoprotein A1, beta-2 microglobulin, transferrin, and pre-albumin), utilizing serum, algorithm reported as a risk score	
81504	Oncology (tissue of origin), microarray gene expression profiling of > 2000 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as tissue similarity scores	
81506	Endocrinology (type 2 diabetes), biochemical assays of seven analytes	
81507	Fetal aneuploidy 21 18 13 se	
81508	Fetal congenital abnormalities, biochemical assays of two proteins (PAPP-A, hCG [any form]), utilizing maternal serum, algorithm reported as a risk score	
81509	Fetal congenital abnormalities, biochemical assays of three proteins (PAPP-A, hCG [any form], DIA), utilizing maternal serum, algorithm reported as a risk score	
81510	Fetal congenital abnormalities, biochemical assays of three analytes (AFP, uE3, hCG [any form]), utilizing maternal serum, algorithm reported as a risk score	
81511	Fetal congenital abnormalities, biochemical assays of four analytes (AFP, uE3, hCG [any form], DIA) utilizing maternal serum, algorithm reported as a risk score (may include additional results from previous biochemical testing)	
81512	Fetal congenital abnormalities, biochemical assays of five analytes (AFP, uE3, total hCG, hyperglycosylated hCG, DIA) utilizing maternal serum, algorithm reported as a risk score	

81518	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 11 genes (7 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithms reported as percentage risk for metastatic recurrence and likelihood of benefit from extended endocrine therapy	
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	
81522	Oncology (breast), mRNA, gene expression profiling by RT-PCR of 12 genes (8 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk score	
81525	Oncology (colon), mRNA, gene expression profiling by real-time RT-PCR of 12 genes (7 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence score	
81528	Oncology (colorectal) screening, quantitative real-time target and signal amplification of 10 DNA markers (KRAS mutations, promoter methylation of NDRG4 and BMP3) and fecal hemoglobin, utilizing stool, algorithm reported as a positive or negative result	
81535	Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by DAPI stain and morphology, predictive algorithm reported as a drug response score; first single drug or drug combination	
81536	Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by DAPI stain and morphology, predictive algorithm reported as a drug response score; each additional single drug or drug combination (List separately in addition to code for primary procedure)	
81538	Oncology (lung), mass spectrometric 8-protein signature, including amyloid A, utilizing serum, prognostic and predictive algorithm reported as good versus poor overall survival	
81539	Oncology (high-grade prostate cancer), biochemical assay of four proteins (Total PSA, Free PSA, Intact PSA, and human kallikrein-2 [hK2]), utilizing plasma or serum, prognostic algorithm reported as a probability score	
81540	Oncology (tumor of unknown origin), mRNA, gene expression profiling by real-time RT-PCR of 92 genes (87 content and 5 housekeeping) to classify tumor into main cancer type and subtype, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a probability of a predicted main cancer type and subtype	
81542	Oncology (prostate), mRNA, microarray gene expression profiling of 22 content genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as metastasis risk score	
81545	Oncology (thyroid), gene expression analysis of 142 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (eg, benign or suspicious)	
81552	Oncology (uveal melanoma), mRNA, gene expression profiling by real-time RT-PCR of 15 genes (12 content and 3 housekeeping), utilizing fine needle aspirate or formalin-fixed paraffin-embedded tissue, algorithm reported as risk of metastasis	
81595	Cardiology (heart transplant), mRNA, gene expression profiling by real-time quantitative PCR of 20 genes (11 content and 9 housekeeping), utilizing subfraction of peripheral blood, algorithm reported as a rejection risk score	

81596	Infectious disease, chronic hepatitis C virus (HCV) infection, six biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, and haptoglobin) utilizing serum, prognostic algorithm reported as scores for fibrosis and necroinflammatory activity in liver	
81599	Unlisted multianalyte assay with algorithmic analysis	
82777	Galectin-3	
83006	Growth stimulation expressed gene	
83018	Hair Analysis	
83037	Glycosylated (A1C) by device cleared by FDA for home use	
83631	Lactoferrin, fecal, quantitative	
83987	pH; exhaled breath condensate	
84145	Procalcitonin	
84112	Placental alpha microglobulin-1 (PAMG-1), cervicovaginal secretion, qualitative	
84431	Thromboxane metabolite	
84630	Hair Analysis	
85210	Blood clotting factors	
85220	Blood clotting factors	
85230	Blood clotting factors	
85240	Blood clotting factors	
85244	Blood clotting factors	
85245	Blood clotting factors	
85246	Blood clotting factors	
85247	Blood clotting factors	
85250	Blood clotting factors	
85260	Blood clotting factors	
85270	Blood clotting factors	
85280	Blood clotting factors	
85290	Blood clotting factors	
85291	Blood clotting factors	
85292	Blood clotting factors	
85293	Blood clotting factors	
85307	Blood clotting factors	
85335	Blood clotting factors	
85347	Blood clotting factors	
85384	Blood clotting factors	
85385	Blood clotting factors	
85610	Blood clotting factors	
85611	Blood clotting factors	
85705	Blood clotting factors	
85732	Blood clotting factors	
86146	Beta 2 Glycoprotein I antibody, each	
86147	Cardiolipin (phospholipid) antibody, each Ig class	
86148	Anti-phosphatidylserine (phospholipid) antibody	
86343	Leukocyte histamine release test	
86645	TORCH Screen	
86694	TORCH Screen	
86677	Antibody; Helicobacter pylori	
86711	Antibody; JC (John Cunningham) virus	
86762	TORCH Screen	
86777	TORCH Screen	
86778	TORCH Screen	
86849	Unlisted immunology procedure	
86890	Autologous blood donations	
86891	Autologous blood donations	
86910	Blood typing for paternity testing, per individual; ABO, RH and MN	
86911	Blood typing for paternity test/per individ/abo/rh & mn/ each add'l antigen	
87563	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma genitalium, amplified probe technique	

87622	Infectious agent detection by nucleic acid (DNA or RNA); papillomavirus, human, quantification	
88000	Necropsy (autopsy), gross examination only; without CNS	
88005	Necropsy (autopsy), gross examination only; with brain	
88007	Necropsy (autopsy), gross examination only; with brain and spinal cord	
88012	Necropsy (autopsy), gross examination only; infant with brain	
88014	Necropsy (autopsy), gross examination only; stillborn or newborn with brain	
88016	Necropsy (autopsy), gross examination only; macerated stillborn	
88020	Necropsy (autopsy), gross and microscopic; without CNS	
88025	Necropsy (autopsy), gross and microscopic; with brain	
88027	Necropsy (autopsy), gross and microscopic; with brain and spinal cord	
88028	Necropsy (autopsy), gross and microscopic; infant with brain	
88029	Necropsy (autopsy), gross and microscopic; stillborn or newborn with brain	
88036	Necropsy (autopsy), limited, gross and/or microscopic; regional	
88037	Necropsy (autopsy), limited, gross and/or microscopic; single organ	
88040	Necropsy (autopsy); forensic examination	
88045	Necropsy (autopsy); coroner's call	
88099	Unlisted necropsy (autopsy) procedure	
88261	Hair Analysis	
88280	Hair Analysis	
88299	Unlisted cytogenetic study	
88184	Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; first marker	
88185	Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; each additional marker (List separately in addition to code for first marker)	
88189	Flow cytometry, interpretation; 16 or more markers Not specified	
88233	Hair Analysis	
88375	Optical endomicroscopic image interpretation and report	
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)	
89259	Cryopreservation; sperm	
89260	Sperm isolation; simple prep (eg, sperm wash and swim-up) for insemination or diagnosis with semen analysis	
89261	Sperm isolation; complex prep (eg, Percoll gradient, albumin gradient) for insemination or diagnosis with semen analysis	
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	

89329	Sperm evaluation: hamster penetration test	
89342	Storage, (per year); embryo(s)	
89343	Storage, (per year); sperm/semens	
89352	Thawing of cryopreserved; embryo(s)	
89353	Thawing of cryopreserved; sperm/semens, each aliquot	
88749	Unlisted in vivo (eg, transcutaneous) laboratory service	
89240	Unlisted miscellaneous pathology test	
89310	Semen analysis; motility and count (not including Huhner test)	
89320	Semen analysis; complete (volume, count, motility, and differential)	
89321	Semen analysis, presence and/or motility of sperm	
89322	Semen analysis; volume, count, motility, and differential using strict morphologic criteria (eg, Kruger)	
89325	Sperm antibodies	
89330	Sperm evaluation; cervical mucus penetration test, with or without spinnbarkeit test	
89331	Sperm evaluation, for retrograde ejaculation, urine (sperm concentration, motility, and morphology, as indicated)	
89335	Cryopreservation, reproductive tissue, testicular	
89337	Cryopreservation, mature oocyte(s)	
89344	Storage, (per year); reproductive tissue, testicular/ovarian	
89346	Storage, (per year); oocyte	
89354	Thawing of cryopreserved; reproductive tissue, testicular/ovarian	
89356	Thawing of cryopreserved; oocytes, each aliquot	
89398	Unlisted reprod med lab proc	
90399	Unlisted immune globulin	
90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)	
90472	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)	
90581	Immunizations required for travel	
90625	Cholera vaccine, live, adult dosage, 1 dose schedule, for oral use	
90632	Immunizations required for travel	
90633	Immunizations required for travel	
90634	Immunizations required for travel	
90636	Immunizations required for travel	
90653	Influenza vaccine, inactivated, subunit, adjuvanted, for intramuscular use	
90664	Influenza virus vaccine, pandemic formulation, live, for intranasal use	
90666	Influenza virus vaccine, pandemic formulation,	
90667	Influenza virus vaccine (IIV), pandemic formulation, split virus, adjuvanted, for intramuscular use	
90668	Influenza virus vaccine (IIV), pandemic formulation, split virus, for intramuscular use	
90682	Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, pre- servative and antibiotic free, for intramuscular use	
90690	Immunizations required for travel	
90691	Immunizations required for travel	
90697	Diphtheria, tetanus toxoids, acellular pertussis vaccine, inactivated poliovirus vaccine	
90717	Immunizations required for travel	
90738	Immunizations required for travel	
90739	Hepatitis B vaccine, adult dosage (2 dose schedule), for intramuscular use	
90749	Immunizations required for travel; unlisted vaccine or toxoid	



90750	Zoster (shingles) vaccine (HZV), recombinant, sub-unit, adjuvanted, for intramuscular injection	
90811	Interpreter services	
90813	Interpreter services	
90815	Interpreter services	
90824	Interpreter services	
90827	Interpreter services	
90829	Interpreter services	
90865	Narcosynthesis for psychiatric dx/therapeutic purposes	
90867	Therapeutic repetitive transcranial magnetic stimulation	
90868	Therapeutic repetitive transcranial magnetic stimulation	
90869	Therapeutic repetitive transcranial magnetic stimulation	
90875	Biofeedback	
90876	Biofeedback	
90880	Hypnotherapy	
90882	Psych envir interven mental health off/opd	
90885	Psychiatric evaluation of hosp records, other psychiatric reports, other accum data for med diag purposes	
90889	Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purposes) for other physicians, agencies, or insurance carriers	
90899	Unlisted psychiatric service or procedure	
90911	Biofeedback training, perineal muscles, anorectal or urethral sphincter	
90912	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; initial 15 minutes of one-on-one physician or other qualified health care professional contact with the patient	
90913	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; each additional 15 minutes of one-on-one physician or other qualified health care professional contact with the patient (List separately in addition to code for primary procedure)	
90935	Dialysis	
90937	Dialysis	
90940	Dialysis	
90945	Dialysis	
90947	Dialysis	
90997	Dialysis	
90999	Dialysis	
91037	Esophageal function test, gastroesophageal reflux test	
91038	Esophageal function test, gastroesophageal reflux test	
91052	Gastric analysis test with injection of stimulant of gastric secretion	
91111	Gastrointestinal tract imaging, intraluminal (e.g., capsule endoscopy), esophagus with physician interpretation and report	
91112	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule with interpretation and report	
91117	Colon motility (manometric) study, minimum 6 hours continuous recording (including provocation tests, eg, meal, intracolonic balloon distension, pharmacologic agents, if performed), with interpretation and report	
91200	Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report	
92015	Determination of refractive state	
92071	Fitting of contact lens for treatment of ocular surface disease	
92072	Initial fitting of contact lens – for management of keratoconus; initial fitting	

92132	Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral	
92145	Corneal hysteresis determination, by air impulse stimulation	
92201	Ophthalmoscopy, extended; with retinal drawing and scleral depression of peripheral retinal disease (eg, for retinal tear, retinal detachment, retinal tumor) with interpretation and report, unilateral or bilateral	
92202	Ophthalmoscopy, extended; with drawing of optic nerve or macula (eg, for glaucoma, macular pathology, tumor) with interpretation and report, unilateral or bilateral	
92310	Prescription of optical and physical characteristics of and fitting of contact lens	
92311	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, 1 eye	
92312	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, both eyes	
92316	Prescription of opt & phys char & fitting of contact lens, with medical supervision and direction of fitting, corneal lens for aphakia, both eyes	
92325	Modification of contact lens (separate procedure), with medical supervision of adaptation	
92326	Replacement of contact lens	
92340	Fitting of spectacles, except for aphakia; nonfocal	
92341	Fitting of spectacles, except for aphakia, bifocal	
92342	Fitting of spectacles, except for aphakia, multifocal	
92352	Fitting of spectacle prosthesis for aphakia, monofocal	
92353	Fitting of spectacle prosthesis for aphakia; multifocal	
92354	Fitting of spectacle mounted low vision aid; single element	
92355	Fitting of spectacle mounted low vision aid; telescopic	
92358	Prosthesis service for aphakia, temporary	
92370	Repair and refitting spectacles, except for aphakia	
92371	Repair and refitting spectacles, spectacle prosthesis for aphakia	
92512	Nasal function studies	
92531	Spontaneous nystagmus, including gaze	
92532	Positional nystagmus test	
92533	Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes four tests)	
92534	Optokinetic nystagmus test	
92544	Hyperactivity testing	
92548	Computerized dynamic posturography	
92549	Computerized dynamic posturography sensory organization test (CDP-SOT), 6 conditions (ie, eyes open, eyes closed, visual sway, platform sway, eyes closed platform sway, platform and visual sway), including interpretation and report; with motor control test (MCT) and adaptation test (ADT)	
92588	Hair Analysis	
92605	Evaluation for prescription of non-speech-generating augmentative and alternative communication device	
92606	Therapeutic service(s) for the use of non-speech-generating device, including programming and modification	
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.)	
92633	Learning disability evaluation	
92971	Cardioassist-method of circulatory assist; external (EECP)	
93024	Ergonovine provocation test	

93050	Arterial pressure waveform analysis for assessment of central arterial pressures	
93260	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; implantable subcutaneous lead defibrillator system	
93261	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable subcutaneous lead defibrillator system	
93278	Signal-averaged electrocardiography, with or without ECG	
93356	Myocardial strain imaging using speckle tracking-derived assessment of myocardial mechanics (List separately in addition to codes for echocardiography imaging)	
93702	Bioimpedance spectroscopy extracellular fluid analysis	
93740	Temperature gradient studies	
93770	Determination of venous pressure	
93895	Quantitative carotid intima media thickness and carotid atheroma	
93982	Noninvasive physiologic study of implanted wireless pressure sensor in aneurysmal sac following endovascular repair, complete study including recording, analysis of pressure and waveform tracings, interpretation and report	
93985	Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete bilateral study	
93986	Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete unilateral study	
94005	Home ventilator management care plan oversight of a patient (patient not present) in home, domiciliary or rest home (e.g., assisted living) requiring review of status, review of laboratories and other studies and revision of orders and respiratory care plan	
94150	Vital capacity, total (separate procedure)	
94669	Mechanical chest wall oscillation to facilitate lung function, per session	
94762	Overnight measurement of oxygen saturation in blood using ear or finger device	
95004	Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests	
95024	Intracutaneous (intra-dermal) tests with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests	
95027	Intracutaneous (intra-dermal) tests, sequential and incremental, with allergenic extracts for airborne allergens, immediate type reaction, including test interpretation and report, specify number of tests	
95028	Intracutaneous (intra-dermal) tests with allergenic extracts, delayed type reaction, including reading, specify number of tests	
95044	ALLERGY PATCH TESTS - Patch or application test(s) (specify number of tests)	
95052	Photo patch test(s) (specify number of tests)	
95056	Photo tests	
95060	Ophthalmic mucous membrane tests	
95065	Direct nasal mucous membrane tests	

95115	Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection	
95117	Professional services for allergen immunotherapy not including provision of allergenic extracts; 2 or more injections	
95120	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; single injection	
95125	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 2 or more injections	
95130	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; single stinging insect venom	
95131	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 2 stinging insect venoms	
95132	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 3 stinging insect venoms	
95133	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 4 stinging insect venoms	
95134	Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 5 stinging insect venoms	
95250	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording	
95251	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; interpretation and report	
95717	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of EEG recording; without video	
95718	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of EEG recording; with video (VEEG)	
95719	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period; without video	
95720	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period; with video (VEEG)	

95721	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60 hours of EEG recording, without video	
95722	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60 hours of EEG recording, with video (VEEG)	
95723	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of EEG recording, without video	
95724	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of EEG recording, with video (VEEG)	
95725	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of EEG recording, without video	
95726	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of EEG recording, with video (VEEG)	
95782	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	
95783	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bi-level ventilation, attended by a technologist	
95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time	
95801	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)	
95803	Actigraphy Testing	
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	
95836	Electrocorticogram from an implanted brain neurostimulator pulse generator/transmitter, including recording, with interpretation and written report, up to 30 days	
95976	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	
95977	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional	
95983	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, first 15 minutes face-to-face time with physician or other qualified health care professional	
95990	Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular)	
95991	Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular); administered by physician	
95992	Canalith repositioning procedure(s) (e.g., epley maneuver semont maneuver) per day	
96000	Comprehensive computer-based motion analysis by video-taping and 3-D kinematics	
96001	Comprehensive computer-based motion analysis by video-taping and 3-D kinematics	
96002	Dynamic surface electromyography, during walking or other functional activities	
96003	Dynamic fine wire electromyography	
96004	Physician review and interpretation of comprehensive computer based motion analysis, dynamic plantar pressure measurements	
96127	Hyperactivity testing	
96156	Health behavior assessment, or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making)	
96158	Health behavior intervention, individual, face-to-face; initial 30 minutes	
96159	Health behavior intervention, individual, face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	

96160	Administration of health risk assessment instrument	
96161	Administration of health risk assessment instrument	
96164	Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes	
96165	Health behavior intervention, group (2 or more patients), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	
96167	Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes	
96168	Health behavior intervention, family (with the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	
96170	Health behavior intervention, family (without the patient present), face-to-face; initial 30 minutes	
96171	Health behavior intervention, family (without the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	
96377	Application of on-body injector (includes cannula insertion) for timed subcutaneous injection	
96521	Refilling and maintenance of portable pump	
96522	Refilling and maintenance of implantable pump or reservoir for drug delivery, systemic (e.g., intravenous, intra-arterial)	
96567	Photodynamic therapy by external application of light to destroy premalignant and/or malignant lesions	
96902	Microscopic examination of hairs plucked or clipped by the examiner (excluding hair collected by the patient) to determine telogen and anagen counts, or structural hair shaft abnormality	
96904	Whole body integumentary photography, for monitoring of high risk patients with dysplastic nevus syndrome or a history of dysplastic nevi, or patients with a personal or familial history of melanoma	
96920	Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm	
96921	Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm	
96922	Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm	
96931	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin;	
96932	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin;	
96933	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin;	
96934	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin;	
96935	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin;	
96936	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin;	
97129	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes	

97130	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (List separately in addition to code for primary procedure)	
97169	Athletic training evaluation, low complexity, requiring these components: A history and physical activity profile with no comorbidities that affect physical activity; An examination of affected body area and other symptomatic or related systems addressing 1-2 elements from any of the following: body structures, physical activity, and/or participation deficiencies; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 15 minutes are spent face-to-face with the patient and/or family.	
97170	Athletic training evaluation, moderate complexity, requiring these components: A medical history and physical activity profile with 1-2 comorbidities that affect physical activity; An examination of affected body area and other symptomatic or related systems addressing a total of 3 or more elements from any of the following: body structures, physical activity, and/or participation deficiencies; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family.	
97171	Athletic training evaluation, high complexity, requiring these components: A medical history and physical activity profile, with 3 or more comorbidities that affect physical activity; A comprehensive examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures, physical activity, and/or participation deficiencies; Clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family.	
97172	Re-evaluation of athletic training established plan of care requiring these components: An assessment of patient's current functional status when there is a documented change; and A revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome with an update in management options, goals, and interventions. Typically, 20 minutes are spent face-to-face with the patient and/or family.	
97533	Sensory integrative techniques to enhance sensory processing	
97545	Work hardening/conditioning, initial two hours	
97546	Work hardening/conditioning, each additional hour	
97602	Removal of devitalized tissue from wound(s), non- selective debridement, without anesthesia (e.g., wet-to- moist dressing, enzymatic, abrasion), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session	
97750	Physical perform test or measurement, w/written report, each 15 min.	
97810	Acupuncture, one or more needles, without electrical stimulation; initial 15 minutes of personal one-on-one contact with the patient	



97811	Acupuncture, one or more needles, without electrical stimulation; each additional 15 minutes of personal one- on-one contact with the patient, with re-insertion of needle(s) (list separately in addition to code for primary procedure)	
97813	Acupuncture, one or more needles, with electrical stimulation; initial 15 minutes of personal one-on-one contact with the patient	
97814	Acupuncture, one or more needles, with electrical stimulation; each additional 15 minutes of personal one- on-one contact with the patient, with re-insertion of needle(s) (list separately in addition to code for primary procedure)	
98925	Chiropractic services/treatment	
98926	Chiropractic services/treatment	
98927	Chiropractic services/treatment	
98928	Chiropractic services/treatment	
98929	Chiropractic services/treatment	
98940	Chiropractic services/treatment	
98941	Chiropractic services/treatment	
98942	Chiropractic services/treatment	
98943	Chiropractic services/treatment	
98960	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient	
98961	Education/training for patient self management by qual, non-MD health care professional w/standard curriculum, face/face w/patient (caregiver, family) each 30 mins.; 2-4 patients	
98962	Education/training for patient self management by qual, non-MD health care professional w/standard curriculum, face/face w/patient (caregiver, family) each 30 mins.; 5-8 patients	
98966	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	
98967	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	
98968	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion	
98970	Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	
98971	Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes	

98972	Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes	
99000	Handling and/or conveyance of specimen for transfer from the office to a laboratory	
99001	Handling and/or conveyance of specimen for transfer from the patient in other than an office to a laboratory (distance may be indicated)	
99002	Handling, conveyance, and/or any other service in connection with the implementation of an order involving devices	
99024	Postoperative follow-up visit, included in global service	
99026	Hospital mandated on call srvc, in-hospital, each hour	
99027	Hospital mandated on call srvc, out-of-hospital, each hour	
99051	Services provided in the office during regularly scheduled evening, weekend, or holiday office hours, in addition to basic service	
99053	Services provided 10 p.m.–8 a.m. at a 24-hour facility, in addition to basic service	
99056	Service(s) typically provided in the office, provided out of the office at request of patient, in addition to basic service	
99058	Office services provided on an emergency basis	
99060	Services provided on an emerg basis out of the office which disrupts other scheduled office services in addition to basic service	
99070	Materials charges	
99071	Educational supplies	
99075	Medical testimony	
99078	Physician or other qualified health care professional qualified by education, training, licensure/regulation (when applicable) educational services rendered to patients in a group setting (eg, prenatal, obesity, or diabetic instructions)	
99080	Special reports	
99082	Unusual travel (e.g., transportation and escort of patient)	
99091	Collection and interpretation of physiologic data (e.g., ecg, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, requiring a minimum of 30 minutes	
99100	Anesthesia for patient of extreme age, under one year & over 70	
99116	Anesthesia complicated by utilization of total body hypothermia	
99135	Anesthesia complicated by utilization of controlled hypotension	
99140	Anesthesia complicated by emergency conditions (specify)	
99175	Ipecac or similar administration for individual emesis and continued observation until stomach adequately emptied of poison	
99183	Physician attendance and supervision of hyperbaric oxygen therapy, per session	
99195	Phlebotomy, therapeutic (separate procedure)	
99199	Unlisted special service, procedure or report	
99288	Physician direction of emergency medical systems (ems) emergency care, advanced life support	
99354	Prolonged phys svc in office or opd, face-to-face, first hour	
99355	Prolong phys serv in office/op/each additional 30 minutes	
99356	Prolonged phys serv/in pat/requiring direct (face-to-face) patient contact	
99357	Prolonged phys serv/in pat/requiring direct patient contact, each add'l 30 minutes	
99358	Prolonged eval & mgt serv/non-direct care/in pat/first hour	

99359	Prolonged eval & mgt serv/non-direct/in pat/add'l 30 minutes	
99360	Phys standby serv/prolonged attend/each 30 minutes	
99366	Medical team conference with interdisciplinary team of health care professionals, face-to-face with patient and/or family, 30 minutes or more, participation by nonphysician qualified health care professional	
99367	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by physician	
99368	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by nonphysician qualified health care professional	
99415	Prolonged clinical staff service (the service beyond the typical service time) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; first hour (list separately in addition to code for outpatient evaluation and management service)	
99416	Prolonged clinical staff service, each additional 30 minutes	
99421	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	
99422	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes	
99423	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes	
99442	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	
99443	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion	
99446	Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review	
99447	Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 11-20 minutes of medical consultative discussion and review	
99448	Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 21-30 minutes of medical consultative discussion and review	

99449	Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 31 minutes or more of medical consultative discussion and review	
99450	Life/disability evaluation	
99455	Work related or medical disability examination by the treating physician that includes: Completion of a medical history commensurate with the patient's condition; Performance of an examination commensurate with the patient's condition; Formulation of a diagnosis, assessment of capabilities and stability, and calculation of impairment; Development of future medical treatment plan; and Completion of necessary documentation/certificates and report.	
99456	Work related or medical disability examination by other than the treating physician that includes: Completion of a medical history commensurate with the patient's condition; Performance of an examination commensurate with the patient's condition; Formulation of a diagnosis, assessment of capabilities and stability, and calculation of impairment; Development of future medical treatment plan; and Completion of necessary documentation/certificates and report.	
99458	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; each additional 20 minutes (List separately in addition to code for primary procedure)	
99473	Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration	
99474	Self-measured blood pressure using a device validated for clinical accuracy; separate self-measurements of two readings one minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver to the physician or other qualified health care professional, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient	
99487	Complex chronic care management services, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, establishment or substantial revision of a comprehensive care plan, moderate or high complexity medical decision making; 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month	
99489	Complex chronic care management services, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, establishment or substantial revision of a comprehensive care plan, moderate or high complexity medical decision making; 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.; each additional 30 minutes	
99490	Chronic care management services	

99497	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate	
99498	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (List separately in addition to code for primary procedure)	
99512	Home visit for hemodialysis	
99600	Unlisted home visit service or procedure	
99605	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, new patient	
99606	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, established patient	
99607	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; each additional 15 minutes (List separately in addition to code for primary service)	
<b>HCPCS</b>		
A0021	Ambulance service outside state	
A0080	Non-emergency transportation: per mile--volunteer with no personal interest	
A0090	Non-emergency transportation: per mile-- vehicle provided by individual w/vested interest	
A0100	Non-emergency transportation	
A0110	Nonemergency transportation and bus, intra- or interstate carrier	
A0120	Non-emergency transportation: mini-bus, mountain area transports, or other transportation systems	
A0130	Nonemergency transportation: wheelchair van	
A0140	Nonemergency transportation and air travel (private or commercial), intra- or interstate (Fixed wing)	
A0160	Nonemergency transportation: per mile - caseworker or social worker	
A0170	Transportation ancillary: parking fees, tolls, other	
A0180	Nonemergency transportation: ancillary: lodging – recipient	
A0190	Nonemergency transportation: ancillary: meals – recipient	
A0200	Nonemergency transportation: ancillary: lodging – escort	
A0210	Nonemergency transportation: ancillary: meals – escort	
A0392	ALS specialized service disposable supplies; defibrillation (to be used only in jurisdictions where defibrillation cannot be performed by BLS ambulances Note: Included in the global ambulance service	
A0394	ALS specialized service disposable supplies; IV drug therapy Note: Included in the global ambulance service	
A0396	ALS specialized service disposable supplies; esophageal intubation Note: Included in the global ambulance service	
A0398	ALS routine disposable supplies Note: Included in the global ambulance service	
A0420	Ambulance service waiting time (one half-hour)	
A0424	Ambulance service extra attendant	
A0426	Ambulance, advanced life support, nonemergency transport	

A0427	Ambulance service, advanced life support, emergency transport, level 1	
A0428	Ambulance, basic life support, nonemergency transport	
A0429	Ambulance service, basic life support, emergency transport	
A0432	Paramedic intercept (PI), rural area, transport furnished by a volunteer	
A0434	Specialty Care Transport (SCT)	
A0888	Non-covered ambulance mileage, per mile (e.g., for miles traveled beyond closest appropriate facility)	
A0998	Ambulance response and treatment, no transport	
A0999	Unlisted ambulance service	
A4206	Syringe with needle, sterile, 1cc or less, each	
A4210	Needle-free injection device, each	
A4215	Needle, sterile, any size, each	
A4220	Refill kit implantable fusion pump	
A4226	Supplies for maintenance of insulin infusion pump with dosage rate adjustment using therapeutic continuous glucose sensing, per week	
A4230	Infusion set for external insulin pump, non needle cannula type	
A4231	Infusion set for external insulin pump, needle type	
A4232	Syringe with needle for external insulin pump, sterile, 3 c	
A4233	Replacement batteries for use with medically necessary home blood glucose monitor owned by patient	
A4234	Replacement batteries for use with medically necessary home blood glucose monitor owned by patient	
A4235	Replacement batteries for use with medically necessary home blood glucose monitor owned by patient	
A4236	Replacement batteries for use with medically necessary home blood glucose monitor owned by patient	
A4250	Urine reagent strips/tablets	
A4252	Blood ketone test or reagent strip, each	
A4253	Blood glucose/reagent strips	
A4254	Battery for glucose monitor	
A4255	Glucose monitor platforms	
A4256	Normal, low and high calibrator solution/chips	
A4258	Spring powered device for lancet, each	
A4259	Lancets, per box of 100	
A4262	Temp absorb lacrimal duct implant	
A4263	Perm non-dis lacrimal duct implant	
A4267	Contraceptive supply, condom, male, each	
A4268	Contraceptive supply, condom, female, each	
A4269	Contraceptive supply, spermicide (foam, gel), each	
A4270	Disposable endoscope sheath, each	
A4300	Implantable access catheter (venous, arterial, epidural or peritoneal), extn	
A4305	Disposable drug delivery system/catheter	
A4306	Disposable drug delivery system/catheter	
A4450	Tape, non-waterproof, per 18 sq. in.	
A4452	Tape, waterproof, per 18 sq. in.	
A4455	Adhesive remover or solvent per ounce	
A4458	Enema bag with tubing	
A4459	Manual pump-operated enema system, includes balloon, catheter and all accessories, reusable, any type	
A4461	Surgical dressing holder, non-reusable, each	
A4470	Gravlee jet washer	
A4480	Vabra aspirator	
A4550	Surgical trays	
A4559	Coupling gel or paste, for use with ultrasound device, per oz	
A4563	Rectal control system for vaginal insertion, for long term use, includes pump and all supplies and accessories, any type each	
A4575	Topical hyperbaric oxygen chamber, disposable	

A4580	Cast supplies	
A4590	Special casting materials	
A4601	Lithium ion battery for non prosthetic use, replacement	
A4602	Replacement battery for external infusion pump owned by patient, lithium, 1.5 volt, each	
A4638	Replacement battery for patient-owned ear pulse genera- tor, each	
A4639	Replacement pad for infrared heating pad system, each	
A4641	Radiopharm diagnostic imaging agent noc	
A4649	Surgical supply; miscellaneous	
A4772	Blood glucose test strips	
A4870	Plumbing and/or electrical work for home hemodialysis equipment	
A4890	Contracts, repair and maintenance, for hemodialysis equipment	
A4931	Oral thermometer, reusable, any type, each	
A4932	Rectal thermometer, reusable, any type, each	
A5514	For diabetics only, multiple density insert, made by direct carving with cam technology from a rectified cad model created from a digitized scan of the patient, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of shore a 35 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each	
A6000	Non-contact wound warming wound cover for use with the non-contact wound warming device	
A6025	Silicone gel sheet, each	
A6257	Transparent film, sterile, 16 sq in or	
A7025	High frequency chest wall oscillation system vest, replacement	
A7026	High frequency chest wall oscillation system hose, replacement	
A8000	less, each dressing	
A8001	Helmet, protective, hard, prefabricated, includes all components and accessories	
A9150	Non-prescription drugs	
A9270	Non-covered item or service	
A9274	External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories	
A9276	Sensor; invasive (e.g., subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, one unit = 1 day supply	
A9275	Disposable home glucose monitor	
A9277	Transmitter; external, for use with interstitial continuous glucose monitoring system	
A9278	External receiver, cgm sys	
A9279	Monitoring feature/device, stand-alone or integrated, any type, includes all accessories, components and electronics, not otherwise classified	
A9280	Alert or alarm device, not otherwise classified	
A9281	Reaching/grabbing device, any type, any length, each	
A9300	Exercise equipment	
A9510	Supply of radiopharmaceutical diagnostic imaging agent, technetium tc99m	
A9700	Supply of injectable contrast material for use in echocardiography	
A9901	Delivery, set up, and/or dispensing service component of another HCPCS code	
B4105	In-line cartridge containing digestive enzyme(s) for enteral feeding, each	
B4187	Omegaven, 10 grams lipids	
B4216	Parent nutr additives	
B4220	Parent nutr supply kit premix	
B4222	Parent nutr supply kit home mix	
B4224	Parent nutr administration kit	
C1715	Brachytherapy needle	

C1716	Brachytherapy source, non-stranded, gold-198, per source	
C1717	Brachytherapy source, non-stranded, high dose rate iridium-192, per source	
C1718	Brachytherapy source, iodine 125, per source	
C1719	Brachytherapy source, non-stranded, non-high dose rate iridium-192, per source	
C1721	Cardioverter Defibrillator, Dual Chamber Implantable	Device donation required
C1722	Cardioverter Defibrillator, Single Chamber Implantable	Device donation required
C1728	Catheter, brachytherapy seed administration	
C1734	Orthopedic/device/drug matrix for opposing bone-to-bone or soft tissue-to bone (implantable)	
C1749	Endoscope, retrograde imaging/illumination colonoscopy device (implantable)	
C1772	Infusion pump, programmable (implantable)	
C1785	Pacemaker, Dual Chamber (implantable)	Device donation required
C1786	Pacemaker, Single Chamber (implantable)	Device donation required
C1818	Integrated keratoprosthesis	
C1821	Interspinous process distraction device (implantable)	
C1822	Generator, neurostimulator implantable	
C1823	Generator, neurostimulator (implantable), non-rechargeable, with transvenous sensing and stimulation leads	
C1824	Generator, cardiac contractility modulation (implantable)	
C1839	Iris prosthesis	
C1841	Retinal prosthesis	
C1878	Material for vocal cord medialization, synthetic	
C1881	Dialysis access system (implantable)	
C1882	Cardioverter Defibrillator, Other than Single or Dual	Device donation required
C1982	Catheter, pressure-generating, one-way valve, intermittently occlusive	
C2596	Probe, image-guided, robotic, waterjet ablation	
C2614	Probe, percutaneous lumbar discectomy	
C2616	Brachytherapy source, non-stranded, yttrium-90, per source	
C2619	Pacemaker, Dual Chamber	Device donation required
C2620	Pacemaker, Single Chamber	Device donation required
C2621	Pacemaker, Other than Single or Dual	Device donation required
C2624	Implantable wireless pulmonary artery pressure sensor with delivery catheter	
C2634	Brachytherapy source, non-stranded, High Activity, Iodine-125, greater than 1.01 mCi (NIST), per source	
C2635	Brachytherapy source, non-stranded, high activity, palladium-103, greater than 2.2 mci (nist), per source	
C2636	Brachytherapy linear source, non-stranded, palladium-103, per 1 mm	
C2637	Brachytherapy source, non-stranded, Ytterbium-169, per source	
C2638	Brachytherapy source, stranded, Iodine-125, per source	
C2639	Brachytherapy source, non-stranded, Iodine-125, per source	
C2640	Brachytherapy source, stranded, Palladium-103, per source	
C2641	Brachytherapy source, non-stranded, Palladium-103, per source	
C2642	Brachytherapy source, stranded, Cesium-131, per source	
C2643	Brachytherapy source, non-stranded, Cesium-131, per source	
C2644	Brachytherapy source, cesium-131 chloride solution, per millicurie	
C2645	Brachytherapy planar source, palladium-103, per square millimeter	
C2698	Brachytherapy source, stranded, not otherwise specified, per source	
C2699	Brachytherapy source, non-stranded, not otherwise specified, per source	



C8937	Computer-aided detection, including computer algorithm analysis of breast mri image data for lesion detection/characterization, pharmacokinetic analysis, with further physician review for interpretation (list separately in addition to code for primary procedure)	
C9035	Injection, aripiprazole lauroxil (aristada initio), 1 mg	
C9036	Injection, patisiran, 0.1 mg	
C9037	Injection, risperidone (perseris), 0.5 mg	
C9038	Injection, mogamulizumab-kpkc, 1 mg	
C9039	Injection, plazomicin, 5 mg	
C9054	Injection, lefamulin (xenleta), 1 mg	
C9055	Injection, brexanolone, 1mg	
C9727	Insertion of implants into the soft palate;	
C9733	Nonphthalmic fluorescnet vascular angiography	
C9734	Focused ultrasound ablation/therapeutic intervention, other than uterine leiomyomata, with magnetic reso- nance (MR) guidance	
C9739	Cystourethroscopy, with insertion of transprostatic implant	
C9740	Cystourethroscopy, with insertion of transprostatic implant	
C9751	Bronchoscopy, rigid or flexible, transbronchial ablation of lesion(s) by microwave energy, including fluoroscopic guidance, when performed, with computed tomography acquisition(s) and 3-d rendering, computer-assisted, image-guided navigation, and endobronchial ultrasound (ebus) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]) and all mediastinal and/or hilar lymph node stations or structures and therapeutic intervention(s)	
C9752	Destruction of intraosseous basivertebral nerve, first two vertebral bodies, including imaging guidance (e.g., fluoroscopy), lumbar/sacrum	
C9753	Destruction of intraosseous basivertebral nerve, each additional vertebral body, including imaging guidance (e.g., fluoroscopy), lumbar/sacrum (list separately in addition to code for primary procedure)	
C9754	Creation of arteriovenous fistula, percutaneous; direct, any site, including all imaging and radiologic supervision and interpretation, when performed and secondary procedures to redirect blood flow (e.g., transluminal balloon angioplasty, coil embolization, when performed)	
C9755	Creation of arteriovenous fistula, percutaneous using magnetic-guided arterial and venous catheters and radiofrequency energy, including flow-directing procedures (e.g., vascular coil embolization with radiologic supervision and interpretation, when performed) and fistulogram(s), angiography, venography, and/or ultrasound, with radiologic supervision and interpretation, when performed	
C9757	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and excision of herniated intervertebral disc, and repair of annular defect with implantation of bone anchored annular closure device, including annular defect measurement, alignment and sizing assessment, and image guidance; 1 interspace, lumbar	
C9758	Blinded procedure for nyha class iii/iv heart failure; transcatheter implantation of interatrial shunt or placebo control, including right heart catheterization, trans-esophageal echocardiography (tee)/intracardiac echocardiography (ice), and all imaging with or without guidance (e.g., ultrasound, fluoroscopy), performed in an approved investigational device exemption (ide) study	
D0180	Comprehensive periodontal evaluation – new or established patient	
D0250	Extraoral – first film	

D0260	Extraoral – each additional film	
D0277	Vertical bitewings – 7 to 8 films	
D0460	Pulp vitality tests	
D0470	Diagnostic casts	
D1310	Nutritional counseling for control of dental disease	
D1510	Space maintainer – fixed – unilateral	
D1515	Space maintainer – fixed – bilateral	
D1520	Space maintainer – removable – unilateral	
D1525	Space maintainer – removable – bilateral	
D1550	Re-cementation of space maintainer	
D1555	Removal of fixed space maintainer	
D2710	Crown – resin-based composite (indirect)	
D2712	Crown – 3/4 resin-based composite (indirect)	
D2720	Crown – resin with high noble metal	
D2721	Crown – resin with predominantly base metal	
D2722	Crown – resin with noble metal	
D2740	Crown – porcelain/ceramic substrate	
D2750	Crown – porcelain fused to high noble metal	
D2751	Crown – porcelain fused to predominantly base metal	
D2752	Crown – porcelain fused to noble metal	
D2780	Crown – ¾ cast high noble metal	
D2781	Crown – ¾ cast predominantly base metal	
D2782	Crown – ¾ cast noble metal	
D2791	Crown – full cast predominantly base metal	
D2792	Crown – full cast noble metal	
D2794	Crown – titanium	
D2910	Recement inlay, onlay, or partial coverage restoration	
D2915	Recement cast or prefabricated post and core	
D2931	Prefabricated stainless steel crown – permanent tooth	
D2951	Pin retention – per tooth, in addition to restoration	
D2952	Pin retention – per tooth, in addition to restoration	
D2953	Each additional indirectly fabricated post-same tooth	
D2954	Prefabricated post and core in addition to crown	
D2957	Each additional prefabricated post-same tooth	
D4910	Periodontal maintenance (2 in a 12 month period)	
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	
D5710	Rebase complete maxillary denture	
D5711	Rebase complete mandibular denture	
D5720	Rebase maxillary partial denture	
D5721	Rebase mandibular partial denture	
D5740	Reline maxillary partial denture (chairside)	
D5741	Reline mandibular partial denture (chairside)	
D5760	Reline maxillary partial denture (laboratory)	
D5761	Reline mandibular partial denture (laboratory)	
D5850	Tissue conditioning, maxillary	
D5851	Tissue conditioning, mandibular	
D6205	Pontic – indirect resin based composite	
D6210	Pontic – cast high noble metal	
D6211	Pontic – cast predominantly base metal	
D6212	Pontic – cast noble metal	
D6214	Pontic – titanium	
D6240	Pontic – porcelain fused to high noble metal	
D6241	Pontic – porcelain fused to predominantly base metal	
D6242	Pontic – porcelain fused to noble metal	
D6250	Pontic – resin with high noble metal	
D6251	Pontic – resin with predominantly base metal	
D6252	Pontic – resin with noble metal	
D6710	Crown – indirect resin-based composite	
D6720	Crown – resin with high noble metal	
D6721	Crown – resin with predominantly base metal	

D6722	Crown – resin with noble metal	
D6750	Crown – porcelain fused to high noble metal	
D6751	Crown – porcelain fused to predominantly base metal	
D6752	Crown – porcelain fused to noble metal	
D6780	Crown – ¾ cast high noble metal	
D6781	Crown – ¾ cast predominantly base metal	
D6782	Crown – ¾ cast noble metal	
D6790	Crown – full cast high noble metal	
D6791	Crown – full cast predominantly base metal	
D6792	Crown – full cast noble metal	
D6794	Crown – titanium	
D6970	Post and core in addition to fixed partial denture retainer, indirectly fabricated	
D6972	Prefabricated post and core in addition to fixed partial denture retainer	
D6973	Core build up for retainer, including any pins	
D6976	Each additional cast post – same tooth	
D6977	Each additional prefabricated post – same tooth	
D7511	Incision and drainage of abscess – intraoral soft issue – complicated (includes drainage of multiple fascial spaces)	
D7521	Incision and drainage of abscess – extraoral soft issue – complicated (includes drainage of multiple fascial spaces)	
D9110	Palliative (emergency) treatment of dental pain – minor procedure	
D9450	Case presentation, detailed and extensive treatment planning	
D9951	Occlusal adjustment – limited	
E0118	Crutch substitute, lower leg platform, with or without wheels, ea.	
E0162	Sitz bath chair	
E0175	Foot rest use w/commode chair	
E0190	Positioning pillow/cushion	
E0191	Heel/elbow protector ea.	
E0194	Air fluidized bed	
E0200	Heat lamp w/o stand	
E0205	Heat lamp w/stand	
E0210	Electric heat pad std	
E0215	Electric heat pad moist	
E0217	Water circulating heat pad with pump	
E0218	Water circulating cold pad with pump	
E0221	Infrared heating pad system	
E0225	Hydrocollator unit includes pads	
E0231	Non-contact wound warming wound cover for use with the non-contact wound warming device	
E0232	Warming card for use with non-contact wound device	
E0239	Hydrocollator unit portable	
E0240	Bath/shower chair, with or without wheels, any size	
E0241	Bath tub wall rail ea	
E0242	Bath tub rail floor base	
E0243	Toilet rail ea	
E0244	Raised toilet seat	
E0245	Tub stool or bench	
E0246	Transfer tub rail attachment	
E0247	Transfer bench for tub or toilet with or without commode opening	
E0248	Transfer bench, heavy duty, for tub or toilet with or without commode opening	
E0249	Pad for water circulating heat unit, for replacement only	
E0274	Over-bed table	
E0315	Bed accessory, board, table or support device, any type	
E0435	Portable liquid oxygen system, purchase; includes portable container, supply reservoir, flowmeter, humidifier, contents gauge, cannula or mask, tubing and refill adaptor	

E0446	Topical oxygen delivery system, not otherwise specified, includes all supplies and accessories	
E0447	Portable oxygen contents, liquid, 1 month's supply = 1 unit, prescribed amount at rest or nighttime exceeds 4 liters per minute (lpm)	
E0450	Volume ventilator	
E0466	Home ventilator, any type, used with noninvasive interface	
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	
E0480	Intrapulmonary percussive ventilation system	
E0481	Intrapulmonary percussive ventilation system and related accessories	
E0483	High frequency chest wall oscillation system	
E0486	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, includes fitting and adjustment	
E0605	Vaporizer room type	
E0607	Home blood glucose monitor	
E0610	Pacemaker monitor self-contained	
E0615	Pacemaker monitor self contained	
E0616	Implantable cardiac event recorder w/memory, activator & programmer	
E0617	External defibrillator with integrated electrocardiogram analysis	
E0625	Patient lift kartop bathroom	
E0627	Seat lift mech in comb lift-chair	
E0629	Sep seat lift mech reimbursed	
E0636	Multipositional patient support system, with integrated lift, patient accessible controls	
E0638	Standing frame/table system, one position (e.g., upright, supine or prone stander), any size including pediatric, with or without wheels	
E0641	Standing frame/table system, mobile (dynamic stander), any size including pediatric	
E0642	Standing frame/table system, mobile (dynamic stander), any size including pediatric	
E0650	Pneumatic compressor, non-segmental home model	
E0651	Pneumatic compressor, segmental home model without calibrated gradient pressure	
E0652	Pneumatic compressor, segmental home model with calibrated gradient pressure	
E0655	Non-segmental pneumatic appliance for use with pneumatic compressor, half arm	
E0656	Segmental pneumatic appliance for use with pneumatic compressor, trunk	
E0657	Segmental pneumatic appliance for use with pneumatic compressor, chest	
E0660	Non-segmental pneumatic appliance for use with pneumatic compressor, full leg	
E0665	Non-segmental pneumatic appliance for use with pneumatic compressor, full arm	
E0666	Non-segmental pneumatic appliance for use with pneumatic compressor, half leg	
E0667	Segmental pneumatic appliance for use with pneumatic compressor, full leg	
E0668	Segmental pneumatic appliance for use with pneumatic compressor, full arm	
E0669	Segmental pneumatic appliance for use with pneumatic compressor, half leg	

E0670	Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full legs and trunk	
E0671	Segmental gradient pressure pneumatic appliance, full leg	
E0672	Segmental gradient pressure pneumatic appliance, full arm	
E0673	Segmental gradient pressure pneumatic appliance, half leg	
E0675	Pneumatic compression device, high pressure, rapid inflation/deflation cycle, for arterial insufficiency (unilateral or bilateral system)	
E0676	Intermittent limb compression device (includes all accessories), not otherwise specified	
E0747	Osteogenesis stimulator, electrical, non-invasive, other than spinal applications	
E0748	Osteogenesis stimulator, electrical, noninvasive, spinal applications	
E0760	Osteogenesis stimulator, low intensity ultrasound, non-invasive	
E0766	Electrical stimulation device used for cancer treatment, includes all accessories, any type	
E0770	Functional electric stim NOS	
E0784	External ambulatory infusion pump, insulin	
E0787	External ambulatory infusion pump, insulin, dosage rate adjustment using therapeutic continuous glucose sensing	
E0935	Continuous passive motion exercise device for use on knee only	
E0700	Safety equipment	
E0744	Neuromuscular stimulator for scoliosis	
E0762	Transcutaneous electrical joint stimulation device system	
E0764	Functional neuromuscular stimulator, used for walking by spinal cord injured	
E0765	FDA-approved nerve stimulator, with replaceable batteries, for treatment of nausea and vomiting	
E0779	Ambulatory infusion pump, mechanical, reusable, for infusion 8 hrs or greater	
E0780	Ambulatory infusion pump, mechanical, reusable, for infusion less than 8 hours	
E0782	Terbutaline therapy - Infusion pump implantable non programmable	
E0783	Terbutaline therapy - Infusion pump system, implantable, programmable	
E0786	Implantable programmable infusion pump, replacement	
E0791	Parent infus pump stationary	
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	
E0986	Manual wheelchair accessory, push activated power assist, each	
E1002	Wheelchair accessory, power seating system, tilt only	
E1003	Wheelchair accessory, power seating system, recline only, without shear reduction	
E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction	
E1005	Wheelchair accessory, power seating system, recline only, with power shear reduction	
E1006	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction	
E1007	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction	
E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction	

E1009	Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and leg rest, each	
E1010	Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, pair	
E1015	Shock absorber for manual wheelchair, each	
E1016	Shock absorber for power wheelchair, each	
E1017	Heavy duty shock absorber for heavy duty or extra heavy duty manual wheelchair, each	
E1018	Heavy duty shock absorber for heavy duty or extra heavy duty power wheelchair, each	
E1028	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for joystick, other control interface or positioning accessory	
E1035	Multi-positional patient transfer system, with integrated seat, operated by care giver, patient weight capacity up to and including 300 pounds	
E1037	Transport chair, pediatric size	
E1038	Transport chair, adult size	
E1227	Special height arms for wheelchair	
E1228	Special back height for wheelchair	
E1230	Power operated vehicle (three- or four-wheel nonhighway) specify brand name and model number	
E1231	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system	
E1232	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system	
E1233	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system	
E1234	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system	
E1235	Wheelchair, pediatric size, rigid, adjustable, with seating system	
E1236	Wheelchair, pediatric size, folding, adjustable, with seating system	
E1237	Wheelchair, pediatric size, rigid, adjustable, without seating system	
E1239	Power wheelchair, pediatric size, not otherwise specified	
E1296	Special wheelchair; seat height from floor	
E1297	Special wheelchair; seat depth, by upholstery	
E1298	Special wheelchair; seat depth and/or width, by construction	
E1300	Whirlpool portable (overtub)	
E1310	Whirlpool non-port (built-in)	
E1632	Wearable artificial kidney, each	
E1635	Compact (portable) travel hemodialyzer system	
E1700	Jaw motion rehabilitation system	
E1701	Replacement cushions for jaw motion rehab	
E1702	Replacement measuring scales for jaw motion rehabilitation system, pkg. of 200	
E1703	Replacement measuring scales for jaw motion rehab	
E1800	Dynamic adjustable elbow extension/flexion device, includes soft interface materia	
E1801	Static progressive stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	
E1806	Static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories	
E1811	Static progressive stretch knee device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	

E1816	Static progressive stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories	
E1818	Static progressive stretch forearm pronation/supination device, with or without range of motion adjustment, includes all components and accessories	
E1821	Replacement soft interface material/cuffs for bi-directional static progressive stretch device	
E1840	Dynamic adjustable shoulder flexion/abduction/rotation device, includes soft interface material	
E1841	Static progressive stretch shoulder device, with or without range of motion adjustment, includes all components and accessories	
E2100	Blood glucose monitor with voice synthesizer	
E2101	Blood glucose monitor with integrated lancing/blood sample	
E2120	Pulse generator system for tympanic treatment of inner ear	
E2201	Manual wheelchair accessory, nonstandard seat frame, width greater than or equal to 20 inches and less than 24 inches	
E2202	Manual wheelchair accessory, nonstandard seat frame width, 24–27 inches	
E2203	Manual wheelchair accessory, nonstandard frame depth, 20 to less than 22 inches	
E2204	Manual wheelchair accessory, nonstandard seat frame depth 22 to 25 inches	
E2205	Manual wheelchair accessory, handrim without projections (includes ergonomic or contoured), any type, replacement only, each	
E2207	Wheelchair accessory, crutch and cane holder, each	
E2208	Wheelchair accessory, cylinder tank carrier, each	
E2209	Accessory, arm trough, with or without hand support, each	
E2224	Manual wheelchair accessory, propulsion wheel excludes tire, any size, each	
E2227	Manual wheelchair accessory, gear reduction drive wheel, each	
E2231	Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware	
E2291	Back, planar, for pediatric size wheelchair including fixed attaching hardware	
E2292	Seat, planar, for pediatric size wheelchair including fixed attaching hardware	
E2293	Back, contoured, for pediatric size wheelchair including fixed attaching hardware	
E2294	Seat, contoured, for pediatric size wheelchair including fixed attaching hardware	
E2295	Manual wheelchair accessory, for pediatric size wheelchair, dynamic seating frame, allows coordinated movement of multiple positioning features	
E2310	Power wheelchair accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	
E2311	Power wheelchair accessory, electronic connection between wheelchair controller and two or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	
E2312	Power wheelchair accessory, hand or chin control interface, mini-proportional remote joystick, proportional, including fixed mounting hardware	

E2313	Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each	
E2321	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware	
E2322	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware	
E2323	Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated	
E2324	Power wheelchair accessory, chin cup for chin control interface	
E2325	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware	
E2326	Power wheelchair accessory, breath tube kit for sip and puff interface	
E2327	Power wheelchair accessory, head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware	
E2328	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics and fixed mounting hardware	
E2329	Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware	
E2330	Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware	
E2331	Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware	
E2340	Power wheelchair accessory, nonstandard seat frame width, 20-23 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	
E2359	Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g., gel cell, absorbed glass mat)	
E2361	Power wheelchair accessory, 22 NF sealed lead acid battery, each (eg., gel cell, absorbed glassmat)	
E2363	Power wheelchair accessory, group 24 sealed lead acid battery, each (eg., gel cell, absorbed glassmat)	
E2365	Power wheelchair accessory, U-1 sealed lead acid battery, each (e.g., gel cell absorbed glassmat)	
E2366	Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or non sealed, each	
E2368	Power wheelchair component, motor, replacement only	
E2369	Power wheelchair component, gear box, replacement only	



E2370	Power wheelchair component, motor and gear box combination, replacement only	
E2371	Power wheelchair accessory, group 27 sealed lead acid battery, (eg., Gel cell, absorbed glassmat), each	
E2373	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware	
E2374	Power wheelchair accessory, hand or chin control interface, standard remote joystick (not including controller), proportional, including all related electronics and fixed mounting hardware, replacement only	
E2375	Power wheelchair accessory, nonexpendable controller, including all related electronics and mounting hardware, replacement only	
E2376	Power wheelchair accessory, expendable controller, including all related electronics and mounting hardware, replacement only	
E2377	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgraded provided at initial issue	
E2381	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each	
E2382	Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each	
E2383	Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each	
E2384	Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each	
E2385	Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each	
E2386	Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each	
E2387	Power wheelchair accessory, foam filled caster tire, any size, replacement only, each	
E2388	Power wheelchair accessory, foam filled wheel tire, any size, replacement only, each	
E2389	Power wheelchair accessory, foam caster tire, any size, replacement only, each	
E2390	Power wheelchair accessory, caster tire, any size, replacement only, each	
E2391	Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each	
E2392	Power wheelchair accessory, solid (rubber/plastic)caster tire with integrated wheel, any size, replacement only, each	
E2394	Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each	
E2395	Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each	
E2396	Power wheelchair, caster fork, any size, replacement only, each	
E2397	Power wheelchair accessory, lithium-based battery, each	
E2398	Wheelchair accessory, dynamic positioning hardware for back	
E2504	Speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time	
E2506	Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time	
E2508	Speech generating device, synthesized speech	
E2510	Speech generating device, synthesized speech	
E2511	Speech generating software program	

E2512	Accessory for speech generating device, mounting system	
E2599	Accessory for speech generating device, not otherwise classified	
E2603	Skin protection wheelchair seat cushion, width less than 22 inches, any depth	
E2604	Skin protection wheelchair seat cushion, width 22 inches or greater, any depth	
E2605	Positioning wheelchair seat cushion, width less than 22 inches, any depth	
E2606	Positioning wheelchair seat cushion, width 22 inches or greater, any depth	
E2607	Skin protection and positioning wheelchair seat cushion, width less than 22 in., 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	
E2610	Wheelchair seat cushion, powered	
E2611	General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware	
E2612	General use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware	
E2613	Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware	
E2614	Positioning wheelchair back cushion, posterior, width 22 inches or greater, any height, including any type mounting hardware	
E2615	Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware	
E2616	Positioning wheelchair back cushion, posterior-lateral, width 22 inches or greater, any height, including any type mounting hardware	
E2617	Custom fabricated wheelchair back cushion, any size, including any type mounting hardware	
E2619	Replacement cover for wheelchair seat cushion or back cushion, each	
E2620	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware	
E2621	Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height, including any type mounting hardware	
E2622	Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth	
E2623	Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth	
E2624	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth	
E2625	Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth	
E2626	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable	
E2627	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable rancho type	
E2628	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining	
E2629	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints)	

E2630	Wheelchair accessory, shoulder elbow, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support	
E2631	Wheelchair accessory, addition to mobile arm support, elevating proximal arm	
E2632	Wheelchair accessory, addition to mobile arm support, offset or lateral rocker arm with elastic balance control)	
E2633	Wheelchair accessory, addition to mobile arm support, supinator	
G0027	Semen analysis; presence and/or motility of sperm excluding hühner	
G0166	External counterpulsation	
G0173	Linear accelerator based stereotactic radiosurgery, complete course of therapy in one session	
G0175	Scheduled interdisciplinary team conference (minimum of three exclusive)	
G0068	Professional services for the administration of anti-infective, pain management, chelation, pulmonary hypertension, and/or inotropic infusion drug(s) for each infusion drug administration calendar day in the individual's home, each 15 minutes	
G0069	Professional services for the administration of subcutaneous immunotherapy for each infusion drug administration calendar day in the individual's home, each 15 minutes	
G0070	Professional services for the administration of chemotherapy for each infusion drug administration calendar day in the individual's home, each 15 minutes	
G0071	Payment for communication technology-based services for 5 minutes or more of a virtual (non-face-to-face) communication between an rural health clinic (rhc) or federally qualified health center (fqhc) practitioner and rhc or fqhc patient, or 5 minutes or more of remote evaluation of recorded video and/or images by an rhc or fqhc practitioner, occurring in lieu of an office visit; rhc or fqhc only	
G0076	Brief (20 minutes) care management home visit for a new patient. for use only in a medicare-approved cmmi model. (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	
G0077	Limited (30 minutes) care management home visit for a new patient. for use only in a medicare-approved cmmi model. (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	
G0078	Moderate (45 minutes) care management home visit for a new patient. for use only in a medicare-approved cmmi model. (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	
G0079	Comprehensive (60 minutes) care management home visit for a new patient. for use only in a medicare-approved cmmi model. (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	
G0080	Extensive (75 minutes) care management home visit for a new patient. for use only in a medicare-approved cmmi model. (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	
G0081	Brief (20 minutes) care management home visit for an existing patient. for use only in a medicare-approved cmmi model. (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	

G0082	Limited (30 minutes) care management home visit for an existing patient. for use only in a medicare-approved cmmi model. (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	
G0083	Moderate (45 minutes) care management home visit for an existing patient. for use only in a medicare-approved cmmi model. (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	
G0084	Comprehensive (60 minutes) care management home visit for an existing patient. for use only in a medicare-approved cmmi model. (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	
G0085	Extensive (75 minutes) care management home visit for an existing patient. for use only in a medicare-approved cmmi model. (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	
G0086	Limited (30 minutes) care management home care plan oversight. for use only in a medicare-approved cmmi model. (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	
G0087	Comprehensive (60 minutes) care management home care plan oversight. for use only in a medicare-approved cmmi model. (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	
G0155	Services of clinical social worker in home health or hospice settings setting , each 15 minutes	
G0176	Activity therapy, such as music, dance, art	
G0186	Destruction of localized lesion of choroid	
G0255	Current preception threshold/sensory nerve conduction test for any limb	
G0269	Placement of occlusive device into either a venous or arterial access site, post-surgical or interventional procedure (e.g., angioseal plug, vascular plug)	
G0279	Diagnostic digital breast tomosynthesis, unilateral or bilateral (List separately in addition to G0204 or G0206)	
G0282	Electrical stimulation, to one or more areas, for wound care	
G0293	Non-covered surgical procedure(s) using conscious sedation, regional, general, or spinal anesthesia in a Medicare-qualifying clinical trial, per day	
G0294	Non-covered surgical procedure(s) using either no anesthesia or local anesthesia only in a Medicare-qualifying clinical trial, per day	
G0295	Electromagnetic stimulation, to one or more areas	
G0302	Pre-operative pulmonary surgery services for preparation for LVRS, complete course of services	
G0303	Pre-operative pulmonary surgery services for preparation for LVRS, 10–15 days of services	
G0304	Pre-operative pulmonary surgery services for preparation for LVRS, one to nine days of service	
G0305	Post-discharge pulmonary surgery services after LVRS, minimum of six days	
G0329	Electromagnetic therapy, to one or more areas for chronic stage III or IV	
G0333	Pharmacy dispensing fee for inhalation drug(s); initial 30-day supply as a beneficiary	

G0339	Image-guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment	
G0340	Image-guided robotic linear accelerator-based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, second through fifth sessions, maximum five sessions per course of treatment	
G0341	Percutaneous islet cell transplant, includes portal vein catheterization and infusion	
G0342	Laparoscopy for islet cell transplant, includes portal vein catheterization and infusion	
G0343	Laparotomy for islet cell transplant, includes portal vein catheterization and infusion	
G0372	Physician service required to establish and document the need for a power mobility device	
G0378	Hospital observation service, per hour	
G0379	Direct admission of patient for hospital observation care	
G0380	Level 1 hospital emergency department visit provided in a type b emergency department; (the ed must meet at least one of the following requirements: (1) it is licensed by the state in which it is located under applicable state law as an emergency room or emergency department; (2) it is held out to the public (by name, posted signs, advertising, or other means) as a place that provides care for emergency medical conditions on an urgent basis without requiring a previously scheduled appointment; or (3) during the calendar year immediately preceding the calendar year in which a determination under 42 CFR 489.24 is being made, based on a representative sample of patient visits that occurred during that calendar year, it provides at least one-third of all of its outpatient visits for the treatment of emergency medical conditions on an urgent basis without requiring a previously scheduled appointment)	
G0381	Level 2 hospital emergency department visit provided in a type b emergency department; (the ed must meet at least one of the following requirements: (1) it is licensed by the state in which it is located under applicable state law as an emergency room or emergency department; (2) it is held out to the public (by name, posted signs, advertising, or other means) as a place that provides care for emergency medical conditions on an urgent basis without requiring a previously scheduled appointment; or (3) during the calendar year immediately preceding the calendar year in which a determination under 42 CFR 489.24 is being made, based on a representative sample of patient visits that occurred during that calendar year, it provides at least one-third of all of its outpatient visits for the treatment of emergency medical conditions on an urgent basis without requiring a previously scheduled appointment)	

G0382	Level 3 hospital emergency department visit provided in a type b emergency department; (the ed must meet at least one of the following requirements: (1) it is licensed by the state in which it is located under applicable state law as an emergency room or emergency department; (2) it is held out to the public (by name, posted signs, advertising, or other means) as a place that provides care for emergency medical conditions on an urgent basis without requiring a previously scheduled appointment; or (3) during the calendar year immediately preceding the calendar year in which a determination under 42 CFR 489.24 is being made, based on a representative sample of patient visits that occurred during that calendar year, it provides at least one-third of all of its outpatient visits for the treatment of emergency medical conditions on an urgent basis without requiring a previously scheduled appointment)	
G0383	Level 4 hospital emergency department visit provided in a type b emergency department; (the ed must meet at least one of the following requirements: (1) it is licensed by the state in which it is located under applicable state law as an emergency room or emergency department; (2) it is held out to the public (by name, posted signs, advertising, or other means) as a place that provides care for emergency medical conditions on an urgent basis without requiring a previously scheduled appointment; or (3) during the calendar year immediately preceding the calendar year in which a determination under 42 CFR 489.24 is being made, based on a representative sample of patient visits that occurred during that calendar year, it provides at least one-third of all of its outpatient visits for the treatment of emergency medical conditions on an urgent basis without requiring a previously scheduled appointment)	
G0384	Level 5 hospital emergency department visit provided in a type b emergency department; (the ed must meet at least one of the following requirements: (1) it is licensed by the state in which it is located under applicable state law as an emergency room or emergency department; (2) it is held out to the public (by name, posted signs, advertising, or other means) as a place that provides care for emergency medical conditions on an urgent basis without requiring a previously scheduled appointment; or (3) during the calendar year immediately preceding the calendar year in which a determination under 42 CFR 489.24 is being made, based on a representative sample of patient visits that occurred during that calendar year, it provides at least one-third of all of its outpatient visits for the treatment of emergency medical conditions on an urgent basis without requiring a previously scheduled appointment)	
G0390	Trauma response team associated with hospital critical care service	
G0396	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., audit, dast), and brief intervention 15–30 minutes	
G0397	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., audit, dast), and intervention, greater than 30 minutes	
G0402	Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment	
G0451	Development testing	

G0454	Physician documentation of face-to-face visit for durable medical equipment determination performed by nurse practitioner, physician assistant or clinical nurse specialist	
G0460	Autologous platelet rich plasma for chronic wounds/ ulcers, including phlebotomy, centrifugation, and all other preparatory procedures, administration and dress- ings, per treatment	
G0463	Hospital outpatient clinic visit for assessment and management of a patient	
G0464	Colorectal cancer screening; stool-based DNA and fecal occult hemoglobin (e.g., KRAS, NDRG4 and BMP3)	
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, domicili- ary, 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	
G0913	Improvement in visual function achieved within 90 days following cataract surgery	
G0914	Patient care survey was not completed by patient	
G0915	Improvement in visual function not achieved within 90 days following cataract surgery	
G0916	Satisfaction with care achieved within 90 days following cataract surgery	
G0917	Patient satisfaction survey was not completed by patient	
G0918	Satisfaction with care not achieved within 90 days following cataract surgery	
G1000	Clinical decision support mechanism applied pathways, as defined by the medicare appropriate use criteria program	
G1001	Clinical decision support mechanism evicore, as defined by the medicare appropriate use criteria program	
G1002	Clinical decision support mechanism medcurrent, as defined by the medicare appropriate use criteria program	
G1003	Clinical decision support mechanism medicalis, as defined by the medicare appropriate use criteria program	
G1004	Clinical decision support mechanism national decision support company, as defined by the medicare appropriate use criteria program	
G1005	Clinical decision support mechanism national imaging associates, as defined by the medicare appropriate use criteria program	
G1006	Clinical decision support mechanism test appropriate, as defined by the medicare appropriate use criteria program	
G1007	Clinical decision support mechanism aim specialty health, as defined by the medicare appropriate use criteria program	
G1008	Clinical decision support mechanism cranberry peak, as defined by the medicare appropriate use criteria program	
G1009	Clinical decision support mechanism sage health management solutions, as defined by the medicare appropriate use criteria program	
G1010	Clinical decision support mechanism stanson, as defined by the medicare appropriate use criteria program	
G1011	Clinical decision support mechanism, qualified tool not otherwise specified, as defined by the medicare appropriate use criteria program	
G2000	Blinded administration of convulsive therapy procedure, either electroconvulsive therapy (ect, current covered gold standard) or magnetic seizure therapy (mst, non-covered experimental therapy), performed in an approved ide-based clinical trial, per treatment session	

G2010	Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment	
G2011	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., audit, dast), and brief intervention, 5-14 minutes	
G2012	Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	
G2021	Health care practitioners rendering treatment in place (tip)	
G2022	A model participant (ambulance supplier/provider), the beneficiary refuses services covered under the model (transport to an alternate destination/treatment in place)	
G2058	Chronic care management services, each additional 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (list separately in addition to code for primary procedure). (do not report g2058 for care management services of less than 20 minutes additional to the first 20 minutes of chronic care management services during a calendar month). (use g2058 in conjunction with 99490). (do not report 99490, g2058 in the same calendar month as 99487, 99489, 99491)).	
G2061	Qualified nonphysician healthcare professional online assessment, for an established patient, for up to seven days, cumulative time during the 7 days; 5-10 minutes	
G2062	Qualified nonphysician healthcare professional online assessment service, for an established patient, for up to seven days, cumulative time during the 7 days; 11-20 minutes	
G2063	Qualified nonphysician qualified healthcare professional assessment service, for an established patient, for up to seven days, cumulative time during the 7 days; 21 or more minutes	
G2064	Comprehensive care management services for a single high-risk disease, e.g., principal care management, at least 30 minutes of physician or other qualified health care professional time per calendar month with the following elements: one complex chronic condition lasting at least 3 months, which is the focus of the care plan, the condition is of sufficient severity to place patient at risk of hospitalization or have been the cause of a recent hospitalization, the condition requires development or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen, and/or the management of the condition is unusually complex due to comorbidities	



G2065	Comprehensive care management for a single high-risk disease services, e.g. principal care management, at least 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month with the following elements: one complex chronic condition lasting at least 3 months, which is the focus of the care plan, the condition is of sufficient severity to place patient at risk of hospitalization or have been cause of a recent hospitalization, the condition requires development or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen, and/or the management of the condition is unusually complex due to comorbidities	
G2066	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, implantable loop recorder system, or subcutaneous cardiac rhythm monitor system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	
G2067	Medication assisted treatment, methadone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a medicare-enrolled opioid treatment program)	
G2068	Medication assisted treatment, buprenorphine (oral); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a medicare-enrolled opioid treatment program)	
G2069	Medication assisted treatment, buprenorphine (injectable); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a medicare-enrolled opioid treatment program)	
G2070	Medication assisted treatment, buprenorphine (implant insertion); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a medicare-enrolled opioid treatment program)	
G2071	Medication assisted treatment, buprenorphine (implant removal); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a medicare-enrolled opioid treatment program)	
G2072	Medication assisted treatment, buprenorphine (implant insertion and removal); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a medicare-enrolled opioid treatment program)	
G2073	Medication assisted treatment, naltrexone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a medicare-enrolled opioid treatment program)	
G2074	Medication assisted treatment, weekly bundle not including the drug, including substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a medicare-enrolled opioid treatment program)	

G2075	Medication assisted treatment, medication not otherwise specified; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a medicare-enrolled opioid treatment program)	
G2076	Intake activities, including initial medical examination that is a complete, fully documented physical evaluation and initial assessment by a program physician or a primary care physician, or an authorized healthcare professional under the supervision of a program physician qualified personnel that includes preparation of a treatment plan that includes the patient's short-term goals and the tasks the patient must perform to complete the short-term goals; the patient's requirements for education, vocational rehabilitation, and employment; and the medical, psycho- social, economic, legal, or other supportive services that a patient needs, conducted by qualified personnel (provision of the services by a medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure	
G2077	Periodic assessment; assessing periodically by qualified personnel to determine the most appropriate combination of services and treatment (provision of the services by a medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure	
G2078	Take-home supply of methadone; up to 7 additional day supply (provision of the services by a medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure	
G2079	Take-home supply of buprenorphine (oral); up to 7 additional day supply (provision of the services by a medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure	
G2080	Each additional 30 minutes of counseling in a week of medication assisted treatment, (provision of the services by a medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure	
G2081	Patients age 66 and older in institutional special needs plans (snp) or residing in long-term care with a pos code 32, 33, 34, 54 or 56 for more than 90 days during the measurement period	
G2082	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of up to 56 mg of esketamine nasal self-administration, includes 2 hours post-administration observation	
G2083	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of greater than 56 mg esketamine nasal self-administration, includes 2 hours post-administration observation	
G2086	Office-based treatment for opioid use disorder, including development of the treatment plan, care coordination, individual therapy and group therapy and counseling; at least 70 minutes in the first calendar month	
G2087	Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; at least 60 minutes in a subsequent calendar month	

G2088	Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; each additional 30 minutes beyond the first 120 minutes (list separately in addition to code for primary procedure)	
G2089	Most recent hemoglobin a1c (hba1c) level 7.0 to 9.0%	
G2090	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period	
G2091	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ed or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period	
G2092	Angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) or angiotensin receptor-neprilysin inhibitor (arni) therapy prescribed or currently being taken	
G2093	Documentation of medical reason(s) for not prescribing ace inhibitor or arb or arni therapy (e.g., hypotensive patients who are at immediate risk of cardiogenic shock, hospitalized patients who have experienced marked azotemia, allergy, intolerance, other medical reasons)	
G2094	Documentation of patient reason(s) for not prescribing ace inhibitor or arb or arni therapy (e.g., patient declined, other patient reasons)	
G2095	Documentation of system reason(s) for not prescribing ace inhibitor or arb or arni therapy (e.g., other system reasons)	
G2096	Angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) or angiotensin receptor-neprilysin inhibitor (arni) therapy was not prescribed, reason not given	
G2097	Children with a competing diagnosis for upper respiratory infection within three days of diagnosis of pharyngitis (e.g., intestinal infection, pertussis, bacterial infection, lyme disease, otitis media, acute sinusitis, acute pharyngitis, acute tonsillitis, chronic sinusitis, infection of the pharynx/larynx/tonsils/adenoids, prostatitis, cellulitis, mastoiditis, or bone infections, acute lymphadenitis, impetigo, skin staph infections, pneumonia/gonococcal infections, venereal disease (syphilis, chlamydia, inflammatory diseases [female reproductive organs]), infections of the kidney, cystitis or uti	
G2098	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period	
G2099	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ed or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period	
G2100	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period	

G2101	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ed or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period	
G2102	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed	
G2103	Seven standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist documented and reviewed	
G2104	Eye imaging validated to match diagnosis from seven standard field stereoscopic photos results documented and reviewed	
G2105	Patients age 66 or older in institutional special needs plans (snp) or residing in long-term care with pos code 32, 33, 34, 54 or 56 for more than 90 days during the measurement period	
G2106	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period	
G2107	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ed or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period	
G2108	Patients age 66 or older in institutional special needs plans (snp) or residing in long-term care with pos code 32, 33, 34, 54 or 56 for more than 90 days during the measurement period	
G2109	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period	
G2110	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ed or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period	
G2112	Patient receiving <=5 mg daily prednisone (or equivalent), or ra activity is worsening, or glucocorticoid use is for less than 6 months	
G2113	Patient receiving >5 mg daily prednisone (or equivalent) for longer than 6 months, and improvement or no change in disease activity	
G2114	Patients 66-80 years of age with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period	
G2115	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period	

G2116	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ed or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period	
G2117	Patients 66-80 years of age with at least one claim/encounter for frailty during the measurement period and either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ed or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period	
G2118	Patients 81 years of age and older with a evidence of frailty during the measurement period	
G2119	Within the past 2 years, calcium and/or vitamin d optimization has been ordered or performed	
G2120	Within the past 2 years, calcium and/or vitamin d optimization has not been ordered or performed	
G2121	Psychosis, depression, anxiety, apathy, and impulse control disorder assessed	
G2122	Psychosis, depression, anxiety, apathy, and impulse control disorder not assessed	
G2123	Patients 66-80 years of age and had at least one claim/encounter for frailty during the measurement period and either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ed or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period	
G2124	Patients 66-80 years of age and had at least one claim/encounter for frailty during the measurement period and a dispensed dementia medication	
G2125	Patients 81 years of age and older with evidence of frailty during the measurement period	
G2126	Patients 66 years of age or older and had at least one claim/encounter for frailty during the measurement period and either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ed or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period	
G2127	Patients 66 years of age or older and had at least one claim/encounter for frailty during the measurement period and a dispensed dementia medication	
G2128	Documentation of medical reason(s) for not on a daily aspirin or other antiplatelet (e.g. history of gastrointestinal bleed, intra-cranial bleed, blood disorders, idiopathic thrombocytopenic purpura (itp), gastric bypass or documentation of active anticoagulant use during the measurement period)	
G2129	Procedure-related bp's not taken during an outpatient visit. examples include same day surgery, ambulatory service center, g.i. lab, dialysis, infusion center, chemotherapy	
G2130	Patients age 66 or older in institutional special needs plans (snp) or residing in long-term care with pos code 32, 33, 34, 54 or 56 for more than 90 days during the measurement period	
G2131	Patients 81 years and older with a diagnosis of frailty	

G2132	Patients 66-80 years of age with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period	
G2133	Patients 66-80 years of age with at least one claim/encounter for frailty during the measurement period and either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ed or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period	
G2134	Patients 66 years of age or older with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period	
G2135	Patients 66 years of age or older with at least one claim/encounter for frailty during the measurement period and either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ed or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period	
G2136	Back pain measured by the visual analog scale (vas) at three months (6 ? 20 weeks) postoperatively was less than or equal to 3.0 or back pain measured by the visual analog scale (vas) within three months preoperatively and at three months (6 ? 20 weeks) postoperatively demonstrated an improvement of 5.0 points or greater	
G2137	Back pain measured by the visual analog scale (vas) at three months (6 ? 20 weeks) postoperatively was greater than 3.0 and back pain measured by the visual analog scale (vas) within three months preoperatively and at three months (6 ? 20 weeks) postoperatively demonstrated a change of less than an improvement of 5.0 points	
G2138	Back pain as measured by the visual analog scale (vas) at one year (9 to 15 months) postoperatively was less than or equal to 3.0 or back pain measured by the visual analog scale (vas) within three months preoperatively and at one year (9 to 15 months) postoperatively demonstrated a change of 5.0 points or greater	
G2139	Back pain measured by the visual analog scale (vas) pain at one year (9 to 15 months) postoperatively was greater than 3.0 and back pain measured by the visual analog scale (vas) within three months preoperatively and at one year (9 to 15 months) postoperatively demonstrated a change of less than 5.0	
G2140	Leg pain measured by the visual analog scale (vas) at three months (6 ? 20 weeks) postoperatively was less than or equal to 3.0 or leg pain measured by the visual analog scale (vas) within three months preoperatively and at three months (6 - 20 weeks) postoperatively demonstrated an improvement of 5.0 points or greater	
G2141	Leg pain measured by the visual analog scale (vas) at three months (6 ? 20 weeks) postoperatively was greater than 3.0 and leg pain measured by the visual analog scale (vas) within three months preoperatively and at three months (6 - 20 weeks) postoperatively demonstrated less than an improvement of 5.0 points	

G2142	Functional status measured by the oswestry disability index (odi version 2.1a) at one year (9 to 15 months) postoperatively was less than or equal to 22 or functional status measured by the odi version 2.1a within three months preoperatively and at one year (9 to 15 months) postoperatively demonstrated a change of 30 points or greater	
G2143	Functional status measured by the oswestry disability index (odi version 2.1a) at one year (9 to 15 months) postoperatively was greater than 22 and functional status measured by the odi version 2.1a within three months preoperatively and at one year (9 to 15 months) postoperatively demonstrated a change of less than 30 points	
G2144	Functional status measured by the oswestry disability index (odi version 2.1a) at three months (6 ? 20 weeks) postoperatively was less than or equal to 22 or functional status measured by the odi version 2.1a within three months preoperatively and at three months (6 - 20 weeks) postoperatively demonstrated a change of 30 points or greater	
G2145	Functional status measured by the oswestry disability index (odi version 2.1a) at three months (6 ? 20 weeks) postoperatively was greater than 22 and functional status measured by the odi version 2.1a within three months preoperatively and at three months (6 - 20 weeks) postoperatively demonstrated a change of less than 30 points	
G2146	Leg pain as measured by the visual analog scale (vas) at one year (9 to 15 months) postoperatively was less than or equal to 3.0 or leg pain measured by the visual analog scale (vas) within three months preoperatively and at one year (9 to 15 months) postoperatively demonstrated an improvement of 5.0 points or greater	
G2147	Leg pain measured by the visual analog scale (vas) at one year (9 to 15 months) postoperatively was greater than 3.0 and leg pain measured by the visual analog scale (vas) within three months preoperatively and at one year (9 to 15 months) postoperatively demonstrated less than an improvement of 5.0 points	
G2148	Performance met: multimodal pain management was used	
G2149	Documentation of medical reason(s) for not using multimodal pain management (e.g., allergy to multiple classes of analgesics, intubated patient, hepatic failure, patient reports no pain during pacu stay, other medical reason(s))	
G2150	Performance not met: multimodal pain management was not used	
G2151	Patients with diagnosis of a degenerative neurological condition such as als, ms, parkinson's diagnosed at any time before or during the episode of care	
G2152	Performance met: the residual change score is equal to or greater than 0	
G2153	In hospice or using hospice services during the measurement period	
G2154	Patient received at least one td vaccine or one tdap vaccine between nine years prior to the start of the measurement period and the end of the measurement period	
G2155	Patient had history of at least one of the following contraindications any time during or before the measurement period: anaphylaxis due to tdap vaccine, anaphylaxis due to td vaccine or its components; encephalopathy due to tdap or td vaccination (post tetanus vaccination encephalitis, post diphtheria vaccination encephalitis or post pertussis vaccination encephalitis.)	

G2156	Patient did not receive at least one td vaccine or one tdap vaccine between nine years prior to the start of the measurement period and the end of the measurement period; or have history of at least one of the following contraindications any time during or before the measurement period: anaphylaxis due to tdap vaccine, anaphylaxis due to td vaccine or its components; encephalopathy due to tdap or td vaccination (post tetanus vaccination encephalitis, post diphtheria vaccination encephalitis or post pertussis vaccination encephalitis.)	
G2157	Patients received both the 13-valent pneumococcal conjugate vaccine and the 23-valent pneumococcal polysaccharide vaccine at least 12 months apart, with the first occurrence after the age of 60 before or during the measurement period	
G2158	Patient had prior pneumococcal vaccine adverse reaction any time during or before the measurement period	
G2159	Patient did not receive both the 13-valent pneumococcal conjugate vaccine and the 23-valent pneumococcal polysaccharide vaccine at least 12 months apart, with the first occurrence after the age of 60 before or during measurement period; or have prior pneumococcal vaccine adverse reaction any time during or before the measurement period	
G2160	Patient received at least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine (at least 28 days apart) anytime on or after the patient's 50th birthday before or during the measurement period	
G2161	Patient had prior adverse reaction caused by zoster vaccine or its components any time during or before the measurement period	
G2162	Patient did not receive at least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine (at least 28 days apart) anytime on or after the patient's 50th birthday before or during the measurement period; or have prior adverse reaction caused by zoster vaccine or its components any time during or before the measurement period	
G2163	Patient received an influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period	
G2164	Patient had a prior influenza virus vaccine adverse reaction any time before or during the measurement period	
G2165	Patient did not receive an influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period; or did not have a prior influenza virus vaccine adverse reaction any time before or during the measurement period	
G2166	Patient refused to participate at admission and/or discharge; patient unable to complete the neck fs prom at admission or discharge due to cognitive deficit, visual deficit, motor deficit, language barrier, or low reading level, and a suitable proxy/recorder is not available; patient self-discharged early; medical reason	
G2167	Performance not met: the residual change score is less than 0	
G8395	Left ventricular ejection fraction (LVEF) $\geq$ 40% or documentation as normal or mildly depressed left ventricular systolic function	
G8396	Left ventricular ejection fraction (LVEF) not performed or documented	



G8397	Dilated macular or fundus exam performed, including documentation of the presence or absence of macular edema and level of severity of retinopathy	
G8398	Dilated macular or fundus exam not performed	
G8399	Patient with documented results of a central dual-energy x-ray absorptiometry (dxa) ever being performed	
G8400	Patient with central dual-energy x-ray absorptiometry (dxa) results not documented, reason not given	
G8404	Lower extremity neurological exam performed and documented	
G8405	Lower extremity neurological exam not performed	
G8410	Footwear evaluation performed and documented	
G8415	Footwear evaluation was not performed	
G8416	Clinician documented that patient was not an eligible candidate for footwear evaluation measure	
G8417	BMI is documented above normal parameters and a follow-up plan is documented	
G8418	BMI is documented below normal parameters and a follow-up plan is documented	
G8419	BMI documented outside normal parameters, no follow-up plan documented, no reason given	
G8420	BMI is documented within normal parameters and no follow-up plan is required	
G8421	BMI not documented and no reason is given	
G8422	BMI not documented, documentation the patient is not eligible for BMI calculation	
G8427	Eligible clinician attests to documenting in the medical record they obtained, updated, or reviewed the patient's current medications	
G8428	Current list of medications not documented as obtained, updated, or reviewed by the eligible clinician, reason not given	
G8430	Eligible clinician attests to documenting in the medical record the patient is not eligible for a current list of medications being obtained, updated, or reviewed by the eligible clinician	
G8431	Screening for depression is documented as being positive and a follow-up plan is documented	
G8432	Depression screening not documented, reason not given	
G8433	Screening for depression not completed, documented reason	
G8442	Pain assessment not documented as being performed, documentation the patient is not eligible for a pain assessment using a standardized tool	
G8450	Beta-blocker therapy prescribed	
G8451	Beta-blocker therapy for lvef < 40% not prescribed for reasons documented by the clinician (e.g., low blood pressure, fluid overload, asthma, patients recently treated with an intravenous positive inotropic agent, allergy, intolerance, other medical reasons, patient declined, other patient reasons, or other reasons attributable to the healthcare system)	
G8452	Beta-blocker therapy not prescribed	
G8465	High or very high risk of recurrence of prostate cancer	
G8473	Angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy prescribed	
G8474	Angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy not prescribed for reasons documented by the clinician (e.g., allergy, intolerance, pregnancy, renal failure due to ace inhibitor, diseases of the aortic or mitral valve, other medical reasons) or (e.g., patient declined, other patient reasons) or (e.g., lack of drug availability, other reasons attributable to the health care system)	

G8475	Angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy not prescribed, reason not given	
G8476	Most recent blood pressure has a systolic measurement of < 140 mmhg and a diastolic measurement of < 90 mmhg	
G8477	Most recent blood pressure has a systolic measurement of >= 140 mmhg and/or a diastolic measurement of >= 90 mmhg	
G8478	Blood pressure measurement not performed or documented, reason not given	
G8482	Influenza immunization administered or previously received	
G8483	Influenza immunization was not administered for reasons documented by clinician (e.g., patient allergy or other medical reasons, patient declined or other patient reasons, vaccine not available or other system reasons)	
G8484	Influenza immunization was not administered, reason not given	
G8506	Patient receiving angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy	
G8509	Pain assessment documented as positive using a standardized tool, follow-up plan not documented, reason not given	
G8510	Screening for depression is documented as negative, a follow-up plan is not required	
G8511	Screening for depression documented as positive, follow-up plan not documented, reason not given	
G8535	Elder maltreatment screen not documented; documentation that patient not eligible for the elder maltreatment screen	
G8536	No documentation of an elder maltreatment screen, reason not given	
G8539	Functional outcome assessment documented as positive using a standardized tool and a care plan based on identified deficiencies on the date of functional outcome assessment, is documented	
G8540	Functional outcome assessment not documented as being performed, documentation the patient is not eligible for a functional outcome assessment using a standardized tool	
G8541	Functional outcome assessment using a standardized tool not documented, reason not given	
G8542	Functional outcome assessment using a standardized tool is documented; no functional deficiencies identified, care plan not required	
G8543	Documentation of a positive functional outcome assessment using a standardized tool; care plan not documented, reason not given	
G8559	Patient referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evaluation	
G8560	Patient has a history of active drainage from the ear within the previous 90 days	
G8561	Patient is not eligible for the referral for otologic evaluation for patients with a history of active drainage measure	
G8562	Patient does not have a history of active drainage from the ear within the previous 90 days	
G8563	Patient not referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evaluation, reason not given	
G8564	Patient was referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evaluation, reason not specified)	
G8565	Verification and documentation of sudden or rapidly progressive hearing loss	
G8566	Patient is not eligible for the "referral for otologic evaluation for sudden or rapidly progressive hearing loss" measure	

G8567	Patient does not have verification and documentation of sudden or rapidly progressive hearing loss	
G8568	Patient was not referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evaluation, reason not given	
G8569	Prolonged postoperative intubation (> 24 hrs) required	
G8570	Prolonged postoperative intubation (> 24 hrs) not required	
G8571	Development of deep sternal wound infection/mediastinitis within 30 days postoperatively	
G8572	No deep sternal wound infection/mediastinitis	
G8573	Stroke following isolated CABG surgery	
G8574	No stroke following isolated CABG surgery	
G8575	Developed postoperative renal failure or required dialysis	
G8576	No postoperative renal failure/dialysis not required	
G8577	Re-exploration required due to mediastinal bleeding with or without tamponade, graft occlusion, valve dysfunction or other cardiac reason	
G8578	Re-exploration not required due to mediastinal bleeding with or without tamponade, graft occlusion, valve dysfunction or other cardiac reason	
G8598	Aspirin or another antiplatelet therapy used	
G8599	Aspirin or another antiplatelet therapy not used, reason not given	
G8600	IV t-PA initiated within three hours ( $\leq$ 180 minutes) of time last known well	
G8601	IV t-PA not initiated within three hours ( $\leq$ 180 minutes) of time last known well for reasons documented by clinician	
G8602	IV t-PA not initiated within three hours ( $\leq$ 180 minutes) of time last known well, reason not given	
G8627	Surgical procedure performed within 30 days following cataract surgery for major complications (e.g., retained nuclear fragments, endophthalmitis, dislocated or wrong power iol, retinal detachment, or wound dehiscence)	
G8628	Surgical procedure not performed within 30 days following cataract surgery for major complications (e.g., retained nuclear fragments, endophthalmitis, dislocated or wrong power iol, retinal detachment, or wound dehiscence)	
G8633	Pharmacologic therapy (other than minerals/vitamins) for osteoporosis prescribed	
G8635	Pharmacologic therapy for osteoporosis was not prescribed, reason not given	
G8647	Risk-adjusted functional status change residual score for the knee successfully calculated and the score was equal to zero (0) or greater than zero ( $>0$ )	
G8648	Risk-adjusted functional status change residual score for the knee successfully calculated and the score was less than zero ( $<0$ )	
G8650	Risk-adjusted functional status change residual scores for the knee not measured because the patient did not complete foto's functional intake on admission and/or follow up status survey near discharge, reason not given	
G8651	Risk-adjusted functional status change residual score for the hip successfully calculated and the score was equal to zero (0) or greater than zero ( $>0$ )	
G8652	Risk-adjusted functional status change residual score for the hip successfully calculated and the score was less than zero ( $<0$ )	
G8654	Risk-adjusted functional status change residual scores for the hip not measured because the patient did not complete foto's functional intake on admission and/or follow up status survey near discharge, reason not given	

G8655	Risk-adjusted functional status change residual score for the foot or ankle successfully calculated and the score was equal to zero (0) or greater than zero (> 0)	
G8656	Risk-adjusted functional status change residual score for the foot or ankle successfully calculated and the score was less than zero (< 0)	
G8658	Risk-adjusted functional status change residual scores for the foot or ankle not measured because the patient did not complete foto's functional intake on admission and/or follow up status survey near discharge, reason not given	
G8659	Risk-adjusted functional status change residual score for the lumbar impairment successfully calculated and the score was equal to zero (0) or greater than zero (> 0)	
G8660	Risk-adjusted functional status change residual score for the lumbar impairment successfully calculated and the score was less than zero (< 0)	
G8661	Risk-adjusted functional status change residual scores for the lumbar impairment not measured because the patient did not complete foto's status survey near discharge, patient not appropriate	
G8662	Risk-adjusted functional status change residual scores for the lumbar impairment not measured because the patient did not complete foto's functional intake on admission and/or follow up status survey near discharge, reason not given	
G8663	Risk-adjusted functional status change residual score for the shoulder successfully calculated and the score was equal to zero (0) or greater than zero (>0)	
G8664	Risk-adjusted functional status change residual score for the shoulder successfully calculated and the score was less than zero (<0)	
G8666	Risk-adjusted functional status change residual scores for the shoulder not measured because the patient did not complete foto's functional intake on admission and/or follow up status survey near discharge, reason not given	
G8667	Risk-adjusted functional status change residual score for the elbow, wrist or hand successfully calculated and the score was equal to zero (0) or greater than zero (>0)	
G8668	Risk-adjusted functional status change residual score for the elbow, wrist or hand successfully calculated and the score was less than zero (<0)	
G8670	Risk-adjusted functional status change residual scores for the elbow, wrist or hand not measured because the patient did not complete foto's functional intake on admission and/or follow up status survey near discharge, reason not given	
G8671	Risk-adjusted functional status change residual score for the neck, cranium, mandible, thoracic spine, ribs, or other general orthopaedic impairment successfully calculated and the score was equal to zero (0) or greater than zero (> 0)	
G8672	Risk-adjusted functional status change residual score for the neck, cranium, mandible, thoracic spine, ribs, or other general orthopaedic impairment successfully calculated and the score was less than zero (< 0)	
G8674	Risk-adjusted functional status change residual scores for the neck, cranium, mandible, thoracic spine, ribs, or other general orthopaedic impairment not measured because the patient did not complete foto's functional intake on admission and/or follow up status survey near discharge, reason not given	
G8694	Left ventricular ejection fraction (lvef) < 40%	
G8696	Antithrombotic therapy prescribed at discharge	

G8697	Antithrombotic therapy not prescribed for documented reasons (e.g., patient had stroke during hospital stay, patient expired during inpatient stay, other medical reason(s)); (e.g., patient left against medical advice, other patient reason(s))	
G8698	Antithrombotic therapy was not prescribed at discharge, reason not given	
G8708	Patient not prescribed or dispensed antibiotic	
G8709	Patient prescribed or dispensed antibiotic for documented medical reason(s) (e.g., intestinal infection, pertussis, bacterial infection, lyme disease, otitis media, acute sinusitis, acute pharyngitis, acute tonsillitis, chronic sinusitis, infection of the pharynx/larynx/tonsils/adenoids, prostatitis, cellulitis, mastoiditis, or bone infections, acute lymphadenitis, impetigo, skin staph infections, pneumonia/gonococcal infections, venereal disease (syphilis, chlamydia, inflammatory diseases (female reproductive organs)), infections of the kidney, cystitis or uti, and acne)	
G8710	Patient prescribed or dispensed antibiotic	
G8711	Prescribed or dispensed antibiotic	
G8712	Antibiotic not prescribed or dispensed	
G8721	Pt category (primary tumor), pn category (regional lymph nodes), and histologic grade were documented in pathology report	
G8722	Documentation of medical reason(s) for not including the pt category, the pn category or the histologic grade in the pathology report (e.g., re-excision without residual tumor; non-carcinomasanal canal)	
G8723	Specimen site is other than anatomic location of primary tumor	
G8724	Pt category, pn category and histologic grade were not documented in the pathology report, reason not given	
G8730	Pain assessment documented as positive using a standardized tool and a follow-up plan is documented	
G8731	Pain assessment using a standardized tool is documented as negative, no follow-up plan required	
G8732	No documentation of pain assessment, reason not given	
G8733	Elder maltreatment screen documented as positive and a follow-up plan is documented	
G8734	Elder maltreatment screen documented as negative, no follow-up required	
G8735	Elder maltreatment screen documented as positive, follow-up plan not documented, reason not given	
G8749	Absence of signs of melanoma (cough, dyspnea, tenderness, localized neurologic signs such as weakness, jaundice or any other sign suggesting systemic spread) or absence of symptoms of melanoma (pain, paresthesia, or any other symptom suggesting the possibility of systemic spread of melanoma)	
G8752	Most recent systolic blood pressure < 140 mmhg	
G8753	Most recent systolic blood pressure >= 140 mmhg	
G8754	Most recent diastolic blood pressure < 90 mmhg	
G8755	Most recent diastolic blood pressure >= 90 mmhg	
G8756	No documentation of blood pressure measurement, reason not given	
G8783	Normal blood pressure reading documented, follow-up not required	
G8785	Blood pressure reading not documented, reason not given	
G8797	Specimen site other than anatomic location of esophagus	
G8798	Specimen site other than anatomic location of prostate	
G8806	Performance of trans-abdominal or trans-vaginal ultrasound	

G8807	Trans-abdominal or trans-vaginal ultrasound not performed for reasons documented by clinician (e.g., patient has visited the ED multiple times within 72 hours, patient has a documented intrauterine pregnancy [IUP])	
G8808	Performance of trans-abdominal or trans-vaginal ultrasound not ordered, reason not given (e.g., patient has visited the ED multiple times with no documentation of a trans-abdominal or trans-vaginal ultrasound within ED or from referring eligible professional)	
G8809	Rh-immunoglobulin (RHOGAM) ordered	
G8810	Rh-immunoglobulin (RHOGAM) not ordered for reasons documented by clinician (e.g., patient had prior documented receipt of RHOGAM within 12 weeks, patient refusal)	
G8811	Documentation rh-immunoglobulin (RHOGAM) was not ordered, reason not given	
G8815	Documented reason in the medical records for why the statin therapy was not prescribed (i.e., lower extremity bypass was for a patient with non-atherosclerotic disease)	
G8816	Statin medication prescribed at discharge	
G8817	Statin therapy not prescribed at discharge, reason not given	
G8818	Patient discharge to home no later than post-operative day #7	
G8825	Patient not discharged to home by post-operative day #7	
G8826	Patient discharge to home no later than post-operative day #2 following EVAR	
G8833	Patient not discharged to home by post-operative day #2 following Evar	
G8834	Patient discharged to home no later than post-operative day #2 following CEA	
G8838	Patient not discharged to home by post-operative day #2 following CEA	
G8839	Sleep apnea symptoms assessed, including presence or absence of snoring and daytime sleepiness	
G8840	Documentation of reason(s) for not documenting an assessment of sleep symptoms (e.g., patient didn't have initial daytime sleepiness, patient visited between initial testing and initiation of therapy)	
G8841	Sleep apnea symptoms not assessed, reason not given	
G8842	Apnea hypopnea index (AHI) or respiratory disturbance index (RDI) measured at the time of initial diagnosis	
G8843	Documentation of reason(s) for not measuring an apnea hypopnea index (AHI) or a respiratory disturbance index (RDI) at the time of initial diagnosis (e.g., psychiatric disease, dementia, patient declined, financial, insurance coverage, test ordered but not yet completed)	
G8844	Apnea hypopnea index (AHI) or respiratory disturbance index (RDI) not measured at the time of initial diagnosis, reason not given	
G8845	Positive airway pressure therapy prescribed	
G8846	Moderate or severe obstructive sleep apnea (apnea hypopnea index (AHI) or respiratory disturbance index (RDI) of 15 or greater)	
G8849	Documentation of reason(s) for not prescribing positive airway pressure therapy (e.g., patient unable to tolerate, alternative therapies use, patient declined, financial, insurance coverage)	
G8850	Positive airway pressure therapy not prescribed, reason not given	
G8851	Objective measurement of adherence to positive airway pressure therapy, documented	
G8852	Positive airway pressure therapy prescribed	

G8854	Documentation of reason(s) for not objectively measuring adherence to positive airway pressure therapy (e.g., patient didn't bring data from continuous positive airway pressure [CPAP], therapy not yet initiated, not available on machine)	
G8855	Objective measurement of adherence to positive airway pressure therapy not performed, reason not given	
G8856	Referral to a physician for an otologic evaluation performed	
G8857	Patient is not eligible for the referral for otologic evaluation measure (e.g., patients who are already under the care of a physician for acute or chronic dizziness)	
G8858	Referral to a physician for an otologic evaluation not performed, reason not given	
G8863	Patients not assessed for risk of bone loss, reason not given	
G8864	Pneumococcal vaccine administered or previously received	
G8865	Documentation of medical reason(s) for not administering or previously receiving pneumococcal vaccine (e.g., patient allergic reaction, potential adverse drug reaction)	
G8866	Documentation of patient reason(s) for not administering or previously receiving pneumococcal vaccine (e.g., patient refusal)	
G8867	Pneumococcal vaccine not administered or previously received, reason not given	
G8869	Patient has documented immunity to Hepatitis B and is receiving a first course of anti-TNF therapy	
G8872	Excised tissue evaluated by imaging intraoperatively to confirm successful inclusion of targeted lesion	
G8873	Patients with needle localization specimens which are not amenable to intraoperative imaging such as mri needle wire localization, or targets which are tentatively identified on mammogram or ultrasound which do not contain a biopsy marker but which can be verified on intraoperative inspection or pathology (e.g., needle biopsy site where the biopsy marker is remote from the actual biopsy site)	
G8874	Excised tissue not evaluated by imaging intraoperatively to confirm successful inclusion of targeted lesion	
G8875	Clinician diagnosed breast cancer preoperatively by a minimally invasive biopsy method	
G8876	Documentation of reason(s) for not performing minimally invasive biopsy to diagnose breast cancer preoperatively (e.g., lesion too close to skin, implant, chest wall, etc., lesion could not be adequately visualized for needle biopsy, patient condition prevents needle biopsy [weight, breast thickness, etc.], duct excision without imaging abnormality, prophylactic mastectomy, reduction mammoplasty, excisional biopsy performed by another physician)	
G8877	Clinician did not attempt to achieve the diagnosis of breast cancer preoperatively by a minimally invasive biopsy method, reason not given	
G8878	Sentinel lymph node biopsy procedure performed	
G8879	Clinically node negative (t1n0m0 or t2n0m0) invasive breast cancer	
G8880	Documentation of reason(s) sentinel lymph node biopsy not performed (e.g., reasons could include but not limited to; non-invasive cancer, incidental discovery of breast cancer on prophylactic mastectomy, incidental discovery of breast cancer on reduction mammoplasty, pre-operative biopsy proven lymph node (ln) metastases, inflammatory carcinoma, stage 3 locally advanced cancer, recurrent invasive breast cancer, patient refusal after informed consent)	
G8881	Stage of breast cancer is greater than t1n0m0 or t2n0m0	
G8882	Sentinel lymph node biopsy procedure not performed, reason not given	

G8883	Biopsy results reviewed, communicated, tracked and documented	
G8884	Clinician documented reason that patient's biopsy results were not reviewed	
G8885	Biopsy results not reviewed, communicated, tracked or documented	
G8907	Patient documented not to have experienced any of the following events: a burn prior to discharge; a fall within the facility; wrong site/side/patient/procedure/implant event; or a hospital transfer or hospital admission upon discharge from the facility	
G8908	Patient documented to have received a burn prior to discharge	
G8909	Patient documented not to have received a burn prior to discharge	
G8910	Patient documented to have experienced a fall within ASC	
G8911	Patient documented not to have experienced a fall within Ambulatory Surgical Center	
G8912	Patient documented to have experienced a wrong site, wrong side, wrong patient, wrong procedure or wrong implant event	
G8913	Patient documented not to have experienced a wrong site, wrong side, wrong patient, wrong procedure or wrong implant event	
G8914	Patient documented to have experienced a hospital transfer or hospital admission upon discharge from ASC	
G8915	Patient documented not to have experienced a hospital transfer or hospital admission upon discharge from ASC	
G8916	Patient with preoperative order for IV antibiotic surgical site infection (SSI) prophylaxis, antibiotic initiated on time	
G8917	Patient with preoperative order for IV antibiotic surgical site infection (SSI) prophylaxis, antibiotic not initiated on time	
G8918	Patient without preoperative order for IV antibiotic surgical site infection (SSI) prophylaxis	
G8923	Left ventricular ejection fraction (LVEF) < 40% or documentation of moderately or severely depressed left ventricular systolic function	
G8924	Spirometry test results demonstrate fev1/fvc < 70%, fev < 60% predicted and patient has copd symptoms (e.g., dyspnea, cough/sputum, wheezing)	
G8925	Spirometry test results demonstrate fev1 >= 60% fev1/fvc >= 70%, predicted or patient does not have copd symptoms	
G8926	Spirometry test not performed or documented, reason not given	
G8934	Left ventricular ejection fraction (LVEF) <40% or documentation of moderately or severely depressed left ventricular systolic function	
G8935	Clinician prescribed angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy	
G8936	Clinician documented that patient was not an eligible candidate for angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy (eg, allergy, intolerance, pregnancy, renal failure due to ace inhibitor, diseases of the aortic or mitral valve, other medical reasons) or (eg, patient declined, other patient reasons) or (eg, lack of drug availability, other reasons attributable to the health care system)	
G8937	Clinician did not prescribe angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy, reason not given	
G8938	BMI is documented as being outside of normal limits, follow-up plan is not documented, documentation the patient is not eligible	



G8939	Pain assessment documented as positive, follow-up plan not documented, documentation the patient is not eligible	
G8941	Elder maltreatment screen documented as positive, follow-up plan not documented, documentation the patient is not eligible	
G8942	Functional outcomes assessment using a standardized tool is documented within the previous 30 days and care plan, based on identified deficiencies on the date of the functional outcome assessment, is documented	
G8944	AJCC melanoma cancer Stage 0 through IIC melanoma	
G8946	Minimally invasive biopsy method attempted but not diagnostic of breast cancer (e.g., high risk lesion of breast such as atypical ductal hyperplasia, lobular neoplasia, atypical lobular hyperplasia, lobular carcinoma in situ, atypical columnar hyperplasia, flat epithelial atypia, radial scar, complex sclerosing lesion, papillary lesion, or any lesion with spindle cells)	
G8947	One or more neuropsychiatric symptoms	
G8950	Pre-hypertensive or hypertensive blood pressure reading documented, and the indicated follow-up is documented	
G8952	Pre-hypertensive or hypertensive blood pressure reading documented, indicated follow-up not documented, reason not given	
G8955	Most recent assessment of adequacy of volume management documented	
G8956	Patient receiving maintenance hemodialysis in an outpatient dialysis facility	
G8958	Assessment of adequacy of volume management not documented, reason not given	
G8959	Clinician treating major depressive disorder communicates to clinician treating comorbid condition	
G8960	Clinician treating major depressive disorder did not communicate to clinician treating comorbid condition, reason not given	
G8961	Cardiac stress imaging test primarily performed on low-risk surgery patient for preoperative evaluation within 30 days preceding this surgery	
G8962	Cardiac stress imaging test performed on patient for any reason including those who did not have low risk surgery or test that was performed more than 30 days preceding low risk surgery	
G8963	Cardiac stress imaging performed primarily for monitoring of asymptomatic patient who had PCI within 2 years	
G8964	Cardiac stress imaging test performed primarily for any other reason than monitoring of asymptomatic patient who had PCI within 2 years (e.g., symptomatic patient, patient greater than 2 years since PCI, initial evaluation, etc)	
G8965	Cardiac stress imaging test primarily performed on low CHD risk patient for initial detection and risk assessment	
G8966	Cardiac stress imaging test performed on symptomatic or higher than low CHD risk patient or for any reason other than initial detection and risk assessment	
G8967	Warfarin or another oral anticoagulant that is FDA approved prescribed	
G8968	Documentation of medical reason(s) for not prescribing warfarin or another oral anticoagulant that is fda approved for the prevention of thromboembolism (e.g., allergy, risk of bleeding, other medical reasons)	
G8969	Documentation of patient reason(s) for not prescribing warfarin or another oral anticoagulant that is FDA approved (e.g., economic, social, and/or religious impediments, noncompliance patient refusal, other patient reasons)	

G8970	No risk factors or one moderate risk factor for thromboembolism	
G8971	Warfarin or another oral anticoagulant that is FDA approved not prescribed, reason not given	
G8972	One or more high risk factors for thromboembolism or more than one moderate risk factor for thromboembolism	
G8973	Most recent hemoglobin (hgb) level < 10 g/dl	
G8974	Hemoglobin level measurement not documented, reason not given	
G8975	Documentation of medical reason(s) for patient having a hemoglobin level < 10 g/dl (e.g., patients who have non-renal etiologies of anemia [e.g., sickle cell anemia or other hemoglobinopathies, hypersplenism, primary bone marrow disease, anemia related to chemotherapy for diagnosis of malignancy, postoperative bleeding, active bloodstream or peritoneal infection], other medical reasons)	
G8976	Most recent hemoglobin (hgb) level >= 10 g/dl	
G9001	Coordinated care fee, initial rate	
G9002	Coordinated care fee, maintenance rate	
G9003	Coordinated care fee, risk adjusted high, initial	
G9004	Coordinated care fee, risk adjusted low, initial	
G9005	Coordinated care fee, risk adjusted maintenance	
G9006	Coordinated care fee, home monitoring	
G9007	Coordinated care fee, scheduled team conference	
G9008	Coordinated care fee, physician coordinated care oversight services	
G9009	Coordinated care fee, risk adjusted maintenance, level 3	
G9010	Coordinated care fee, risk adjusted maintenance, level 4	
G9011	Coordinated care fee, risk adjusted maintenance, level 5	
G9012	Other specified case management service not elsewhere classified	
G9013	ESRD Demo Basic Bundle Level I	
G9014	ESRD Demo Expanded Bundle including venous access and related services	
G9016	Smoking cessation counseling, individual, in the absence of or in addition to any other evaluation and management service, per session (6-10 minutes) [Demo project code only]	
G9050	Oncology; primary focus of visit; work-up, evaluation, or staging at the time of cancer diagnosis or recurrence (for use in a Medicare-approved demonstration project)	
G9051	Oncology; primary focus of visit; treatment decision-making after disease is staged or restaged, discussion of treatment options, supervising/coordinating active cancer directed therapy or managing consequences of cancer directed therapy (for use in a Medicare-approved demonstration project)	
G9052	Oncology; primary focus of visit; surveillance for disease recurrence for patient who has completed definitive cancer-directed therapy and currently lacks evidence of recurrent disease; cancer directed therapy might be considered in the future (for use in a Medicare-approved demonstration project)	
G9053	Oncology; primary focus of visit; expectant management of patient with evidence of cancer for whom no cancer directed therapy is being administered or arranged at present; cancer directed therapy might be considered in the future (for use in a Medicare-approved demonstration project)	
G9054	Oncology; primary focus of visit; supervising, coordinating or managing care of patient with terminal cancer or for whom other medical illness prevents further cancer treatment; includes symptom management, end-of-life care planning, management of palliative therapies (for use in a Medicare-approved demonstration project)	

G9055	Oncology; primary focus of visit; other, unspecified service not otherwise listed (for use in a Medicare-approved demonstration project)	
G9056	Oncology; practice guidelines; management adheres to guidelines (for use in a Medicare-approved demonstration project)	
G9057	Oncology; practice guidelines; management differs from guidelines as a result of patient enrollment in an institutional review board approved clinical trial (for use in a Medicare-approved demonstration project)	
G9058	Oncology; practice guidelines; management differs from guidelines because the treating physician disagrees with guideline recommendations (for use in a Medicare-approved demonstration project)	
G9059	Oncology; practice guidelines; management differs from guidelines because the patient, after being offered treatment consistent with guidelines, has opted for alternative treatment or management, including no treatment (for use in a Medicare-approved demonstration project)	
G9060	Oncology; practice guidelines; management differs from guidelines for reason(s) associated with patient comorbid illness or performance status not factored into guidelines (for use in a Medicare-approved demonstration project)	
G9061	Oncology; practice guidelines; patient's condition not addressed by available guidelines (for use in a Medicare-approved demonstration project)	
G9062	Oncology; practice guidelines; management differs from guidelines for other reason(s) not listed (for use in a Medicare-approved demonstration project)	
G9063	Oncology; disease status; limited to non-small cell lung cancer; extent of disease initially established as stage I (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	
G9064	Oncology; disease status; limited to non-small cell lung cancer; extent of disease initially established as stage II (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	
G9065	Oncology; disease status; limited to non-small cell lung cancer; extent of disease initially established as stage III a (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	
G9066	Oncology; disease status; limited to non-small cell lung cancer; stage III B- IV at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)	
G9067	Oncology; disease status; limited to non-small cell lung cancer; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	
G9068	Oncology; disease status; limited to small cell and combined small cell/non-small cell; extent of disease initially established as limited with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	
G9069	Oncology; disease status; small cell lung cancer, limited to small cell and combined small cell/non-small cell; extensive stage at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)	

G9070	Oncology; disease status; small cell lung cancer, limited to small cell and combined small cell/non-small; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	
G9071	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; stage I or stage IIA-IIB; or T3, N1, M0; and ER and/or PR positive; with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	
G9072	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; stage I, or stage IIA-IIB; or T3, N1, M0; and ER and PR negative; with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	
G9073	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; stage IIIA-IIIIB; and not T3, N1, M0; and ER and/or PR positive; with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	
G9074	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; stage IIIA-IIIIB; and not T3, N1, M0; and ER and PR negative; with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	
G9075	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; M1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)	
G9077	Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type; T1-T2C and Gleason 2-7 and PSA < or equal to 20 at diagnosis with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	
G9078	Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type; T2 or T3A Gleason 8-10 or PSA > 20 at diagnosis with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	
G9079	Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type; T3B-T4, any N; any T, N1 at diagnosis with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	
G9080	Oncology; disease status; prostate cancer, limited to adenocarcinoma; after initial treatment with rising PSA or failure of PSA decline (for use in a Medicare-approved demonstration project)	
G9083	Oncology; disease status; prostate cancer, limited to adenocarcinoma; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	
G9084	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T1-3, N0, M0 with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	

G9085	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T4, N0, M0 with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	
G9086	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T1-4, N1-2, M0 with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	
G9087	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; M1 at diagnosis, metastatic, locally recurrent, or progressive with current clinical, radiologic, or biochemical evidence of disease (for use in a Medicare-approved demonstration project)	
G9088	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; M1 at diagnosis, metastatic, locally recurrent, or progressive without current clinical, radiologic, or biochemical evidence of disease (for use in a Medicare-approved demonstration project)	
G9089	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	
G9090	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T1-2, N0, M0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	
G9091	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T3, N0, M0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	
G9092	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T1-3, N1-2, M0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence or metastases (for use in a Medicare-approved demonstration project)	
G9093	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T4, any N, M0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	
G9094	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; M1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)	
G9095	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	

G9096	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell type; extent of disease initially established as T1-T3, N0-N1 or NX (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	
G9097	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell type; extent of disease initially established as t4, any n, m0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a medicare-approved demonstration project)	
G9098	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell type; M1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)	
G9099	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	
G9100	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; post R0 resection (with or without neoadjuvant therapy) with no evidence of disease recurrence, progression, or metastases (for use in a Medicare-approved demonstration project)	
G9101	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; post R1 or R2 resection (with or without neoadjuvant therapy) with no evidence of disease progression, or metastases (for use in a Medicare-approved demonstration project)	
G9102	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; clinical or pathologic M0, unresectable with no evidence of disease progression, or metastases (for use in a Medicare-approved demonstration project)	
G9103	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; clinical or pathologic M1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)	
G9104	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	
G9105	Oncology; disease status; pancreatic cancer, limited to adenocarcinoma as predominant cell type; post R0 resection without evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	
G9106	Oncology; disease status; pancreatic cancer, limited to adenocarcinoma; post R1 or R2 resection with no evidence of disease progression, or metastases (for use in a Medicare-approved demonstration project)	
G9107	Oncology; disease status; pancreatic cancer, limited to adenocarcinoma; unresectable at diagnosis, M1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)	

G9108	Oncology; disease status; pancreatic cancer, limited to adenocarcinoma; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	
G9109	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell as predominant cell type; extent of disease initially established as T1-T2 and N0, M0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	
G9110	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell as predominant cell type; extent of disease initially established as T3-4 and/or N1-3, M0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	
G9111	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell as predominant cell type; M1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)	
G9112	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	
G9113	Oncology; disease status; ovarian cancer, limited to epithelial cancer; pathologic stage IA-B (grade 1) without evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	
G9114	Oncology; disease status; ovarian cancer, limited to epithelial cancer; pathologic stage IA-B (grade 2-3); or stage IC (all grades); or stage II; without evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	
G9115	Oncology; disease status; ovarian cancer, limited to epithelial cancer; pathologic stage III-IV; without evidence of progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	
G9116	Oncology; disease status; ovarian cancer, limited to epithelial cancer; evidence of disease progression, or recurrence, and/or platinum resistance (for use in a Medicare-approved demonstration project)	
G9117	Oncology; disease status; ovarian cancer, limited to epithelial cancer; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	
G9123	Oncology; disease status; chronic myelogenous leukemia, limited to Philadelphia chromosome positive and/or BCR-ABL positive; chronic phase not in hematologic, cytogenetic, or molecular remission (for use in a Medicare-approved demonstration project)	
G9124	Oncology; disease status; chronic myelogenous leukemia, limited to Philadelphia chromosome positive and/or BCR-ABL positive; accelerated phase not in hematologic cytogenetic, or molecular remission (for use in a Medicare-approved demonstration project)	

G9125	Oncology; disease status; chronic myelogenous leukemia, limited to Philadelphia chromosome positive and/or BCR-ABL positive; blast phase not in hematologic, cytogenetic, or molecular remission (for use in a Medicare-approved demonstration project)	
G9126	Oncology; disease status; chronic myelogenous leukemia, limited to Philadelphia chromosome positive and/or BCR-ABL positive; in hematologic, cytogenetic, or molecular remission (for use in a Medicare-approved demonstration project)	
G9128	Oncology; disease status; limited to multiple myeloma, systemic disease; smoldering, stage I (for use in a Medicare-approved demonstration project)	
G9129	Oncology; disease status; limited to multiple myeloma, systemic disease; stage II or higher (for use in a Medicare-approved demonstration project)	
G9130	Oncology; disease status; limited to multiple myeloma, systemic disease; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	
G9131	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	
G9132	Oncology; disease status; prostate cancer, limited to adenocarcinoma; hormone-refractory/androgen-independent (e.g., rising PSA on anti-androgen therapy or post-orchietomy); clinical metastases (for use in a Medicare-approved demonstration project)	
G9133	Oncology; disease status; prostate cancer, limited to adenocarcinoma; hormone-responsive; clinical metastases or M1 at diagnosis (for use in a Medicare-approved demonstration project)	
G9134	Oncology; disease status; non-Hodgkin's lymphoma, any cellular classification; stage I, II at diagnosis, not relapsed, not refractory (for use in a Medicare-approved demonstration project)	
G9135	Oncology; disease status; non-Hodgkin's lymphoma, any cellular classification; stage III, IV, not relapsed, not refractory (for use in a Medicare-approved demonstration project)	
G9136	Oncology; disease status; non-Hodgkin's lymphoma, transformed from original cellular diagnosis to a second cellular classification (for use in a Medicare-approved demonstration project)	
G9137	Oncology; disease status; non-Hodgkin's lymphoma, any cellular classification; relapsed/refractory (for use in a Medicare-approved demonstration project)	
G9138	Oncology; disease status; non-Hodgkin's lymphoma, any cellular classification; diagnostic evaluation, stage not determined, evaluation of possible relapse or non-response to therapy, or not listed (for use in a Medicare-approved demonstration project)	
G9139	Oncology; disease status; chronic myelogenous leukemia, limited to Philadelphia chromosome positive and/or Bcr-Abl positive; extent of disease unknown, staging in progress, not listed (for use in a Medicare-approved demonstration project)	
G9140	Frontier extended stay clinic demonstration; for a patient stay in a clinic approved for the CMS demonstration project	
G9143	Warfarin responsiveness testing by genetic technique using any method, any number of specimen(s)	



G9147	Outpatient intravenous insulin treatment (oivit) either pulsatile or continuous, by any means, guided by the results of measurements for: respiratory quotient, and/or, urine urea nitrogen (uun), and/or, arterial, venous or capillary glucose, and/or potassium concentration	
G9148	National committee for quality assurance—level 1 medical home	
G9149	National committee for quality assurance—level 2 medical home	
G9150	National committee for quality assurance—level 3 medical home	
G9151	Mapcp demonstration - state provided services	
G9152	Mapcp demonstration - community health teams	
G9153	Mapcp demonstration - physician incentive pool	
G9156	Evaluation for wheelchair requiring face-to-face visit with physician	
G9187	Bundled payments for care improvement initiative home visit for patient assessment performed by a qualified health care professional for individuals not considered homebound including, but not limited to, assessment of safety, falls, clinical status, fluid status, medication reconciliation/management, patient compliance with orders/plan of care, performance of activities of daily living, appropriateness of care setting; (for use only in the meidcare-approved bundled payments for care improvement initiative); may not be billed for a 30-day period covered by a transitional care management code	
G9188	Beta-blocker therapy not prescribed, reason not given	
G9189	Beta-blocker therapy prescribed or currently being taken	
G9190	Documentation of medical reason(s) for not prescribing beta-blocker therapy (eg, allergy, intolerance, other medical reasons)	
G9191	Documentation of patient reason(s) for not prescribing beta-blocker therapy (eg, patient declined, other patient reasons)	
G9192	Documentation of system reason(s) for not prescribing beta-blocker therapy (eg, other reasons attributable to the health care system)	
G9196	Documentation of medical reason(s) for not ordering a first or second generation cephalosporin for antimicrobial prophylaxis (e.g., patients enrolled in clinical trials, patients with documented infection prior to surgical procedure of interest, patients who were receiving antibiotics more than 24 hours prior to surgery [except colon surgery patients taking oral prophylactic antibiotics], patients who were receiving antibiotics within 24 hours prior to arrival [except colon surgery patients taking oral prophylactic antibiotics], other medical reason(s))	
G9197	Documentation of order for first or second generation cephalosporin for antimicrobial prophylaxis	
G9198	Order for first or second generation cephalosporin for antimicrobial prophylaxis was not documented, reason not given	
G9212	Dsm-ivtm criteria for major depressive disorder documented at the initial evaluation	
G9213	Dsm-iv-tr criteria for major depressive disorder not documented at the initial evaluation, reason not otherwise specified	
G9223	Pneumocystis jiroveci pneumonia prophylaxis prescribed within 3 months of low cd4+ cell count below 500 cells/mm <sup>3</sup> or a cd4 percentage below 15%	
G9225	Foot exam was not performed, reason not given	

G9226	Foot examination performed (includes examination through visual inspection, sensory exam with 10-g monofilament plus testing any one of the following: vibration using 128-hz tuning fork, pinprick sensation, ankle reflexes, or vibration perception threshold, and pulse exam; report when all of the 3 components are completed)	
G9227	Functional outcome assessment documented, care plan not documented, documentation the patient is not eligible for a care plan	
G9228	Chlamydia, gonorrhea and syphilis screening results documented (report when results are present for all of the 3 screenings)	
G9229	Chlamydia, gonorrhea, and syphilis screening results not documented (patient refusal is the only allowed exception)	
G9230	Chlamydia, gonorrhea, and syphilis not screened, reason not given	
G9231	Documentation of end stage renal disease (esrd), dialysis, renal transplant before or during the measurement period or pregnancy during the measurement period	
G9232	Clinician treating major depressive disorder did not communicate to clinician treating comorbid condition for specified patient reason (e.g., patient is unable to communicate the diagnosis of a comorbid condition; the patient is unwilling to communicate the diagnosis of a comorbid condition; or the patient is unaware of the comorbid condition, or any other specified patient reason)	
G9239	Documentation of reasons for patient initiating maintenance hemodialysis with a catheter as the mode of vascular access (e.g., patient has a maturing avf/avg, time-limited trial of hemodialysis, other medical reasons, patient declined avf/avg, other patient reasons, patient followed by reporting nephrologist for fewer than 90 days, other system reasons)	
G9240	Patient whose mode of vascular access is a catheter at the time maintenance hemodialysis is initiated	
G9241	Patient whose mode of vascular access is not a catheter at the time maintenance hemodialysis is initiated	
G9242	Documentation of viral load equal to or greater than 200 copies/ml or viral load not performed	
G9243	Documentation of viral load less than 200 copies/ml	
G9246	Patient did not have at least one medical visit in each 6 month period of the 24 month measurement period, with a minimum of 60 days between medical visits	
G9247	Patient had at least one medical visit in each 6 month period of the 24 month measurement period, with a minimum of 60 days between medical visits	
G9250	Documentation of patient pain brought to a comfortable level within 48 hours from initial assessment	
G9251	Documentation of patient with pain not brought to a comfortable level within 48 hours from initial assessment	
G9254	Documentation of patient discharged to home later than post-operative day 2 following cas	
G9255	Documentation of patient discharged to home no later than post-operative day 2 following cas	
G9256	Documentation of patient death following cas	
G9257	Documentation of patient stroke following cas	
G9258	Documentation of patient stroke following cea	
G9259	Documentation of patient survival and absence of stroke following cas	
G9260	Documentation of patient death following cea	
G9261	Documentation of patient survival and absence of stroke following cea	

G9262	Documentation of patient death in the hospital following endovascular aaa repair	
G9263	Documentation of patient survival in the hospital following endovascular aaa repair	
G9264	Documentation of patient receiving maintenance hemodialysis for greater than or equal to 90 days with a catheter for documented reasons (e.g., other medical reasons, patient declined avf/avg, other patient reasons)	
G9265	Patient receiving maintenance hemodialysis for greater than or equal to 90 days with a catheter as the mode of vascular access	
G9266	Patient receiving maintenance hemodialysis for greater than or equal to 90 days without a catheter as the mode of vascular access	
G9267	Documentation of patient with one or more complications or mortality within 30 days	
G9268	Documentation of patient with one or more complications within 90 days	
G9269	Documentation of patient without one or more complications and without mortality within 30 days	
G9270	Documentation of patient without one or more complications within 90 days	
G9273	Blood pressure has a systolic value of < 140 and a diastolic value of < 90	
G9274	Blood pressure has a systolic value of =140 and a diastolic value of = 90 or systolic value < 140 and diastolic value = 90 or systolic value = 140 and diastolic value < 90	
G9275	Documentation that patient is a current non-tobacco user	
G9276	Documentation that patient is a current tobacco user	
G9277	Documentation that the patient is on daily aspirin or anti-platelet or has documentation of a valid contraindication or exception to aspirin/anti-platelet; contraindications/exceptions include anti-coagulant use, allergy to aspirin or anti-platelets, history of gastrointestinal bleed and bleeding disorder; additionally, the following exceptions documented by the physician as a reason for not taking daily aspirin or anti-platelet are acceptable (use of non-steroidal anti-inflammatory agents, documented risk for drug interaction, uncontrolled hypertension defined as >180 systolic or >110 diastolic or gastroesophageal reflux)	
G9278	Documentation that the patient is not on daily aspirin or anti-platelet regimen	
G9279	Pneumococcal screening performed and documentation of vaccination received prior to discharge	
G9280	Pneumococcal vaccination not administered prior to discharge, reason not specified	
G9281	Screening performed and documentation that vaccination not indicated/patient refusal	
G9282	Documentation of medical reason(s) for not reporting the histological type or nslc-nos classification with an explanation (e.g., biopsy taken for other purposes in a patient with a history of non-small cell lung cancer or other documented medical reasons)	
G9283	Non small cell lung cancer biopsy and cytology specimen report documents classification into specific histologic type or classified as nslc-nos with an explanation	
G9284	Non small cell lung cancer biopsy and cytology specimen report does not document classification into specific histologic type or classified as nslc-nos with an explanation	
G9285	Specimen site other than anatomic location of lung or is not classified as non small cell lung cancer	

G9286	Antibiotic regimen prescribed within 10 days after onset of symptoms	
G9287	Antibiotic regimen not prescribed within 10 days after onset of symptoms	
G9288	Documentation of medical reason(s) for not reporting the histological type or nslc-nos classification with an explanation (e.g., a solitary fibrous tumor in a person with a history of non-small cell carcinoma or other documented medical reasons)	
G9289	Non small cell lung cancer biopsy and cytology specimen report documents classification into specific histologic type or classified as nslc-nos with an explanation	
G9290	Non small cell lung cancer biopsy and cytology specimen report does not document classification into specific histologic type or classified as nslc-nos with an explanation	
G9291	Specimen site other than anatomic location of lung, is not classified as non small cell lung cancer or classified as nslc-nos	
G9292	Documentation of medical reason(s) for not reporting pt category and a statement on thickness and ulceration and for pt1, mitotic rate (e.g., negative skin biopsies in a patient with a history of melanoma or other documented medical reasons)	
G9293	Pathology report does not include the pt category and a statement on thickness and ulceration and for pt1, mitotic rate	
G9294	Pathology report includes the pt category and a statement on thickness and ulceration and for pt1, mitotic rate	
G9295	Specimen site other than anatomic cutaneous location	
G9296	Patients with documented shared decision-making including discussion of conservative (non-surgical) therapy (e.g., NSAIDs, analgesics, weight loss, exercise, injections) prior to the procedure	
G9297	Shared decision-making including discussion of conservative (non-surgical) therapy (e.g., NSAIDs, analgesics, weight loss, exercise, injections) prior to the procedure, not documented, reason not given	
G9298	Patients who are evaluated for venous thromboembolic and cardiovascular risk factors within 30 days prior to the procedure (e.g., history of DVT, PE, MI, arrhythmia and stroke)	
G9299	Patients who are not evaluated for venous thromboembolic and cardiovascular risk factors within 30 days prior to the procedure including (e.g., history of DVT, PE, MI, arrhythmia and stroke, reason not given)	
G9300	Documentation of medical reason(s) for not completely infusing the prophylactic antibiotic prior to the inflation of the proximal tourniquet (e.g., a tourniquet was not used)	
G9301	Patients who had the prophylactic antibiotic completely infused prior to the inflation of the proximal tourniquet	
G9302	Prophylactic antibiotic not completely infused prior to the inflation of the proximal tourniquet, reason not given	
G9303	Operative report does not identify the prosthetic implant specifications including the prosthetic implant manufacturer, the brand name of the prosthetic implant and the size of each prosthetic implant, reason not given	
G9304	Operative report identifies the prosthetic implant specifications including the prosthetic implant manufacturer, the brand name of the prosthetic implant and the size of each prosthetic implant	
G9305	Intervention for presence of leak of endoluminal contents through an anastomosis not required	
G9306	Intervention for presence of leak of endoluminal contents through an anastomosis required	

G9307	No return to the operating room for a surgical procedure, for complications of the principal operative procedure, within 30 days of the principal operative procedure	
G9308	Unplanned return to the operating room for a surgical procedure, for complications of the principal operative procedure, within 30 days of the principal operative procedure	
G9309	No unplanned hospital readmission within 30 days of principal procedure	
G9310	Unplanned hospital readmission within 30 days of principal procedure	
G9311	No surgical site infection	
G9312	Surgical site infection	
G9313	Amoxicillin, with or without clavulanate, not prescribed as first line antibiotic at the time of diagnosis for documented reason (eg, cystic fibrosis, immotile cilia disorders, ciliary dyskinesia, immune deficiency, prior history of sinus surgery within the past 12 months, and anatomic abnormalities, such as deviated nasal septum, resistant organisms, allergy to medication, recurrent sinusitis, chronic sinusitis, or other reasons)	
G9314	Amoxicillin, with or without clavulanate, not prescribed as first line antibiotic at the time of diagnosis, reason not given	
G9315	Documentation amoxicillin, with or without clavulanate, prescribed as a first line antibiotic at the time of diagnosis	
G9316	Documentation of patient-specific risk assessment with a risk calculator based on multi-institutional clinical data, the specific risk calculator used, and communication of risk assessment from risk calculator with the patient or family	
G9317	Documentation of patient-specific risk assessment with a risk calculator based on multi-institutional clinical data, the specific risk calculator used, and communication of risk assessment from risk calculator with the patient or family not completed	
G9318	Imaging study named according to standardized nomenclature	
G9319	Imaging study not named according to standardized nomenclature, reason not given	
G9321	Count of previous ct (any type of ct) and cardiac nuclear medicine (myocardial perfusion) studies documented in the 12-month period prior to the current study	
G9322	Count of previous ct and cardiac nuclear medicine (myocardial perfusion) studies not documented in the 12-month period prior to the current study, reason not given	
G9326	Ct studies performed not reported to a radiation dose index registry that is capable of collecting at a minimum all necessary data elements, reason not given	
G9327	Ct studies performed reported to a radiation dose index registry that is capable of collecting at a minimum all necessary data elements	
G9329	DICOM format image data available to non-affiliated external healthcare facilities or entities on a secure, media free, reciprocally searchable basis with patient authorization for at least a 12-month period after the study not documented in final report, reason not given	
G9340	Final report documented that DICOM format image data available to non-affiliated external healthcare facilities or entities on a secure, media free, reciprocally searchable basis with patient authorization for at least a 12-month period after the study	
G9341	Search conducted for prior patient CT studies completed at non-affiliated external healthcare facilities or entities within the past 12-months and are available through a secure, authorized, media-free, shared archive prior to an imaging study being performed	

G9342	Search not conducted prior to an imaging study being performed for prior patient CT studies completed at non-affiliated external healthcare facilities or entities within the past 12-months and are available through a secure, authorized, media-free, shared archive, reason not given	
G9344	Due to system reasons search not conducted for DICOM format images for prior patient CT imaging studies completed at non-affiliated external healthcare facilities or entities within the past 12 months that are available through a secure, authorized, media-free, shared archive (e.g., non-affiliated external healthcare facilities or entities does not have archival abilities through a shared archival system)	
G9345	Follow-up recommendations documented according to recommended guidelines for incidentally detected pulmonary nodules (e.g., follow-up CT imaging studies needed or that no follow-up is needed) based at a minimum on nodule size and patient risk factors	
G9347	Follow-up recommendations not documented according to recommended guidelines for incidentally detected pulmonary nodules, reason not given	
G9348	Ct scan of the paranasal sinuses ordered at the time of diagnosis for documented reasons (eg, persons with sinusitis symptoms lasting at least 7 to 10 days, antibiotic resistance, immunocompromised, recurrent sinusitis, acute frontal sinusitis, acute sphenoid sinusitis, periorbital cellulitis, or other medical)	
G9349	Documentation of a ct scan of the paranasal sinuses ordered at the time of diagnosis or received within 28 days after date of diagnosis	
G9350	Ct scan of the paranasal sinuses not ordered at the time of diagnosis or received within 28 days after date of diagnosis	
G9351	More than one ct scan of the paranasal sinuses ordered or received within 90 days after diagnosis	
G9352	More than one ct scan of the paranasal sinuses ordered or received within 90 days after the date of diagnosis, reason not given	
G9353	More than one ct scan of the paranasal sinuses ordered or received within 90 days after the date of diagnosis for documented reasons (eg, patients with complications, second ct obtained prior to surgery, other medical reasons)	
G9354	One ct scan or no ct scan of the paranasal sinuses ordered within 90 days after the date of diagnosis	
G9355	Elective delivery or early induction not performed	
G9356	Elective delivery or early induction performed	
G9357	Post-partum screenings, evaluations and education performed	
G9358	Post-partum screenings, evaluations and education not performed	
G9359	Documentation of negative or managed positive tb screen with further evidence that tb is not active within one year of patient visit	
G9360	No documentation of negative or managed positive tb screen	
G9361	Medical indication for induction [documentation of reason(s) for elective delivery (c-section) or early induction (e.g., hemorrhage and placental complications, hypertension, preeclampsia and eclampsia, rupture of membranes-premature or prolonged, maternal conditions complicating pregnancy/delivery, fetal conditions complicating pregnancy/delivery, late pregnancy, prior uterine surgery, or participation in clinical trial)]	
G9364	Sinusitis caused by, or presumed to be caused by, bacterial infection	
G9365	One high-risk medication ordered	

G9366	One high-risk medication not ordered	
G9367	At least two different high-risk medications ordered	
G9368	At least two different high-risk medications not ordered	
G9380	Patient offered assistance with end of life issues during the measurement period	
G9381	Documentation of medical reason(s) for not offering assistance with end of life issues (e.g., patient in hospice care, patient in terminal phase) during the measurement period	
G9382	Patient not offered assistance with end of life issues during the measurement period	
G9383	Patient received screening for HCV infection within the 12 month reporting period	
G9384	Documentation of medical reason(s) for not receiving annual screening for hcv infection (e.g., decompensated cirrhosis indicating advanced disease [i.e., ascites, esophageal variceal bleeding, hepatic encephalopathy], hepatocellular carcinoma, waitlist for organ transplant, limited life expectancy, other medical reasons)	
G9385	Documentation of patient reason(s) for not receiving annual screening for hcv infection (e.g., patient declined, other patient reasons)	
G9386	Screening for HCV infection not received within the 12 month reporting period, reason not given	
G9389	Unplanned rupture of the posterior capsule requiring vitrectomy during cataract surgery	
G9390	No unplanned rupture of the posterior capsule requiring vitrectomy during cataract surgery	
G9393	Patient with an initial phq-9 score greater than nine who achieves remission at twelve months as demonstrated by a twelve month (+/- 30 days) phq-9 score of less than five	
G9394	Patient who had a diagnosis of bipolar disorder or personality disorder, death, permanent nursing home resident or receiving hospice or palliative care any time during the measurement or assessment period	
G9395	Patient with an initial phq-9 score greater than nine who did not achieve remission at twelve months as demonstrated by a twelve month (+/- 30 days) phq-9 score greater than or equal to five	
G9396	Patient with an initial phq-9 score greater than nine who was not assessed for remission at twelve months (+/- 30 days)	
G9399	Documentation in the patient record of a discussion between the physician/clinician and the patient that includes all of the following: treatment choices appropriate to genotype, risks and benefits, evidence of effectiveness, and patient preferences toward the outcome of the treatment	
G9400	Documentation of medical or patient reason(s) for not discussing treatment options; medical reasons: patient is not a candidate for treatment due to advanced physical or mental health comorbidity (including active substance use); currently receiving antiviral treatment; successful antiviral treatment (with sustained virologic response) prior to reporting period; other documented medical reasons; patient reasons: patient unable or unwilling to participate in the discussion or other patient reasons	
G9401	No documentation of a discussion in the patient record of a discussion between the physician or other qualified healthcare professional and the patient that includes all of the following: treatment choices appropriate to genotype, risks and benefits, evidence of effectiveness, and patient preferences toward treatment	
G9402	Patient received follow-up on the date of discharge or within 30 days after discharge	

G9403	Clinician documented reason patient was not able to complete 30 day follow-up from acute inpatient setting discharge (e.g., patient death prior to follow-up visit, patient non-compliant for visit follow-up)	
G9404	Patient did not receive follow-up on the date of discharge or within 30 days after discharge	
G9405	Patient received follow-up within 7 days from discharge	
G9406	Clinician documented reason patient was not able to complete 7 day follow-up from acute inpatient setting discharge (i.e patient death prior to follow-up visit, patient non-compliance for visit follow-up)	
G9407	Patient did not receive follow-up on or within 7 days after discharge	
G9408	Patients with cardiac tamponade and/or pericardiocentesis occurring within 30 days	
G9409	Patients without cardiac tamponade and/or pericardiocentesis occurring within 30 days	
G9410	Patient admitted within 180 days, status post CIED implantation, replacement, or revision with an infection requiring device removal or surgical revision	
G9411	Patient not admitted within 180 days, status post CIED implantation, replacement, or revision with an infection requiring device removal or surgical revision	
G9412	Patient admitted within 180 days, status post CIED implantation, replacement, or revision with an infection requiring device removal or surgical revision	
G9413	Patient not admitted within 180 days, status post CIED implantation, replacement, or revision with an infection requiring device removal or surgical revision	
G9414	Patient had one dose of meningococcal vaccine on or between the patient's 11th and 13th birthdays	
G9415	Patient did not have one dose of meningococcal vaccine on or between the patient's 11th and 13th birthdays	
G9416	Patient had one tetanus, diphtheria toxoids and acellular pertussis vaccine (tdap) on or between the patient's 10th and 13th birthdays	
G9417	Patient did not have one tetanus, diphtheria toxoids and acellular pertussis vaccine (tdap) on or between the patient's 10th and 13th birthdays	
G9418	Primary non-small cell lung cancer biopsy and cytology specimen report documents classification into specific histologic type or classified as NSCLC-NOS with an explanation	
G9419	Documentation of medical reason(s) for not including the histological type or nsclc-nos classification with an explanation (e.g., biopsy taken for other purposes in a patient with a history of primary non-small cell lung cancer or other documented medical reasons)	
G9420	Specimen site other than anatomic location of lung or is not classified as primary non-small cell lung cancer	
G9421	Primary non-small cell lung cancer biopsy and cytology specimen report does not document classification into specific histologic type or classified as NSCLC-NOS with an explanation	
G9422	Primary lung carcinoma resection report documents pt category, pn category and for non-small cell lung cancer, histologic type (squamous cell carcinoma, adenocarcinoma and not nsclc-nos)	



G9423	Documentation of medical reason for not including pt category, pn category and histologic type [for patient with appropriate exclusion criteria (e.g., metastatic disease, benign tumors, malignant tumors other than carcinomas, inadequate surgical specimens)]	
G9424	Specimen site other than anatomic location of lung, or classified as nsccl-nos	
G9425	Primary lung carcinoma resection report does not document pt category, pn category and for non-small cell lung cancer, histologic type (squamous cell carcinoma, adenocarcinoma)	
G9426	Improvement in median time from ED arrival to initial ED oral or parenteral pain medication administration performed for ED admitted patients	
G9427	Improvement in median time from ED arrival to initial ED oral or parenteral pain medication administration not performed for ED admitted patients	
G9428	Pathology report includes the pt category and a statement on thickness and ulceration and for pt1, mitotic rate	
G9429	Documentation of medical reason(s) for not including pt category and a statement on thickness and ulceration and for pt1, mitotic rate (e.g., negative skin biopsies in a patient with a history of melanoma or other documented medical reasons)	
G9430	Specimen site other than anatomic cutaneous location	
G9431	Pathology report does not include the pt category and a statement on thickness and ulceration and for pt1, mitotic rate	
G9432	Asthma well-controlled based on the act, c-act, acq, or ataq score and results documented	
G9434	Asthma not well-controlled based on the ACT, C-ACT, ACQ, or ATAQ score, or specified asthma control tool not used, reason not given	
G9448	Patients who were born in the years 1945?1965	
G9449	History of receiving blood transfusions prior to 1992	
G9450	History of injection drug use	
G9451	Patient received one-time screening for HCV infection	
G9452	Documentation of medical reason(s) for not receiving one-time screening for HCV infection (e.g., decompensated cirrhosis indicating advanced disease [ie, ascites, esophageal variceal bleeding, hepatic encephalopathy], hepatocellular carcinoma, waitlist for organ transplant, limited life expectancy, other medical reasons)	
G9453	Documentation of patient reason(s) for not receiving one-time screening for HCV infection (e.g., patient declined, other patient reasons)	
G9454	One-time screening for HCV infection not received within 12 month reporting period and no documentation of prior screening for HCV infection, reason not given	
G9455	Patient underwent abdominal imaging with ultrasound, contrast enhanced ct or contrast mri for hcc	
G9456	Documentation of medical or patient reason(s) for not ordering or performing screening for hcc. medical reason: comorbid medical conditions with expected survival < 5 years, hepatic decompensation and not a candidate for liver transplantation, or other medical reasons; patient reasons: patient declined or other patient reasons (e.g., cost of tests, time related to accessing testing equipment)	
G9457	Patient did not undergo abdominal imaging and did not have a documented reason for not undergoing abdominal imaging in the reporting period	

G9458	Patient documented as tobacco user and received tobacco cessation intervention (must include at least one of the following: advice given to quit smoking or tobacco use, counseling on the benefits of quitting smoking or tobacco use, assistance with or referral to external smoking or tobacco cessation support programs, or current enrollment in smoking or tobacco use cessation program) if identified as a tobacco user	
G9459	Currently a tobacco non-user	
G9460	Tobacco assessment or tobacco cessation intervention not performed, reason not given	
G9468	Patient not receiving corticosteroids greater than or equal to 10 mg/day of prednisone equivalents for 60 or greater consecutive days or a single prescription equating to 600 mg prednisone or greater for all fills	
G9469	Patients who have received or are receiving corticosteroids greater than or equal to 10 mg/day of prednisone equivalents for 60 or greater consecutive days or a single prescription equating to 600 mg prednisone or greater for all fills	
G9470	Patients not receiving corticosteroids greater than or equal to 10 mg/day of prednisone equivalents for 60 or greater consecutive days or a single prescription equating to 600 mg prednisone or greater for all fills	
G9471	Within the past 2 years, central dual-energy x-ray absorptiometry (DXA) not ordered or documented	
G9473	Services performed by chaplain in the hospice setting, each 15 minutes	
G9474	Services performed by dietary counselor in the hospice setting, each 15 minutes	
G9475	Services performed by other counselor in the hospice setting, each 15 minutes	
G9476	Services performed by volunteer in the hospice setting, each 15 minutes	
G9477	Services performed by care coordinator in the hospice setting, each 15 minutes	
G9478	Services performed by other qualified therapist in the hospice setting, each 15 minutes	
G9479	Services performed by qualified pharmacist in the hospice setting, each 15 minutes	
G9480	Admission to medicare care choice model program (mccm)	
G9481	Remote in-home visit for the evaluation and management of a new patient for use only in the medicare-approved comprehensive care for joint replacement model, which requires these 3 key components: a problem focused history; a problem focused examination; and straightforward medical decision making, furnished in real time using interactive audio and video technology. counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. usually, the presenting problem(s) are self limited or minor. typically, 10 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology	

G9482	<p>Remote in-home visit for the evaluation and management of a new patient for use only in the medicare-approved comprehensive care for joint replacement model, which requires these 3 key components: an expanded problem focused history; an expanded problem focused examination; straightforward medical decision making, furnished in real time using interactive audio and video technology. counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. usually, the presenting problem(s) are of low to moderate severity. typically, 20 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology</p>	
G9483	<p>Remote in-home visit for the evaluation and management of a new patient for use only in the medicare-approved comprehensive care for joint replacement model, which requires these 3 key components: a detailed history; a detailed examination; medical decision making of low complexity, furnished in real time using interactive audio and video technology. counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. usually, the presenting problem(s) are of moderate severity. typically, 30 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology</p>	
G9484	<p>Remote in-home visit for the evaluation and management of a new patient for use only in the medicare-approved comprehensive care for joint replacement model, which requires these 3 key components: a comprehensive history; a comprehensive examination; medical decision making of moderate complexity, furnished in real time using interactive audio and video technology. counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. usually, the presenting problem(s) are of moderate to high severity. typically, 45 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology</p>	
G9485	<p>Remote in-home visit for the evaluation and management of a new patient for use only in the medicare-approved comprehensive care for joint replacement model, which requires these 3 key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity, furnished in real time using interactive audio and video technology. counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. usually, the presenting problem(s) are of moderate to high severity. typically, 60 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology</p>	

G9486	<p>Remote in-home visit for the evaluation and management of an established patient for use only in the medicare-approved comprehensive care for joint replacement model, which requires at least 2 of the following 3 key components: a problem focused history; a problem focused examination; straightforward medical decision making, furnished in real time using interactive audio and video technology. counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. usually, the presenting problem(s) are self limited or minor. typically, 10 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology</p>	
G9487	<p>Remote in-home visit for the evaluation and management of an established patient for use only in the medicare-approved comprehensive care for joint replacement model, which requires at least 2 of the following 3 key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity, furnished in real time using interactive audio and video technology. counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. usually, the presenting problem(s) are of low to moderate severity. typically, 15 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology</p>	
G9488	<p>Remote in-home visit for the evaluation and management of an established patient for use only in the medicare-approved comprehensive care for joint replacement model, which requires at least 2 of the following 3 key components: a detailed history; a detailed examination; medical decision making of moderate complexity, furnished in real time using interactive audio and video technology. counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. usually, the presenting problem(s) are of moderate to high severity. typically, 25 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology</p>	
G9489	<p>Remote in-home visit for the evaluation and management of an established patient for use only in the medicare-approved comprehensive care for joint replacement model, which requires at least 2 of the following 3 key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity, furnished in real time using interactive audio and video technology. counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. usually, the presenting problem(s) are of moderate to high severity. typically, 40 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology</p>	

G9490	Comprehensive care for joint replacement model, home visit for patient assessment performed by clinical staff for an individual not considered homebound, including, but not necessarily limited to patient assessment of clinical status, safety/fall prevention, functional status/ambulation, medication reconciliation/management, compliance with orders/plan of care, performance of activities of daily living, and ensuring beneficiary connections to community and other services. (for use only in the medicare-approved cjr model); may not be billed for a 30 day period covered by a transitional care management code	
G9496	Documentation of reason for not detecting adenoma(s) or other neoplasm. (e.g., neoplasm detected is only diagnosed as traditional serrated adenoma, sessile serrated polyp, or sessile serrated adenoma)	
G9497	Received instruction from the anesthesiologist or proxy prior to the day of surgery to abstain from smoking on the day of surgery	
G9498	Antibiotic regimen prescribed	
G9500	Radiation exposure indices, or exposure time and number of fluorographic images in final report for procedures using fluoroscopy, documented	
G9501	Radiation exposure indices, or exposure time and number of fluorographic images not documented in final report for procedure using fluoroscopy, reason not given	
G9502	Documentation of medical reason for not performing foot exam (i.e., patients who have had either a bilateral amputation above or below the knee, or both a left and right amputation above or below the knee before or during the measurement period)	
G9503	Patient taking tamsulosin hydrochloride	
G9504	Documented reason for not assessing hepatitis b virus (hbv) status (e.g. patient not receiving a first course of anti-tnf therapy, patient declined) within one year prior to first course of anti-tnf therapy	
G9505	Antibiotic regimen prescribed within 10 days after onset of symptoms for documented medical reason	
G9506	Biologic immune response modifier prescribed	
G9507	Documentation that the patient is on a statin medication or has documentation of a valid contraindication or exception to statin medications; contraindications/exceptions that can be defined by diagnosis codes include pregnancy during the measurement period, active liver disease, rhabdomyolysis, end stage renal disease on dialysis and heart failure; provider documented contraindications/exceptions include breastfeeding during the measurement period, woman of child-bearing age not actively taking birth control, allergy to statin, drug interaction (hiv protease inhibitors, nefazodone, cyclosporine, gemfibrozil, and danazol) and intolerance (with supporting documentation of trying a statin at least once within the last 5 years or diagnosis codes for myositis or toxic myopathy related to drugs)	
G9508	Documentation that the patient is not on a statin medication	
G9509	Remission at twelve months as demonstrated by a twelve month (+/- 30 days) phq-9 score of less than 5	
G9510	Remission at twelve months not demonstrated by a twelve month (+/- 30 days) phq-9 score of less than five; either phq-9 score was not assessed or is greater than or equal to 5	
G9511	Index date phq-9 score greater than 9 documented during the twelve month denominator identification period	
G9512	Individual had a pdc of 0.8 or greater	
G9513	Individual did not have a pdc of 0.8 or greater	

G9514	Patient required a return to the operating room within 90 days of surgery	
G9515	Patient did not require a return to the operating room within 90 days of surgery	
G9516	Patient achieved an improvement in visual acuity, from their preoperative level, within 90 days of surgery	
G9517	Patient did not achieve an improvement in visual acuity, from their preoperative level, within 90 days of surgery, reason not given	
G9518	Documentation of active injection drug use	
G9519	Patient achieves final refraction (spherical equivalent) +/- 0.5 diopters of their planned refraction within 90 days of surgery	
G9520	Patient does not achieve final refraction (spherical equivalent) +/- 0.5 diopters of their planned refraction within 90 days of surgery	
G9521	Total number of emergency department visits and inpatient hospitalizations less than two in the past 12 months	
G9522	Total number of emergency department visits and inpatient hospitalizations equal to or greater than two in the past 12 months or patient not screened, reason not given	
G9523	Patient discontinued from hemodialysis or peritoneal dialysis	
G9524	Patient was referred to hospice care	
G9525	Documentation of patient reason(s) for not referring to hospice care (e.g., patient declined, other patient reasons)	
G9526	Patient was not referred to hospice care, reason not given	
G9529	Patient with minor blunt head trauma had an appropriate indication(s) for a head ct	
G9530	Patient presented within 24 hours of a minor blunt head trauma with a gcs score of 15 and had a head ct ordered for trauma by an emergency care provider	
G9531	Patient has documentation of ventricular shunt, brain tumor, multisystem trauma, pregnancy, or is currently taking an antiplatelet medication including: asa/dipyridamole, clopidogrel, prasugrel, ticlopidine, ticagrelor or cilstazol)	
G9532	Patient's head injury occurred greater than 24 hours before presentation to the emergency department, or has a gcs score less than 15 or does not have a gcs score documented, or had a head ct for trauma ordered by someone other than an emergency care provider, or was ordered for a reason other than trauma	
G9533	Patient with minor blunt head trauma did not have an appropriate indication(s) for a head ct	
G9537	Documentation of system reason(s) for ordering an advanced brain imaging study (i.e., needed as part of a clinical trial; other clinician ordered the study)	
G9539	Intent for potential removal at time of placement	
G9540	Patient alive 3 months post procedure	
G9541	Filter removed within 3 months of placement	
G9542	Documented re-assessment for the appropriateness of filter removal within 3 months of placement	
G9543	Documentation of at least two attempts to reach the patient to arrange a clinical re-assessment for the appropriateness of filter removal within 3 months of placement	
G9544	Patients that do not have the filter removed, documented re-assessment for the appropriateness of filter removal, or documentation of at least two attempts to reach the patient to arrange a clinical re-assessment for the appropriateness of filter removal within 3 months of placement	
G9547	Incidental finding: liver lesion <= 0.5 cm, cystic kidney lesion < 1.0 cm or adrenal lesion <= 1.0 cm	
G9548	Final reports for abdominal imaging studies with follow-up imaging recommended	

G9549	Documentation of medical reason(s) that follow-up imaging is indicated (e.g., patient has a known malignancy that can metastasize, other medical reason(s) such as fever in an immunocompromised patient)	
G9550	Final reports for abdominal imaging studies with follow-up imaging not recommended	
G9551	Final reports for abdominal imaging studies without an incidentally found lesion noted: liver lesion <= 0.5 cm, cystic kidney lesion < 1.0 cm or adrenal lesion <= 1.0 cm noted or no lesion found	
G9552	Incidental thyroid nodule < 1.0 cm noted in report	
G9553	Prior thyroid disease diagnosis	
G9554	Final reports for ct, cta, mri or mra of the chest or neck or ultrasound of the neck with follow-up imaging recommended	
G9555	Documentation of medical reason(s) for recommending follow up imaging (e.g., patient has multiple endocrine neoplasia, patient has cervical lymphadenopathy, other medical reason(s))	
G9556	Final reports for ct, cta, mri or mra of the chest or neck or ultrasound of the neck with follow-up imaging not recommended	
G9557	Final reports for ct, cta, mri or mra studies of the chest or neck or ultrasound of the neck without an incidentally found thyroid nodule < 1.0 cm noted or no nodule found	
G9558	Patient treated with a beta-lactam antibiotic as definitive therapy	
G9559	Documentation of medical reason(s) for not prescribing a beta-lactam antibiotic (e.g., allergy, intolerance to beta-lactam antibiotics)	
G9560	Patient not treated with a beta-lactam antibiotic as definitive therapy, reason not given	
G9561	Patients prescribed opiates for longer than six weeks	
G9562	Patients who had a follow-up evaluation conducted at least every three months during opioid therapy	
G9563	Patients who did not have a follow-up evaluation conducted at least every three months during opioid therapy	
G9573	Remission at six months as demonstrated by a six month (+/-30 days) phq-9 score of less than five	
G9574	Remission at six months not demonstrated by a six month (+/-30 days) phq-9 score of less than five; either phq-9 score was not assessed or is greater than or equal to five	
G9577	Patients prescribed opiates for longer than six weeks	
G9578	Documentation of signed opioid treatment agreement at least once during opioid therapy	
G9579	No documentation of signed an opioid treatment agreement at least once during opioid therapy	
G9580	Door to puncture time of less than 2 hours	
G9582	Door to puncture time of greater than 2 hours, no reason given	
G9583	Patients prescribed opiates for longer than six weeks	
G9584	Patient evaluated for risk of misuse of opiates by using a brief validated instrument (e.g., opioid risk tool, soapp-r) or patient interviewed at least once during opioid therapy	
G9585	Patient not evaluated for risk of misuse of opiates by using a brief validated instrument (e.g., opioid risk tool, soapp-r) or patient not interviewed at least once during opioid therapy	
G9593	Pediatric patient with minor blunt head trauma classified as low risk according to the pecarn prediction rules	
G9594	Patient presented within 24 hours of a minor blunt head trauma with a gcs score of 15 and had a head ct ordered for trauma by an emergency care provider	

G9595	Patient has documentation of ventricular shunt, brain tumor, coagulopathy, including thrombocytopenia	
G9596	Pediatric patient's head injury occurred greater than 24 hours before presentation to the emergency department, or has a gcs score less than 15 or does not have a gcs score documented, or had a head ct for trauma ordered by someone other than an emergency care provider, or was ordered for a reason other than trauma	
G9597	Pediatric patient with minor blunt head trauma not classified as low risk according to the pecarn prediction rules	
G9598	Aortic aneurysm 5.5 - 5.9 cm maximum diameter on centerline formatted ct or minor diameter on axial formatted ct	
G9599	Aortic aneurysm 6.0 cm or greater maximum diameter on centerline formatted ct or minor diameter on axial formatted ct	
G9600	Symptomatic aas that required urgent/emergent (non-elective) repair	
G9601	Patient discharge to home no later than post-operative day #7	
G9602	Patient not discharged to home by post-operative day #7	
G9603	Patient survey score improved from baseline following treatment	
G9604	Patient survey results not available	
G9605	Patient survey score did not improve from baseline following treatment	
G9606	Intraoperative cystoscopy performed to evaluate for lower tract injury	
G9607	Documented medical reasons for not performing intraoperative cystoscopy (e.g., urethral pathology precluding cystoscopy, any patient who has a congenital or acquired absence of the urethra)	
G9608	Intraoperative cystoscopy not performed to evaluate for lower tract injury	
G9609	Documentation of an order for anti-platelet agents	
G9610	Documentation of medical reason(s) in the patient's record for not ordering anti-platelet agents	
G9611	Order for anti-platelet agents was not documented in the patient's record, reason not given	
G9612	Photodocumentation of one or more cecal landmarks to establish a complete examination	
G9613	Documentation of post-surgical anatomy (e.g., right hemicolectomy, ileocecal resection, etc.)	
G9614	No photodocumentation of cecal landmarks to establish a complete examination	
G9615	Preoperative assessment documented	
G9616	Documentation of reason(s) for not documenting a preoperative assessment (e.g., patient with a gynecologic or other pelvic malignancy noted at the time of surgery)	
G9617	Preoperative assessment not documented, reason not given	
G9618	Documentation of screening for uterine malignancy or those that had an ultrasound and/or endometrial sampling of any kind	
G9620	Patient not screened for uterine malignancy, or those that have not had an ultrasound and/or endometrial sampling of any kind, reason not given	
G9621	Patient identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method and received brief counseling	
G9622	Patient not identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method	
G9623	Documentation of medical reason(s) for not screening for unhealthy alcohol use (e.g., limited life expectancy, other medical reasons)	



G9624	Patient not screened for unhealthy alcohol screening using a systematic screening method or patient did not receive brief counseling, reason not given	
G9625	Patient sustained bladder injury at the time of surgery or discovered subsequently up to 1 month post-surgery	
G9626	Documented medical reason for not reporting bladder injury (e.g., gynecologic or other pelvic malignancy documented, concurrent surgery involving bladder pathology, injury that occurs during urinary incontinence procedure, patient death from non-medical causes not related to surgery, patient died during procedure without evidence of bladder injury)	
G9627	Patient did not sustain bladder injury at the time of surgery nor discovered subsequently up to 1 month post-surgery	
G9628	Patient sustained bowel injury at the time of surgery or discovered subsequently up to 1 month post-surgery	
G9629	Documented medical reasons for not reporting bowel injury (e.g., gynecologic or other pelvic malignancy documented, planned (e.g., not due to an unexpected bowel injury) resection and/or re-anastomosis of bowel, or patient death from non-medical causes not related to surgery, patient died during procedure without evidence of bowel injury)	
G9630	Patient did not sustain a bowel injury at the time of surgery nor discovered subsequently up to 1 month post-surgery	
G9631	Patient sustained ureter injury at the time of surgery or discovered subsequently up to 1 month post-surgery	
G9632	Documented medical reasons for not reporting ureter injury (e.g., gynecologic or other pelvic malignancy documented, concurrent surgery involving bladder pathology, injury that occurs during a urinary incontinence procedure, patient death from non-medical causes not related to surgery, patient died during procedure without evidence of ureter injury)	
G9633	Patient did not sustain ureter injury at the time of surgery nor discovered subsequently up to 1 month post-surgery	
G9634	Health-related quality of life assessed with tool during at least two visits and quality of life score remained the same or improved	
G9635	Health-related quality of life not assessed with tool for documented reason(s) (e.g., patient has a cognitive or neuropsychiatric impairment that impairs his/her ability to complete the hrqol survey, patient has the inability to read and/or write in order to complete the hrqol questionnaire)	
G9636	Health-related quality of life not assessed with tool during at least two visits or quality of life score declined	
G9637	Final reports with documentation of one or more dose reduction techniques (e.g., automated exposure control, adjustment of the ma and/or kv according to patient size, use of iterative reconstruction technique)	
G9638	Final reports without documentation of one or more dose reduction techniques (e.g., automated exposure control, adjustment of the ma and/or kv according to patient size, use of iterative reconstruction technique)	
G9639	Major amputation or open surgical bypass not required within 48 hours of the index endovascular lower extremity revascularization procedure	
G9640	Documentation of planned hybrid or staged procedure	
G9641	Major amputation or open surgical bypass required within 48 hours of the index endovascular lower extremity revascularization procedure	
G9642	Current smokers (e.g., cigarette, cigar, pipe, e-cigarette or marijuana)	
G9643	Elective surgery	

G9644	Patients who abstained from smoking prior to anesthesia on the day of surgery or procedure	
G9645	Patients who did not abstain from smoking prior to anesthesia on the day of surgery or procedure	
G9646	Patients with 90 day mrs score of 0 to 2	
G9647	Patients in whom mrs score could not be obtained at 90 day follow-up	
G9648	Patients with 90 day mrs score greater than 2	
G9649	Psoriasis assessment tool documented meeting any one of the specified benchmarks (e.g., (pga; 6-point scale), body surface area (bsa), psoriasis area and severity index (pasi) and/or dermatology life quality index) (dlqi))	
G9651	Psoriasis assessment tool documented not meeting any one of the specified benchmarks (e.g., (pga; 6-point scale), body surface area (bsa), psoriasis area and severity index (pasi) and/or dermatology life quality index) (dlqi)) or psoriasis assessment tool not documented	
G9654	Monitored anesthesia care (mac)	
G9655	A transfer of care protocol or handoff tool/checklist that includes the required key handoff elements is used	
G9656	Patient transferred directly from anesthetizing location to pacu	
G9658	A transfer of care protocol or handoff tool/checklist that includes the required key handoff elements is not used	
G9659	Patients greater than 85 years of age who did not have a history of colorectal cancer or valid medical reason for the colonoscopy, including: iron deficiency anemia, lower gastrointestinal bleeding, crohn's disease (i.e., regional enteritis), familial adenomatous polyposis, lynch syndrome (i.e., hereditary non-polyposis colorectal cancer), inflammatory bowel disease, ulcerative colitis, abnormal finding of gastrointestinal tract, or changes in bowel habits	
G9660	Documentation of medical reason(s) for a colonoscopy performed on a patient greater than 85 years of age (e.g., last colonoscopy incomplete, last colonoscopy had inadequate prep, iron deficiency anemia, lower gastrointestinal bleeding, crohn's disease (i.e., regional enteritis), familial history of adenomatous polyposis, lynch syndrome (i.e., hereditary non-polyposis colorectal cancer), inflammatory bowel disease, ulcerative colitis, abnormal finding of gastrointestinal tract, or changes in bowel habits)	
G9661	Patients greater than 85 years of age who received a routine colonoscopy for a reason other than the following: an assessment of signs/symptoms of gi tract illness, and/or the patient is considered high risk, and/or to follow-up on previously diagnosed advance lesions	
G9662	Previously diagnosed or have an active diagnosis of clinical ascvd	
G9663	Any fasting or direct ldl-c laboratory test result = 190 mg/dl	
G9664	Patients who are currently statin therapy users or received an order (prescription) for statin therapy	
G9665	Patients who are not currently statin therapy users or did not receive an order (prescription) for statin therapy	
G9666	The highest fasting or direct ldl-c laboratory test result of 70-189 mg/dl in the measurement period or two years prior to the beginning of the measurement period	
G9674	Patients with clinical ascvd diagnosis	
G9675	Patients who have ever had a fasting or direct laboratory result of ldl-c = 190 mg/dl	

G9676	Patients aged 40 to 75 years at the beginning of the measurement period with type 1 or type 2 diabetes and with an ldl-c result of 70?189 mg/dl recorded as the highest fasting or direct laboratory test result in the measurement year or during the two years prior to the beginning of the measurement period	
G9678	Oncology care model (ocm) monthly enhanced oncology services (meos) payment for ocm enhanced services. g9678 payments may only be made to ocm practitioners for ocm beneficiaries for the furnishment of enhanced services as defined in the ocm participation agreement	
G9679	This code is for onsite acute care treatment of a nursing facility resident with pneumonia; may only be billed once per day per beneficiary	
G9680	This code is for onsite acute care treatment of a nursing facility resident with chf; may only be billed once per day per beneficiary	
G9681	This code is for onsite acute care treatment of a resident with copd or asthma; may only be billed once per day per beneficiary	
G9682	This code is for the onsite acute care treatment a nursing facility resident with a skin infection; may only be billed once per day per beneficiary	
H2016	Comprehensive community support services, per diem	
J0725	Injection, Chorionic Gonadotropin, Per 1,000 Usp Units	
J0178	Injection, Afibercept 1 mg	
J1459	Injection, immune globulin (privigen), intravenous, non-lyophilized (e.g. liquid), 500 mg	
J1557	Injection, immune globulin, (gammalex), intravenous, non-lyophilized (e.g., liquid), 500 mg	
J1559	Injection, immune globulin (hizentra), 100 mg	
J1561	Injection, immune globulin, (gamunex-c/gammaked), non-lyophilized (e.g., liquid), 500 mg	
J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg	
J1568	Injection, immune globulin, (octagam), intravenous, non-lyophilized (e.g., liquid), 500 mg	
J1569	Injection, immune globulin, (gammagard liquid), non-lyophilized, (e.g., liquid), 500 mg	
J1572	Injection, immune globulin, (flebogamma/flebogamma dif), intravenous, non-lyophilized (e.g., liquid), 500 mg	
J1599	Injection, immune globulin, intravenous, non-lyophilized (e.g., liquid), not otherwise specified, 500 mg	
J1610	Injection, glucagon HCL, per 1mg	
J1620	Injection, Gonadorelin Hydrochloride, Per 100 Mcg	
J1815	Injection, insulin, per 5 units	
J1817	Insuline for administration through DME per 50 units (insulin pump)	
J2323	Injection, natalizumab, 1 mg	
J2778	INJECTION RANIBIZUMAB 0.1 MG	
J3300	INJ TRIAMCINOLONE ACETONIDE PF	
J3301	INJ TRIAMCINOLONE ACETONIDE	
J3355	Injection, urofollotropin, 75IU	
J3396	INJECTION VERTEPORFIN 0.1 MG	
J3490	Unclassified drugs (when used for the reimbursement of prescription oral antidiabetes agents)	
J3570	Laetrile Therapy	
J3590	Unclassified biologics	
J7312	INJ DEXAMETH INTRAVIT IMPL 0.1	
J9199	Injection, gemcitabine hydrochloride (infugem), 200 mg	PPAP
J9309	Injection, polatuzumab vedotin-piiq, 1 mg	PPAP
K0005	Ultralightweight wheelchair	

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	
K0065	Spoke protectors, each	
K0098	Drive belt for power wheelchair	
K0733	Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each	
K0455	Infusion pump used for uninterrupted administration of epoprostenol	
K0553	Supply allowance for therapeutic continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 Unit Of Service	
K0554	Receiver (monitor), dedicated, for use with therapeutic glucose continuous monitor system	
K0601	Replacement battery for external infusion pump owned by patient, silver	
K0602	Replacement battery for external infusion pump owned by patient, silver	
K0603	Replacement battery for external infusion pump owned by patient, alkaline	
K0604	Replacement battery for external infusion pump owned by patient, lith.	
K0605	Replacement battery for external infusion pump owned by patient, lith.	
K0669	Wheelchair accessory, wheelchair seat or back cushion, does not meet specific code criteria or no written coding verification from DME PDAC	
K0740	Repair or nonroutine service for oxygen equipment requiring the skill of a technician, labor component, per 15 minutes	
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 heavy duty, patient weight capacity 451 to 600 pounds	
K0806	Powered operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds	
K0807	K0807: Power operated vehicle, group 2 heavy duty, patient weight capacity 301 to 450 pounds	
K0808	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, portable, 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 and 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 very heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more	
K0829	Power wheelchair, group 2 extra heavy duty, captain's chair, patient weight capacity 601 pounds or more	
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 very 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 capacity 301 to 450 pounds	
K0859	Power wheelchair, group 3 heavy duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	
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 capacity 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, or does not meet criteria	
K1001	Electronic positional obstructive sleep apnea treatment, with sensor, includes all components and accessories, any type	

K1002	Cranial electrotherapy stimulation (ces) system, includes all supplies and accessories, any type	
K1003	Whirlpool tub, walk-in, portable	
K1004	Low frequency ultrasonic diathermy treatment device for home use, includes all components and accessories	
K1005	Disposable collection and storage bag for breast milk, any size, any type, each	
L0220	Thoracic rib belt custom made	
L0452	TLSO, flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, custom fabricated	
L0460	TLSO, triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft 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	
L0480	TLSO, triplanar control, one piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to 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	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	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	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	
L1945	IDEO and ExoSym Energy Storing AFO	
L2006	Knee ankle foot device, any material, single or double upright, swing and/or stance phase microprocessor control with adjustability, includes all components (e.g., sensors, batteries, charger), any type activation, with or without ankle joint(s), custom fabricated	
L2190	Waist/gait belt	

L2210	Additions to lower extremity orthosis, dorsiflexion assist	
L2232	Addition to lower extremity orthosis, rocker bottom for total contact ankle foot orthosis, for custom fabricated orthosis only	
L2250	Addition to lower extremity, foot plate, molded to patient model, stirrup attachment	
L2270	Additions to lower extremity orthosis, varus/valgus T-strap	
L2275	Additions to lower extremity orthosis, varus/valgus correction	
L2280	Addition to lower extremity, molded inner boot	
L2320	Addition to lower extremity, non-molded lacer, for custom fabricated orthosis only	
L2330	Addition to lower extremity, lacer molded to patient model, for custom fabricated orthosis only	
L2340	Addition to lower extremity, pre-tibial shell, molded to patient model	
L2350	Addition to lower extremity, prosthetic type, (BK) socket, molded to patient model	
L2385	Addition to lower extremity orthosis, straight knee joint	
L2387	Addition to lower extremity, polycentric knee joint, for custom fabricated knee ankle foot orthosis, each joint	
L2405	Additions to straight knee or offset knee, drop lock	
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	
L2627	Addition to lower extremity, pelvic control, plastic, molded to patient model, reciprocating hip joint and cables	
L2755	Addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, per segment, for custom fabricated orthosis only	
L2795	Additions to lower extremity orthosis, knee control	
L2800	Addition to lower extremity orthosis, knee control, knee cap, medial or lateral pull, for use with custom fabricated orthosis only	
L2820	Addition to lower extremity orthosis, soft interface for molded plastic, below knee section	
L2830	Addition to lower extremity orthosis, soft interface for molded plastic, above knee section	
L2861	Addition to lower extremity joint, knee or ankle, concentric adjustable torsion style mechanism for custom fabricated orthotics only	
L2999	Lower extremity orthosis, NOS	
L3170	Foot plastic heel stabilizer	
L3201	Ortho shoe Oxford infant	
L3202	Ortho shoe Oxford child	
L3203	Ortho shoe Oxford junior	
L3204	Ortho shoe hightop infant	
L3206	Ortho shoe hightop child	
L3207	Ortho shoe hightop junior	
L3215	Ortho shoes ladies Oxford	
L3216	Ortho shoes ladies depth inlay	
L3217	Ortho shoes ladies hightop	
L3219	Ortho shoes mens Oxford	
L3221	Ortho shoes mens depth inlay	
L3222	Ortho shoes mens hightop	
L3230	Orthopedic footwear, custom shoe, depth inlay, each	



L3250	Orthopedic footwear, custom molded shoe, removable inner mold, prosthetic shoe, each	
L3251	Foot, shoe molded to patient model, silicone shoe, each	
L3252	Foot, shoe molded to patient model, silicone shoe, each	
L3253	Foot, molded shoe Plastazote (or similar) custom fitted, each	
L3254	Non-standard size or width	
L3255	Non-standard size or length	
L3257	Orthopedic footwear, additional charge for split size	
L3300	Lift elevation heel	
L3320	Lift elevation heel & sole	
L3330	Lift elevation metal extension	
L3332	Lift elevation inside shoe	
L3340	Heel wedge sach	
L3350	Heel wedge	
L3360	Sole wedge outside sole	
L3370	Sole wedge between sole	
L3380	Clubfoot wedge	
L3390	Outflare wedge	
L3999	Upper limb orthosis, NOS	
L3400	Metatarsal bar wedge rocker	
L3410	Metatarsal bar wedge betw sole	
L3420	Full sole & heel wedge betw sole	
L3430	Heel counter plastic reinforced	
L3440	Heel counter leather reinforced	
L3450	Heel sach cushion type	
L3455	Heel new leather std	
L3460	Heel new rubber std	
L3465	Heel thomas w/wedge	
L3470	Heel thomas extended to ball	
L3480	Heel pad & depression spur	
L3485	Heel pad removable spur	
L3500	Orthopedic shoe addition, insole, leather	
L3510	Orthopedic shoe addition, insole, rubber	
L3520	Orthopedic shoe addition, insole, felt covered w/leather	
L3530	Orthopedic shoe addition, sole, half	
L3540	Orthopedic shoe addition, sole, full	
L3550	Orthopedic shoe addition, toe tap, standard	
L3560	Orthopedic shoe addition, toe tap, horseshoe	
L3570	Orthopedic shoe addition, special extension to instep (leather w/eyelets)	
L3580	Orthopedic shoe addition, convert instep to Velcro closure	
L3590	Orthopedic shoe addition, convert firm shoe counter to soft counter	
L3595	Orthopedic shoe addition, march bar	
L3649	Orthopedic shoe, modification, addition or transfer, not otherwise specified	
L3671	Shoulder orthosis, shoulder joint design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
L3672	Shoulder orthosis, abduction positioning (airplane design), thoracic component and support bar, without joints, custom fabricated	
L3673	Shoulder orthosis, abduction positioning (airplane design), thoracic component and support bar, includes nontorsion joint/turnbuckle, custom fabricated	
L3674	Shoulder orthosis, abduction positioning (airplane design), thoracic component and support bar, with or without nontorsion joints/turnbuckle, custom fabricated	
L3677	Shoulder orthosis, shoulder joint design, without joints, customized to fit a specific patient by an individual with expertise	
L3702	Elbow orthosis, without joints, custom fabricated	

L3720	Elbow orthosis, double upright with forearm/arm cuffs, free motion, custom fabricated	
L3730	Elbow orthosis, double upright with forearm/arm cuffs, extension/flexion assist, custom fabricated	
L3740	Elbow orthosis, double upright with forearm/arm cuffs, adjustable position lock with active control, custom fabricated	
L3763	Elbow wrist hand orthosis, rigid, without joints, custom fabricated	
L3764	Elbow wrist hand orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
L3765	Elbow wrist hand finger orthosis, rigid, without joints, custom fabricated	
L3766	Elbow wrist hand finger orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, custom fabricated	
L3800	Wrist hand finger orthosis, short opponens, no attachments, custom fabricated	
L3805	Wrist hand finger orthosis, long opponens, no attachments, custom fabricated	
L3806	Wrist hand finger orthosis, includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, custom fabricated	
L3807	Wrist hand finger orthosis, without joint(s), customized to fit a specific patient by an individual with expertise	
L3808	Wrist hand finger orthosis, rigid without joints, custom fabricated	
L3891	Addition to upper extremity joint, wrist or elbow, concentric adjustable torsion style mechanism for custom fabricated orthotics only, each	
L3900	Wrist hand finger orthosis, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, wrist or finger driven, custom fabricated	
L3901	Wrist hand finger orthosis, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, cable driven, custom fabricated	
L3902	Wrist hand finger orthosis, external powered, compressed gas, custom fabricated	
L3904	Wrist hand finger orthosis, external powered	
L3905	Wrist hand orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, custom fabricated	
L3906	Wrist hand orthosis, without joints, custom fabricated	
L3907	Wrist hand orthosis, wrist gauntlet with thumb spica, custom fabricated	
L3913	Hand finger orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	
L3915	Wrist hand orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, customized to fit a specific patient by an individual with expertise	
L3917	Hand orthosis, metacarpal fracture orthosis, customized to fit a specific patient by an individual with expertise	
L3919	Hand orthosis, without joints, custom fabricated	
L3921	Hand finger orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, custom fabricated	
L3923	Hand finger orthosis, without joints, may include soft interface, straps, customized to fit a specific patient by an individual with expertise	
L3929	Hand finger orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, customized to fit a specific patient by an individual with expertise	
L3933	Finger orthosis, without joints, custom fabricated	

L3935	Finger orthosis, nontorsion joint, may include soft interface, custom fabricated, includes fitting and adjustment	
L3961	Shoulder elbow wrist hand orthosis, shoulder cap design, without joints, custom fabricated	
L3963	Shoulder elbow wrist hand orthosis, molded shoulder, arm, forearm and wrist, with articulating elbow joint, custom fabricated	
L3967	Shoulder elbow wrist hand orthosis, abduction positioning (airplane design), thoracic component and support bar, without joints, custom fabricated	
L3971	Shoulder elbow wrist hand orthosis, shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, custom fabricated	
L3973	Shoulder elbow wrist hand orthosis, abduction positioning (airplane design), thoracic component and support bar, custom fabricated	
L3975	Shoulder elbow wrist hand finger orthosis, shoulder cap design, without joints, custom fabricated	
L3976	Shoulder elbow wrist hand finger orthosis, abduction positioning (airplane design), thoracic component and support bar, without joints, custom fabricated	
L3977	Shoulder elbow wrist hand finger orthosis, shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, custom fabricated	
L3978	Shoulder elbow wrist hand finger orthosis, abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, custom fabricated	
L3985	Upper extremity fracture orthosis, forearm, hand with wrist hinge, custom fabricated	
L3986	Upper extremity fracture orthosis, combination of humeral, radius/ulnar, wrist, (example - Colles' fracture), custom fabricated	
L4020	Replace quadrilateral socket brim, molded to patient model	
L4030	Replace quadrilateral socket brim, custom fitted	
L4040	Replace molded thigh lacer, for custom fabricated orthosis only	
L4045	Replace non-molded thigh lacer, for custom fabricated orthosis only	
L4050	Replace molded calf lacer, for custom fabricated orthosis only	
L4055	Replace non-molded calf lacer, for custom fabricated orthosis only	
L4396	Static or dynamic ankle foot orthosis, including soft interface material, adjustable for fit, for positioning, customized to fit a specific patient by an individual with expertise	
L4631	Ankle foot orthosis, walking boot type, varus/valgus correction, rocker bottom, anterior tibial shell, soft interface, custom fabricated	
L5000	Partial foot, shoe insert with longitudinal arch, toe filler	
L5010	Partial foot, molded socket, ankle height, with toe filler	
L5020	Partial foot, molded socket, tibial tubercle height, with toe filler	
L5050	Ankle, Symes, molded socket, SACH foot	
L5060	Ankle, Symes, metal frame, molded leather socket, articulated ankle/foot	
L5100	Below knee, molded socket, shin, SACH foot	
L5105	Below knee, plastic socket, joints and thigh lacer, SACH foot	
L5150	Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot	
L5160	Knee disarticulation (or through knee), molded socket, bent knee configuration, external knee joints, shin, SACH foot	
L5200	Above knee, molded socket, single axis constant friction knee, shin, SACH foot	

L5210	Above knee, short prosthesis, no knee joint ('stubbies'), with foot blocks, no ankle joints, each	
L5220	Above knee, short prosthesis, no knee joint ('stubbies'), with articulated ankle/foot, dynamically aligned, each	
L5230	Above knee, for proximal femoral focal deficiency, constant friction knee, shin, SACH foot	
L5250	Hip disarticulation, Canadian type, molded socket, hip joint, single axis constant friction knee, shin, SACH foot	
L5270	Hip disarticulation, tilt table type, molded socket, locking hip joint, single axis constant friction knee, shin, SACH foot	
L5280	Hemipelvectomy, Canadian type, molded socket, hip joint, single axis constant friction knee, shin, SACH foot	
L5300	Below knee, molded socket, SACH foot, endoskeletal system, including soft cover and finishing	
L5301	Below knee, molded socket, shin, SACH foot, endoskeletal system	
L5310	Knee disarticulation (or through knee), molded socket, SACH foot endoskeletal system	
L5311	Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot, endoskeletal system	
L5312	Knee disarticulation molded socket, single axis knee pylon sach foot endoskeletal system	
L5320	Above knee, molded socket, open end, SACH foot, endoskeletal system, single axis knee, including soft cover and finishing	
L5321	Above knee, molded socket, open end, SACH foot, endoskeletal system, single axis knee	
L5330	Hip disarticulation, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot, including soft cover and finishing	
L5331	Hip disarticulation, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot	
L5340	Hemipelvectomy, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot, including soft cover and finishing	
L5341	Hemipelvectomy, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot	
L5400	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee	
L5410	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, below knee, each additional cast change and realignment	
L5420	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change 'AK' or knee disarticulation	
L5430	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, 'AK' or knee disarticulation, each additional cast change and realignment	
L5450	Immediate post surgical or early fitting, application of non-weight bearing rigid dressing, below knee	
L5460	Immediate post surgical or early fitting, application of non-weight bearing rigid dressing, above knee	
L5500	Initial, below knee 'ptb' type socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, direct formed	
L5505	Initial, above knee - knee disarticulation, ischial level socket, non-alignable system	
L5510	Preparatory, below knee 'ptb' type socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, molded to model	

L5520	Preparatory, below knee 'ptb' type socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed	
L5530	Preparatory, below knee 'ptb' type socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model	
L5535	Preparatory, below knee 'ptb' type socket nonalignable system, no cover, SACH foot, prefabricated	
L5540	Preparatory, below knee 'ptb' type socket nonalignable system, pylon, no cover, SACH foot, laminated socket, molded to model	
L5560	Preparatory, above knee- knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, molded to model	
L5570	Preparatory, above knee- knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed	
L5580	Preparatory, above knee- knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model	
L5585	Preparatory, above knee- knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, prefabricated	
L5590	Preparatory, above knee- knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, laminated socket	
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	Hydracadence system	
L5611	Addition to lower extremity, endoskeletal system, above knee-knee disarticulation, 4 bar linkage, with friction swing phase control	
L5613	Addition to lower extremity, endoskeletal system, above knee-knee disarticulation, 4 bar linkage, with hydraulic swing phase control	
L5614	Addition to lower extremity, endoskeletal system, above knee-knee disarticulation, 4 bar linkage, with pneumatic swing phase control	
L5616	Addition to lower extremity, endoskeletal system, above knee, universal multiplex system, friction swing phase control	
L5617	Addition to lower extremity, quick change self-aligning unit	
L5618	Addition to lower extremity, test socket, Symes	
L5620	Addition to lower extremity, test socket, below knee	
L5722	Knee-shin pneumatic swing	
L5724	Single axis, fluid swing phase control	
L5726	Single axis, external joints fluid swing phase control	
L5728	Single axis, fluid swing and stance phase control	
L5629	Addition to lower extremity, below knee, acrylic socket	
L5630	Symes type expandable wall socket	
L5631	Above knee disarticulated acrylic socket	
L5632	Symes type 'PTB' brim design socket	
L5634	Symes type poster opening socket	
L5636	Symes type medial opening socket	
L5637	Below knee total contact	
L5638	Below knee leather socket	
L5639	Below knee wood socket	
L5640	Knee disarticulated leather socket	
L5642	Above knee leather socket	

L5643	Hip flexible inner socket external frame	
L5644	Above knee wood socket	
L5645	Above knee flexible inner socket external frame	
L5646	Below knee air cushion socket	
L5647	Below knee suction socket	
L5648	Above knee air cushion socket	
L5649	Ischial containment/narrow M-L socket	
L5650	Total contact above knee disarticulation socket	
L5651	Above knee, flexible inner socket external frame	
L5652	Suction suspension, above knee or knee disarticulation socket	
L5653	Knee disarticulation expand wall socket	
L5654	Socket insert, Symes, (Kemblo, Pelite, Aliplast, Plastazote or equal)	
L5655	Socket insert below knee	
L5656	Socket insert knee disarticulation	
L5658	Socket insert above knee	
L5660	Socket insert, Symes, silicone gel or equal	
L5661	Socket insert, multi-durometer Symes	
L5662	Socket insert, below knee, silicone gel or equal	
L5663	Socket insert, knee disarticulation, silicone gel or equal	
L5664	Socket insert, above knee, silicone gel or equal	
L5665	Multi-durometer below knee	
L5666	Below knee cuff suspension	
L5667	Below knee/above knee, socket insert, suction suspension with locking mechanism	
L5668	Addition to lower extremity, below knee, molded distal cushion	
L5669	Below knee/above knee, socket insert, suction suspension without locking mechanism	
L5670	Below knee, molded supracondylar suspension ('PTS' or similar)	
L5671	Addition to lower extremity, below knee/above knee suspension locking mechanism	
L5672	Below knee removable medial brim suspension	
L5673	Socket insert w locking mechanism	
L5674	Below knee, suspension sleeve	
L5675	Below knee, suspension sleeve, heavy duty	
L5676	Below knee joints single axis, pair	
L5677	Below knee joints polycentric, pair	
L5678	Below knee joint covers, pair	
L5679	Socket insert w/o locking mechanism	
L5680	Below knee, thigh lacer, non-molded	
L5681	Below knee/above knee, with or without locking mechanism	
L5682	Below knee, thigh lacer, gluteal/ischial, molded	
L5683	Initial custom socket insert	
L5684	Below knee fork strap	
L5686	Below knee back check	
L5688	Below knee waist belt webbing	
L5690	Below knee waist belt padded and lined	
L5692	Above knee pelvic control belt light	
L5694	Above knee pelvic control belt padded and lined	
L5695	Above knee sleeve suspension neoprene or equal	
L5696	Above knee disarticulation pelvic joint	
L5697	Above knee disarticulation pelvic band	
L5698	Above knee disarticulation Silesian bandage	
L5699	Shoulder harness	
L5700	Replace socket below knee	
L5701	Replace socket above knee	
L5702	Replace socket hip	
L5703	Ankle, Symes, molded to patient model, socket without solid ankle cushion heel (SACH) foot, replacement only	
L5704	Custom shape cover below knee	
L5705	Custom shape cover above knee	
L5706	Custom shape cover knee disarticulation	

L5707	Custom shape cover hip disarticulation	
L5710	Knee-shin exoskeletal single axis manual lock	
L5711	Knee-shin exoskeletal manual lock ultra	
L5712	Knee-shin exoskeletal friction swing and stance phase control	
L5714	Knee-shin exoskeletal variable friction	
L5716	Knee-shin exoskeletal mechanical stance phase lock	
L5718	Knee-shin exoskeletal friction swing and stance phase control	
L5780	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	Exoskeletal below knee, ultra-light material	
L5790	Exoskeletal above knee, ultra-light material	
L5795	Exoskeletal hip ultra-light material	
L5814	Endoskeletal knee-shin hydraulic swing phase control	
L5822	Endoskeletal knee-shin pneumatic swing, friction stance phase control	
L5824	Endoskeletal knee-shin fluid swing phase control	
L5826	Single axis, hydraulic swing phase control, with miniature high activity frame	
L5828	Endoskeletal knee-shin fluid swing and stance phase control	
L5830	Endoskeletal knee-shin pneumatic/swing phase control	
L5840	4-bar linkage or multiaxial, pneumatic swing phase control	
L5846	Knee-shin system, microprocessor control feature, swing phase only	
L5810	Endoskeletal knee-shin manual lock	
L5811	Endoskeletal knee-shin manual lock ultra	
L5812	Endoskeletal knee-shin friction swing and stance phase control (safety knee)	
L5816	Endoskeletal knee-shin mechanical stance phase control	
L5818	Endoskeletal knee-shin friction swing and stance phase control	
L5845	Knee-shin system stance flexion feature	
L5847	Knee-shin system, microprocessor control feature, stance phase	
L5848	Add to endoskeletal knee-shin, hydraulic	
L5850	Endoskeletal above knee or hip disarticulation, knee extension assist	
L5855	Mechanical hip extension assist	
L5856	Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, swing and stance phase	
L5857	Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, swing phase only	
L5858	Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type	
L5910	Endoskeletal below knee alignable system	
L5920	Endoskeletal above knee or hip disarticulation, alignable system	
L5925	Above knee manual lock	

L5930	High activity knee frame	
L5940	Addition, endoskeletal system, below knee, ultra-light material	
L5950	Addition, endoskeletal system, above knee, ultra-light material	
L5960	Addition, endoskeletal system, hip disarticulation, ultra-light material	
L5961	Addition, endoskeletal system, polycentric hip joint, pneumatic or hydraulic control	
L5962	Addition, endoskeletal system, below knee, flexible protective outer surface covering system	
L5964	Addition, endoskeletal system, above knee, flexible protective outer surface covering system	
L5966	Addition, endoskeletal system, hip disarticulation, flexible protective outer surface covering system	
L5968	All lower extremity prosthesis, multiaxial ankle	
L5969	Addition, endoskeletal ankle-foot or ankle system, power assist,	
L5970	All lower extremity prostheses, foot, external keel, SACH foot	
L5971	All lower extremity prosthesis, solid ankle cushion heel (SACH) foot, replacement only	
L5972	All lower extremity prostheses, flexible keel foot (Safe, Sten, Bock Dynamic or equal)	
L5973	Endoskeletal ankle foot system, microprocessor	
L5974	All lower extremity prostheses, foot, single axis ankle/foot	
L5975	All lower extremity prosthesis, combination single axis ankle and flexible keel foot	
L5976	All lower extremity prostheses, energy storing foot (Seattle Carbon Copy II or equal)	
L5978	All lower extremity prostheses, foot, multi-axial ankle/foot	
L5979	All lower extremity prostheses, multi-axial ankle, dynamic response foot, one piece system	
L5980	All lower extremity prostheses, flex foot system	
L5981	All lower extremity prostheses, flex-walk system or equal	
L5982	All exoskeletal lower extremity prostheses, axial rotation unit	
L5984	All endoskeletal lower extremity prosthesis, axial rotation unit, with or without adjustability	
L5985	All endoskeletal lower extremity prostheses, dynamic prosthetic pylon	
L5986	All lower extremity prostheses, multi-axial rotation unit	
L5987	All lower extremity prostheses, shank foot system with vertical loading pylon	
L5988	Addition to lower extremity prosthesis, vertical shock reducing pylon feature	
L5989	Addition to lower extremity prosthesis, endoskeletal system, pylon with integrated electronic force sensors	
L5990	Addition to lower extremity prosthesis, user adjustable heel height	
L5993	Addition to lower extremity prosthesis, heavy duty feature, foot only	
L5994	Addition to lower extremity prosthesis, heavy duty feature, knee only	
L5995	Addition to lower extremity prosthesis, heavy duty feature, other than foot or knee	
L5999	Lower extremity prosthesis, not otherwise specified	
L6000	Partial hand, thumb remaining	
L6010	Partial hand, little and/or ring finger remaining	
L6020	Partial hand, no finger remaining	
L6025	Transcarpal/partial hand disarticulation	
L6026	Transcarpal/metacarpal or partial had disarticulation prosthesis	



L6050	Wrist disarticulation, molded socket, flexible elbow hinges, triceps pad	
L6055	Wrist disarticulation, molded socket with expandable interface	
L6100	Below elbow, molded socket, flexible elbow hinge	
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	
L6200	Elbow disarticulation, molded socket, outside locking hinge, forearm	
L6205	Elbow disarticulation, molded socket with expandable interface	
L6250	Above elbow, molded double wall socket	
L6300	Shoulder disarticulation, molded socket	
L6310	Shoulder disarticulation, passive restoration (complete prosthesis)	
L6320	Shoulder disarticulation, passive restoration (shoulder cap only)	
L6350	Interscapular thoracic, molded socket	
L6360	Interscapular thoracic, passive restoration (complete prosthesis)	
L6370	Interscapular thoracic, passive restoration (shoulder cap only)	
L6380	Immediate post surgical or early fitting, wrist disarticulation or below elbow	
L6382	Immediate post surgical or early fitting, elbow disarticulation or above elbow	
L6384	Immediate post surgical or early fitting, shoulder disarticulation or interscapular thoracic	
L6386	Immediate post surgical or early fitting, each additional cast change and realignment	
L6388	Immediate post surgical or early fitting, application of rigid dressing only	
L6400	Below elbow, molded socket, endoskeletal system	
L6450	Elbow disarticulation, molded socket	
L6500	Above elbow, molded socket	
L6550	Shoulder disarticulation, molded socket, endoskeletal system	
L6570	Interscapular thoracic, molded socket, endoskeletal system	
L6580	Preparatory, wrist disarticulation or below elbow, molded to patient model	
L6582	Preparatory, wrist disarticulation or below elbow, direct formed	
L6584	Preparatory, elbow disarticulation or above elbow, molded to patient model	
L6586	Preparatory, elbow disarticulation or above elbow, direct formed	
L6588	Preparatory, shoulder disarticulation or interscapular thoracic, molded to patient model	
L6590	Preparatory, shoulder disarticulation or interscapular thoracic, direct formed	
L6600	Upper extremity additions, polycentric hinge	
L6605	Upper extremity additions, single pivot hinge	
L6610	Upper extremity additions, flexible metal hinge	
L6611	Addition to upper extremity prosthesis, external powered	
L6615	Upper extremity addition, disconnect locking wrist unit	
L6616	Upper extremity addition, additional disconnect insert	
L6620	Upper extremity addition, flexion/extension wrist unit	
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	
L6624	Flexion/extension and rotation wrist unit	
L6625	Upper extremity addition, rotation wrist unit with cable lock	
L6628	Quick disconnect hook adapter, Otto Bock or equal	
L6629	Lamination collar w/ coupling piece	
L6630	Stainless steel any wrist	
L6632	Latex suspension sleeve each	
L6635	Lift assist for elbow	
L6637	Nudge control elbow lock	
L6638	Upper extremity additions, electric locking	
L6639	Upper extremity additions, heavy duty feature, any elbow	
L6640	Upper extremity additions, shoulder abduction joint	
L6641	Upper extremity addition, excursion amplifier, pulley type	
L6642	Upper extremity addition, excursion amplifier, lever type	
L6645	Upper extremity addition, shoulder flexion-abduction joint	
L6646	Upper extremity, shoulder joint	
L6647	Upper extremity, shoulder lock mechanism, body powered actuator	
L6648	Upper extremity, shoulder lock mechanism, external powered actuator	
L6650	Upper extremity addition, shoulder universal joint	
L6655	Upper extremity addition, standard control cable	
L6660	Upper extremity addition, heavy duty control cable	
L6665	Upper extremity addition, teflon or equal cable lining	
L6670	Upper extremity addition, hook to hand	
L6672	Upper extremity addition, harness, chest or shoulder	
L6675	Upper extremity addition, harness, single cable design	
L6676	Upper extremity addition, harness, dual cable design	
L6677	Upper extremity addition, harness, triple control, simultaneous operation of terminal device and elbow	
L6680	Upper extremity addition, test socket, wrist disarticulation or below elbow	
L6682	Upper extremity addition, test socket, elbow disarticulation or above elbow	
L6684	Upper extremity addition, test socket, shoulder disarticulation or interscapular thoracic	
L6686	Upper extremity addition, suction socket	
L6687	Upper extremity addition, frame type socket, below elbow or wrist disarticulation	
L6688	Upper extremity addition, frame type socket, above elbow or elbow disarticulation	
L6689	Upper extremity addition, frame type socket, shoulder disarticulation	
L6690	Upper extremity addition, frame type socket, interscapular-thoracic	
L6691	Upper extremity addition, removable insert	
L6692	Upper extremity addition, silicone gel insert or equal	
L6693	Upper extremity addition, locking elbow	
L6694	Elbow socket insert use with lock	
L6695	Elbow socket insert use without lock	
L6696	Custom elbow socket insert for congenital or atypical traumatic amputee	
L6697	Custom elbow socket insert not for congenital or atypical traumatic amputee	
L6698	Below/above elbow lock mechanism	
L6700	Terminal device, hook, Dorrance, model #3	
L6703	Terminal device, passive hand/mitt	
L6704	Terminal device, sport/recreational/work attachment, any material, any size	
L6705	Terminal device, hook, Dorrance, model #5	

L6706	Terminal device mechanical hook voluntary opening	
L6707	Terminal device mechanical hook voluntary closing	
L6708	Terminal device mechanical hand voluntary opening	
L6709	Terminal device mechanical hand voluntary closing	
L6710	Terminal device, hook, Dorrance model #5X	
L6711	Pediatric terminal device, hook voluntary opening	
L6712	Pediatric terminal device, hook voluntary closing	
L6713	Terminal device, hand voluntary opening	
L6714	Terminal device, hand voluntary closing	
L6715	Terminal device, multiple articulation digit includes motor(s) initial issue or replacement	
L6720	Terminal device, hook, Dorrance model #6	
L6721	Terminal device, hook or hand voluntary opening	
L6722	Hook or hand voluntary closing	
L6725	Terminal device, hook, Dorrance model #7	
L6730	Terminal device, hook, Dorrance model #7LO	
L6735	Terminal device, hook, Dorrance model #8	
L6740	Terminal device, hook, Dorrance model #8X	
L6745	Terminal device, hook, Dorrance model #88X	
L6750	Terminal device, hook, Dorrance model #10P	
L6755	Terminal device, hook, Dorrance model #10X	
L6765	Terminal device, hook, Dorrance model #12P	
L6770	Terminal device, hook, Dorrance model #99X	
L6775	Terminal device, hook, Dorrance model #555	
L6780	Terminal device, hook, Dorrance model #SS555	
L6790	Terminal device, hook-Accu hook	
L6795	Terminal device, hook-2 load	
L6800	Terminal device, hook-APRL VC	
L6805	Terminal device, modifier wrist unit	
L6806	Terminal device, hook, TRS Grip	
L6807	Terminal device, hook, Grip	
L6808	Terminal device, hook, TRS Adept	
L6809	Terminal device, hook, TRS Super Sport	
L6810	Terminal device, pincher tool	
L6825	Terminal device, hand, Dorrance, VO	
L6830	Terminal device, hand, APRL, VC	
L6835	Terminal device, hand, Sierra	
L6840	Terminal device, hand, Becker Imperial	
L6845	Terminal device, hand, Becker Lock Grip	
L6850	Terminal device, hand, Becker Plylite	
L6855	Terminal device, hand, Robin-Aids, VO	
L6860	Terminal device, hand, Robin-Aids, VO soft	
L6865	Terminal device, hand, passive hand	
L6867	Terminal device, hand, Detroit Infant Hand	
L6868	Terminal device, hand, passive infant hand	
L6870	Terminal device, hand, child mitt	
L6872	Terminal device, hand, NYU child hand	
L6873	Terminal device, hand, mechanical infant hand	
L6875	Terminal device, hand, Bock, VC	
L6880	Electric hand, switch or myoelectric controlled	
L6881	Automatic grasp feature, addition to upper limb electric prosthetic terminal device	
L6882	Microprocessor control feature	
L6883	Replacement socket, below elbow/wrist disarticulation, molded to patient model, for use with or without external power	
L6884	Replacement socket, above elbow disarticulation, molded to patient model, for use with or without external power	
L6885	Replacement socket, shoulder disarticulation/interscapular thoracic, molded to patient model, for use with or without external power	
L6890	Production glove	
L6895	Custom glove	

L6900	Hand restoration thumb/1 finger	
L6905	Hand restoration multiple fingers	
L6910	Hand restoration no fingers	
L6915	Hand restoration replacement glove	
L6920	Wrist disarticulation switch control	
L6925	Wrist disarticulation myoelectronic control	
L6930	Below elbow switch control	
L6935	Below elbow myoelectronic control	
L6940	Elbow disarticulation switch	
L6945	Elbow disarticulation myoelectronic control	
L6950	Above elbow switch control	
L6955	Above elbow myoelectronic control	
L6960	Shoulder disarticulation switch control	
L6965	Shoulder disarticulation myoelectronic	
L6970	Interscapular-thoracic switch control	
L6975	Interscapular-thoracic myoelectronic control	
L7007	Adult electric hand	
L7008	Pediatric electric hand	
L7009	Adult electric hook	
L7010	Electronic hand, Otto Bock, switch controlled	
L7015	Electronic hand, System Teknik, switch controlled	
L7020	Electronic greifer, Otto Bock, switch controlled	
L7025	Electronic hand, Otto Bock, myoelectronically controlled	
L7030	Electronic hand, System Teknik, myoelectronically controlled	
L7035	Electronic greifer, Otto Bock, myoelectronically controlled	
L7040	Prehensile actuator, switch controlled	
L7045	Electric hook, pediatric	
L7170	Electronic elbow, Hosmer switch	
L7180	Electronic elbow, microprocessor sequential control	
L7181	Electronic elbow, microprocessor simultaneous control	
L7185	Electronic elbow, adolescent	
L7186	Electronic elbow, child	
L7190	Elbow adolescent myoelectronically controlled	
L7191	Elbow child myoelectronically controlled	
L7259	Electronic wrist rotator, any type	
L7260	Electronic wrist rotator, Otto Bock	
L7261	Electronic wrist rotator, Utah arm	
L7266	Servo control, Sleeper	
L7272	Analogue control, UNB or equal	
L7274	Proportional control, 6-12 volt	
L7360	Six volt battery, Otto bock or equal	
L7362	Battery charger, six volt, Otto Bock	
L7364	Twelve volt battery, Utah	
L7366	Battery charger, twelve volt, each	
L7367	Lithium ion battery, 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	
L7499	Upper extremity prosthesis, not otherwise specified	
L7500	Repair of prosthetic device, hourly rate	
L7510	Repair of prosthetic device, repair or replace minor parts	
L7520	Repair prosthetic device, labor component	
L7600	Prosthetic donning sleeve, any material, each	
L7611	Terminal device, hook, mechanical, voluntary opening, pediatric	
L7612	Terminal device, hook, mechanical, voluntary closing, pediatric	
L7613	Terminal device, hand, mechanical, voluntary opening, pediatric	
L7614	Terminal device, hand, mechanical, voluntary closing, pediatric	
L7621	Terminal device, hook or hand, mechanical, voluntary opening	
L7622	Terminal device, hook or hand, mechanical, voluntary closing	
L7900	Vacuum erection system	
L7902	Tension ring, vacuum erection device	
L8000	Breast prosthesis, mastectomy bra, without integrated breast prosthesis form, any size, any type	
L8001	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral, any size, any type	
L8002	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral, any size, any type	
L8010	Breast prosthesis, mastectomy	
L8015	External breast prosthesis garment	
L8020	Breast prosthesis, mastectomy	
L8030	Breast prosthesis, silicone or with or without adhesive	
L8031	Breast prosthesis, silicone or equal w/integral adhesive	
L8032	Nipple prosthesis, reusable any type each	
L8033	Nipple prosthesis, custom fabricated, reusable, any material, any type, each	
L8035	Custom breast prosthesis, post mastectomy	
L8039	Breast prosthesis, not otherwise specified	
L8040	Nasal prosthesis, provide by a non-physician	
L8041	Midfacial prosthesis, provided by a non-physician	
L8042	Orbit prosthesis, provided by a non-physician	
L8043	Upper/facial prosthesis, provided by a non-physician	
L8044	Hemi-facial prosthesis, provided by a non-physician	
L8045	Auricular prosthesis, provided by a non-physician	
L8046	Partial facial prosthesis, provided by a non-physician	
L8047	Nasal septal prosthesis, provided by a non-physician	
L8048	Unspecified maxillo-facial prosthesis, provided by a non-physician	
L8049	Repair or modification of maxillofacial prosthesis, provided by a non-physician	
L8400	Prosthetic sheath, below knee	
L8410	Prosthetic sheath, above knee	
L8415	Prosthetic sheath, upper limb	
L8417	Prosthetic sheath/sock, include a gel cushion layer, below knee or above knee	
L8420	Prosthetic sock, multiple ply, below knee	
L8430	Prosthetic sock, multiple ply, above knee	
L8435	Prosthetic sock, multiple ply, upper limb	
L8440	Prosthetic shrinker, below knee	
L8460	Prosthetic shrinker, above knee	
L8465	Prosthetic shrinker, upper limb	
L8470	Prosthetic sock, single ply, below knee	
L8480	Prosthetic sock, single ply, above knee	
L8485	Prosthetic sock, single ply, upper limb	
L8490	Addition to prosthetic sheath/sock, air seal suction retention system	
L8499	Unlisted procedure for miscellaneous prosthetic services	
L8500	Artificial larynx, any type	

L8505	Artificial larynx replacement battery	
L8507	Tracheo-esophageal voice prosthesis	
L8509	Tracheo-esophageal voice prosthesis	
L8510	Voice amplifier	
L8511	Insert for indwelling tracheoesophageal prosthesis, with or without valve	
L8512	Gelatin capsules for use with tracheoesophageal voice prosthesis	
L8513	Tracheoesophageal voice prosthesis, cleaning devise	
L8514	Replacement tracheoesophageal puncture dilator	
L8515	Gelatin capsule, application device for tracheoesophageal voice prosthesis	
L8605	Injectable bulking agent	
L8607	Injectable bulking agent	
L8608	Miscellaneous external component, supply or accessory for use with the argus ii retinal prosthesis system	
L8609	Artificial cornea	
L8610	Ocular implant	
L8613	Ossicular implant	
L8614	Cochlear device/system	
L8615	Headset/headpiece for use w/cochlear implant device, replacement	
L8616	Microphone for use w/cochlear implant device replacement	
L8617	Transmitting coil for use w/cochlear implant device replacement	
L8618	Transmitter cable for use w/cochlear implant device replacement	
L8619	Cochlear implant, external speech processor, integrated replacement	
L8620	Lithium ion battery for use with cochlear implant device	
L8621	Zinc air battery for use with cochlear implant device, replacement, each	
L8622	Alkaline battery for use with cochlear implant device	
L8623	Lithium ion battery for use with cochlear implant device speech processor, other than ear level, replacement, each	
L8624	Lithium ion battery for use with cochlear implant device speech processor, ear level, replacement, each	
L8627	Cochlear implant, external speech processor, component replacement	
L8628	Cochlear implant, external controller component, replacement	
L8629	Transmitting coil for use w/cochlear implant device replacement	
L8690	Auditory osseointegrated device, includes all internal and external components	
L8691	Auditory osseointegrated device, external sound processor, replacement	
L8692	Auditory osseointegrated device includes headband or other means of external attachment	
L8693	Auditory osseointegrated device abutment any length, replacement only	
L8695	External recharge system for battery, replacement only	
L8696	Antenna (external) for use with implantable diaphragmatic/phrenic nerve stimulation device	
L8698	Miscellaneous component, supply or accessory for use with total artificial heart system	
L8699	Prosthetic implant, not otherwise specified	
L8701	Powered upper extremity range of motion assist device, elbow, wrist, hand with single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated	

L8702	Powered upper extremity range of motion assist device, elbow, wrist, hand, finger, single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated	
L9900	Orthotic and prosthetic supply, accessory, and/or service component of another HCPCS "L" code	
M0075	Cellular therapy	
M0076	Prolotherapy	
M0100	Intragastric hypothermia using gastric freezing	
M0300	IV chelation therapy (chemical endarterectomy)	
M0301	Fabric wrapping of abdominal aneurysm	
M1106	The start of an episode of care documented in the medical record	
M1107	Documentation stating patient has a diagnosis of a degenerative neurological condition such as als, ms, or parkinson's diagnosed at any time before or during the episode of care	
M1108	Ongoing care not indicated, patient seen only 1-2 visits (e.g., home program only, referred to another provider or facility, consultation only)	
M1109	Ongoing care not indicated, patient discharged after only 1-2 visits due to specific medical events, documented in the medical record that make the treatment episode impossible such as the patient becomes hospitalized or scheduled for surgery or hospitalized	
M1110	Ongoing care not indicated, patient self-discharged early and seen only 1-2 visits (e.g., financial or insurance reasons, transportation problems, or reason unknown)	
M1111	The start of an episode of care documented in the medical record	
M1112	Documentation stating patient has a diagnosis of a degenerative neurological condition such as als, ms, or parkinson's diagnosed at any time before or during the episode of care	
M1113	Ongoing care not indicated, patient seen only 1-2 visits (e.g., home program only, referred to another provider or facility, consultation only)	
M1114	Ongoing care not indicated, patient discharged after only 1-2 visits due to specific medical events, documented in the medical record that make the treatment episode impossible such as the patient becomes hospitalized or scheduled for surgery or hospitalized	
M1115	Ongoing care not indicated, patient self-discharged early and seen only 1-2 visits (e.g., financial or insurance reasons, transportation problems, or reason unknown)	
M1116	The start of an episode of care documented in the medical record	
M1117	Documentation stating patient has a diagnosis of a degenerative neurological condition such as als, ms, or parkinson's diagnosed at any time before or during the episode of care	
M1118	Ongoing care not indicated, patient seen only 1-2 visits (e.g., home program only, referred to another provider or facility, consultation only)	
M1119	Ongoing care not indicated, patient discharged after only 1-2 visits due to specific medical events, documented in the medical record that make the treatment episode impossible such as the patient becomes hospitalized or scheduled for surgery or hospitalized	
M1120	Ongoing care not indicated, patient self-discharged early and seen only 1-2 visits (e.g., financial or insurance reasons, transportation problems, or reason unknown)	

M1121	The start of an episode of care documented in the medical record	
M1122	Documentation stating patient has a diagnosis of a degenerative neurological condition such as als, ms, or parkinson's diagnosed at any time before or during the episode of care	
M1123	Ongoing care not indicated, patient seen only 1-2 visits (e.g., home program only, referred to another provider or facility, consultation only)	
M1124	Ongoing care not indicated, patient discharged after only 1-2 visits due to specific medical events, documented in the medical record that make the treatment episode impossible such as the patient becomes hospitalized or scheduled for surgery	
M1125	Ongoing care not indicated, patient self-discharged early and seen only 1-2 visits (e.g., financial or insurance reasons, transportation problems, or reason unknown)	
M1126	The start of an episode of care documented in the medical record	
M1127	Documentation stating patient has a diagnosis of a degenerative neurological condition such as als, ms, or parkinson's diagnosed at any time before or during the episode of care	
M1128	Ongoing care not indicated, patient seen only 1-2 visits (e.g., home program only, referred to another provider or facility, consultation only)	
M1129	Ongoing care not indicated, patient discharged after only 1-2 visits due to specific medical events, documented in the medical record that make the treatment episode impossible such as the patient becomes hospitalized or scheduled for surgery	
M1130	Ongoing care not indicated, patient self-discharged early and seen only 1-2 visits (e.g., financial or insurance reasons, transportation problems, or reason unknown)	
M1131	Documentation stating patient has a diagnosis of a degenerative neurological condition such as als, ms, or parkinson's diagnosed at any time before or during the episode of care	
M1132	Ongoing care not indicated, patient seen only 1-2 visits (e.g., home program only, referred to another provider or facility, consultation only)	
M1133	Ongoing care not indicated, patient discharged after only 1-2 visits due to specific medical events, documented in the medical record that make the treatment episode impossible such as the patient becomes hospitalized or scheduled for surgery	
M1134	Ongoing care not indicated, patient self-discharged early and seen only 1-2 visits (e.g., financial or insurance reasons, transportation problems, or reason unknown)	
M1135	The start of an episode of care documented in the medical record	
M1136	The start of an episode of care documented in the medical record	
M1137	Documentation stating patient has a diagnosis of a degenerative neurological condition such as als, ms, or parkinson's diagnosed at any time before or during the episode of care	
M1138	Ongoing care not indicated, patient seen only 1-2 visits (e.g., home program only, referred to another provider or facility, consultation only)	



M1139	Ongoing care not indicated, patient self-discharged early and seen only 1-2 visits (e.g., financial or insurance reasons, transportation problems, or reason unknown)	
M1140	Ongoing care not indicated, patient discharged after only 1-2 visits due to specific medical events, documented in the medical record that make the treatment episode impossible such as the patient becomes hospitalized or scheduled for surgery for surgery or hospitalized	
M1141	Functional status was not measured by the oxford knee score (oks) at one year (9 to 15 months) postoperatively	
M1142	Emergent cases	
M1143	Initiated episode of rehabilitation therapy, medical, or chiropractic care for neck impairment	
M1144	Ongoing care not indicated, patient seen only 1-2 visits (e.g., home program only, referred to another provider or facility, consultation only	
P2028	Cephalin flocculation, blood	
P2029	Congo red, blood	
P2031	Hair analysis	
P2033	Thymol turbidity, blood	
P2038	Mucoprotein, blood (seromuroid) (medical necessity procedure)	
P9099	Blood component or product not otherwise classified	
Q0115	Post-coital direct, qualitative examinations of vaginal or cervical mucous	
Q0510	Pharmacy supply fee for initial immunosuppressive drug(s), first month following transplant	
Q0511	Pharmacy supply fee for oral anti-cancer, oral anti-emetic or immunosuppressive drug(s); for the first prescription in a 30-day period	
Q0512	Pharmacy supply fee for oral anti-cancer, oral anti-emetic or immunosuppressive drug(s); for a subsequent prescription in a 30-day period	
Q0513	Pharmacy dispensing fee for inhalation drug(s); per 30 days	
Q0514	Pharmacy dispensing fee for inhalation drug(s); per 90 days	
Q2042	Tisagenlecleucel, up to 600 million car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	
Q2026	Injection, Radiesse, 0.1ml	
Q2028	Injection, Sculptra, 0.5mg	
Q2052	Services, supplies and accessories used in the home under the medicare intravenous immune globulin (ivig) demonstration	
Q3001	Radioelements for brachytherapy, any type, each	
Q3031	Collagen skin test	
Q4082	Drug or biological, not otherwise classified, part b drug competitive acquisition program (cap)	
Q4100	Skin substitutes, not otherwise specified	
Q4101	Apligraf, per square centimeter	
Q4102	Oasis wound matrix, per sq cm	
Q4104	Integra bilayer matrix wound dressing (bmwd), per square centimeter	
Q4105	Integra dermal regeneration template (drt), per square centimeter	
Q4106	Dermagraft, per square centimeter	
Q4107	Graftjacket, per square centimeter	
Q4108	Integra matrix, per sq cm	
Q4116	Alloderm, per square centimeter	
Q4121	TheraSkin, per square centimeter	
Q4124	Oasis ultra tri-layer wound matrix, per square centimeter	
Q4128	FlexHd, Allopatch HD, or Matrix HD per square centimeter	
Q4183	Surigraft, per square centimeter	
Q4184	Cellesta, per square centimeter	
Q4185	Cellesta flowable amnion (25 mg per cc); per 0.5 cc	

Q4186	Epifix, per square centimeter	
Q4187	Epicord, per square centimeter	
Q4188	Amnioarmor, per square centimeter	
Q4189	Artacent ac, 1 mg	
Q4190	Artacent ac, per square centimeter	
Q4191	Restorigin, per square centimeter	
Q4192	Restorigin, 1 cc	
Q4193	Coll-e-derm, per square centimeter	
Q4194	Novachor, per square centimeter	
Q4195	Puraply, per square centimeter	
Q4196	Puraply am, per square centimeter	
Q4197	Puraply xt, per square centimeter	
Q4198	Genesis amniotic membrane, per square centimeter	
Q4200	Skin te, per square centimeter	
Q4201	Matrion, per square centimeter	
Q4202	Keroxx (2.5g/cc), 1cc	
Q4203	Derma-gide, per square centimeter	
Q4204	Xwrap, per square centimeter	
Q5001	Hospice or home health care provided in patient's home/residence	
Q5002	Hospice or home health care provided in assisted living facility	
Q5003	Hospice care provided in nursing long-term care facility (LTC) or non-skilled nursing facility (NF)	
Q5004	Hospice care provided in skilled nursing facility (SNF)	
Q5005	Hospice care provided in inpatient hospital	
Q5006	Hospice care provided in inpatient hospice facility	
Q5007	Hospice care provided in long-term care facility	
Q5009	Hospice or home health care provided in place not otherwise specified (NOS)	
Q9958	High osmolar contrast material, up to 149 mg./ml. iodine concentration, per ml.	
Q9959	High osmolar contrast material, 150–199 mg./ml. iodine concentration, per ml.	
Q9960	High osmolar contrast material, 200–249 mg./ml. iodine concentration, per ml.	
Q9961	High osmolar contrast material, 250–299 mg./ml. iodine concentration, per ml.	
Q9962	High osmolar contrast material, 300–349 mg./ml. iodine concentration, per ml.	
Q9963	High osmolar contrast material, 350–399 mg./ml. iodine concentration, per ml.	
Q9964	High osmolar contrast material, 400 or greater mg./ml. iodine concentration, per ml.	
Q9965	Low osmolar contrast material, 100-199 or greater mg./ml. iodine concentration, per ml.	
Q9966	Low osmolar contrast material, 100-199 or greater mg./ml. iodine concentration, per ml.	
Q9967	Low osmolar contrast material	
Q9968	Injection, non-radioactive, non-contrast	
R0070	Transportation of portable x-ray	
R0075	Transportation of portable x-ray	
R0076	Transportation of portable EKG	
S0122	Injection, menotropins, 75 IU	
S0126	Injection, follitropin alfa, 75 IU	
S0208	Paramedic intercept, hospital-based ALS service (non-voluntary), non-transport	
S0215	Non-emergency transportation; mileage, per mile	
S0621	Routine ophthalmological examination including refraction; established patient	
S0620	Routine ophthalmological examination including refraction; new patient	
S1030	Continuous noninvasive glucose monitoring device, purchase	
S1031	Continuous noninvasive glucose monitoring device, rental	

S1034	Artificial pancreas device system (i.e., low glucose suspend (LGS) feature)	
S1040	Cranial remolding orthosis, pediatric, rigid, with soft interface material, custom fabricated, includes fitting and adjustment(s)	
S2053	Transplant – small intestine/liver	
S2054	Transplant – multivisceral	
S2055	Harvesting of donor multivisceral organs, with preparation and maintenance of allografts; from cadaver donor	
S2060	Lobar lung transplantation	
S2061	Donor lobectomy (lung) for transplantation, living donor	
S2065	Simultaneous pancreas kidney transplantation	
S2102	Islet cell tissue transplant from pancreas; allogeneic	
S2103	Adrenal tissue transplant to brain	
S2142	Transplant – bone marrow	
S2152	Transplant – multivisceral	
S3840	DNA analysis for germline mutations of the RET proto-oncogene for susceptibility to multiple endocrine neoplasia type 2	
S3841	Genetic testing for retinoblastoma	
S3842	Genetic testing for von Hippel-Lindau disease	
S3844	DNA analysis for the connexin 26 gene (GJB2) for susceptibility to congenital, profound deafness	
S3845	Genetic testing for alpha-thalassemia	
S3846	Genetic testing for hemoglobin E beta-thalassemia	
S3850	Genetic testing for sickle cell anemia	
S3852	DNA analysis for APOE epsilon 4 allele for susceptibility to Alzheimer's disease	
S3853	Genetic testing for myotonic muscular dystrophy	
S3854	Oncotype DX - gene expression profiling panel for use in the management of breast cancer	
S3855	Genetic testing for detection of mutations in the presenilin - 1 gene	
S3861	Genetic testing, sodium channel, voltage-gated, type V, alpha subunit (SCN5A) and variants for suspected Brugada syndrome	
S3865	Comprehensive gene sequence analysis for hypertrophic cardiomyopathy	
S3866	Genetic analysis for a specific gene mutation for hypertrophic cardiomyopathy (HCM) in an individual with a known HCM mutation in the family	
S0128	Injection, follitropin beta, 75 IU	
S4011	In vitro fertilization; including but not limited to identification and incubation of mature oocytes, fertilization with sperm, incubation of embryo(s), and subsequent visualization for determination of development	
S4013	Complete cycle, gamete intrafallopian transfer (GIFT), case rate	
S4014	Complete cycle, zygote intrafallopian transfer (ZIFT), case rate	
S4015	Complete in vitro fertilization cycle, not otherwise specified, case rate	
S4016	Frozen in vitro fertilization cycle, case rate	
S4017	Incomplete cycle, treatment cancelled prior to stimulation, case rate	
S4018	Frozen embryo transfer procedure cancelled before transfer, case rate	
S4020	In vitro fertilization procedure cancelled before aspiration, case rate	
S4021	In vitro fertilization procedure cancelled after aspiration, case rate	
S4022	Assisted oocyte fertilization, case rate	
S4023	Donor egg cycle, incomplete, case rate	

S4025	Donor services for in vitro fertilization (sperm or embryo), case rate	
S4026	Procurement of donor sperm from sperm bank	
S4027	Storage of previously frozen embryos	
S4028	Microsurgical epididymal sperm aspiration (MESA)	
S4030	Sperm procurement and cryopreservation services; initial visit	
S4031	Sperm procurement and cryopreservation services; subsequent visit	
S4035	Stimulated intrauterine insemination (IUI), case rate	
S4037	Cryopreserved embryo transfer, case rate	
S4040	Monitoring and storage of cryopreserved embryos, per 30 days	
S4042	Management of ovulation induction (interpretation of diagnostic tests and studies, nonface-to-face medical management of the patient), per cycle	
S5035	Home infusion therapy, routine service of infusion device (e.g., pump maintenance)	
S5036	Home infusion therapy, repair of infusion device (e.g., pump repair)	
S5108	Home care training to home care client, per 15 minutes	
S5109	Home care training to home care client, per session	
S5110	Home care training, family; per 15 minutes	
S5111	Home care training, family; per session	
S5115	Home care training, non-family; per 15 minutes	
S5116	Home care training, non-family; per session	
S5180	Home health respiratory therapy, initial evaluation	
S5181	Home health respiratory therapy, NOS, per diem	
S5550	Insulin rapid 5 u	
S5551	Insulin most rapid 5 units	
S5552	Insulin intermediate acting 5 units	
S5553	Insulin long acting 5 units	
S5560	Insulin reuse pen 1.5 ml	
S5561	Insulin reuse pen 3 ml	
S5565	Insulin cartridge for use in insulin delivery device other than pump; 150 units	
S5566	Insulin cartridge for use in insulin delivery device other than pump; 300 units	
S5570	Insulin disposable pen 1.5 ml	
S5571	Insulin disposable pen 3 ml	
S8270	Enuesis monitors	
S8490	100 insulin syringes	
S9061	Home administration of aerosolized drug therapy (e.g., pentamidine); administrative services, professional pharmacy services, care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
S9098	Home visit, phototherapy services (e.g., bili-lite), including equipment rental, nursing services, blood draw, supplies, and other services, per diem	
S9122	Home health aide or certified nurse assistant, providing care in the home; per hour	
S9126	Hospice care, in the home, per diem	
S9127	Social work visit, 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 premature rupture of membranes (PPROM), including administrative services, professional pharmacy services, care coordination, and all necessary supplies or equipment (drugs and nursing visits coded separately), per diem (do not use this code with any home infusion 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)	
S9325	Home infusion therapy, pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem (do not use this code with S9326, S9327 or S9328)	
S9326	Home infusion therapy, continuous (twenty-four hours or more) pain management infusion; administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
S9327	Home infusion therapy, intermittent (less than twenty-four hours) pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
S9328	Home infusion therapy, implanted pump pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
S9329	Home infusion therapy, chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with S9330 or S9331)	
S9330	Home infusion therapy, continuous (twenty-four hours or more) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
S9331	Home infusion therapy, intermittent (less than twenty-four hours) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	

S9336	Home infusion therapy, continuous anticoagulant infusion therapy (e.g., heparin), administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
S9338	Home infusion therapy, immunotherapy, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
S9345	Home infusion therapy, anti-hemophilic agent infusion therapy (e.g., factor viii); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
S9346	Home infusion therapy, alpha-1-proteinase inhibitor (e.g., Prolastin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
S9347	Home infusion therapy, uninterrupted, long-term, controlled rate intravenous or subcutaneous infusion therapy (e.g., epoprostenol); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
S9348	Home infusion therapy, sympathomimetic/inotropic agent infusion therapy (e.g., dobutamine); administrative services, professional pharmacy services, care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
S9351	Home infusion therapy, continuous or intermittent anti-emetic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and visits coded separately), per diem	
S9353	Home infusion therapy, continuous insulin infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
S9355	Home infusion therapy, chelation therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
S9357	Home infusion therapy, enzyme replacement intravenous therapy; (e.g., imiglucerase); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
S9359	Home infusion therapy, anti-tumor necrosis factor intravenous therapy; (e.g., infliximab); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
S9361	Home infusion therapy, diuretic intravenous therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
S9363	Home infusion therapy, anti-spasmodic therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	

S9364	Home infusion therapy, total parenteral nutrition (TPN); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem (do not use with home infusion codes S9365-S9368 using daily volume scales)	
S9365	Home infusion therapy, total parenteral nutrition (TPN); one liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	
S9366	Home infusion therapy, total parenteral nutrition (TPN); more than one liter but no more than two liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	
S9367	Home infusion therapy, total parenteral nutrition (TPN); more than two liters but no more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	
S9368	Home infusion therapy, total parenteral nutrition (TPN); more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	
S9370	Home therapy, intermittent anti-emetic injection therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
S9538	Home transfusion of blood product(s); administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (blood products, drugs, and nursing visits coded separately), per diem	
S9560	Home injectable therapy; hormonal therapy (e.g., leuprolide, goserelin), including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
S9562	Home injectable therapy, palivizumab, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
T2001	Non-emergency transportation; patient attendant/escort	
T2002	Non-emergency transportation; per diem	
T2003	Non-emergency transportation; encounter/trip	
T2004	Non-emergency transport; commercial carrier, multi-pass	
T2005	Non-emergency transportation; non-ambulatory stretcher van	
T2007	Transportation waiting time, air ambulance and non-emergency vehicle, one-half (1/2) hour increments	
T2042	Hospice routine home care; per diem	
T2043	Hospice continuous home care; per hour	
T2044	Hospice inpatient respite care; per diem	
T2045	Hospice general inpatient care; per diem	
T2046	Hospice long-term care, room and board only; per diem	

T4545	Incontinence product, disposable, penile wrap, each	
T5001	Car seat	
T5999	Car seat	
V2600	Hand held low vision aids	
V2610	Single lens spectacle mounted	
V2615	Telescopic and other compound lens	
V2630	Anterior chamber intraocular lens	
V2631	Iris supported intraocular lens	
V2632	Posterior chamber intraocular lens	
V2700	Balance lens, per lens	
V2702	Deluxe lens feature	
V2710	Slab off prism glass or plastic per lens	
V2715	Prism per lens	
V2718	Press-on lens, fresnell prism, per lens	
V2730	Special base curve glass or plastic per lens	
V2740	Tint, plastic, rose	
V2741	Tint, plastic, other than rose	
V2742	Tint, plastic, rose	
V2743	Tint, plastic, other than rose	
V2745	Addition to lens, Tint, any color	
V2750	Anti-reflective coating per lens	
V2755	Anti-reflective coating per lens	
V2756	Uv Lens/es	
V2760	Scratch-resistant coating	
V2761	Mirror coating, any type, solid, gradient or equal, any lens material	
V2762	Polarization, any lens material, per lens	
V2770	Occluder lens per lens	
V2780	Oversize lens per lens	
V2781	Progressive lens, per lens	
V2782	Lens, index 1.54 to 1.65 plastic or 1.60 to 1.79 glass, excludes polycarbonate, per lens	
V2783	Lens, index grtr than or equal to 1.66 plastic or grtr than or equal to 1.80 glass, excludes polycarbonate, per lens	
V2784	Lens, polycarbonate or equal, any index, per lens	
V2786	Specialty occupational multifocal lens, per lens	
V2787	Astigmatism-correcting function of intraocular lens	
V2788	Presbyopia correcting function of intraocular lens	
V2790	Amniotic membrane for surgical reconstruction, per procedure	
V2797	Vision supply, accessory and/or service component of another HCPCS vision code	
V2799	Vision service miscellaneous	
V5010	Assessment for hearing aid	
V5011	Fitting/orientation/checking of hearing aid	
V5014	Repair/modification of a hearing aid	
V5020	Conformity evaluation	
V5030	Hearing aid, monaural, body worn, air conduction	
V5040	Hearing aid, monaural, body worn, bone conduction	
V5050	Hearing aid, monaural, in the ear	
V5060	Hearing aid, monaural, behind the ear	
V5070	Glasses, air conduction	
V5080	Glasses, bone conduction	
V5090	Dispensing fee, unspecified hearing aid	
V5095	Semi-implantable middle ear hearing prosthesis	
V5100	Hearing aid, bilateral, body worn	
V5110	Dispensing fee, bilateral	
V5120	Binaural, body	
V5130	Binaural, in the ear	
V5140	Binaural, behind the ear	
V5150	Binaural, glasses	
V5160	Dispensing fee, binaural	
V5171	Hearing aid, contralateral routing device, monaural, in the ear (ite)	



V5172	Hearing aid, contralateral routing device, monaural, in the canal (itc)	
V5181	Hearing aid, contralateral routing device, monaural, behind the ear (bte)	
V5190	Hearing aid, CROS, glasses	
V5200	Dispensing fee, CROS	
V5211	Hearing aid, contralateral routing system, binaural, ite/ite	
V5212	Hearing aid, contralateral routing system, binaural, ite/itc	
V5213	Hearing aid, contralateral routing system, binaural, ite/bte	
V5214	Hearing aid, contralateral routing system, binaural, itc/itc	
V5215	Hearing aid, contralateral routing system, binaural, itc/bte	
V5221	Hearing aid, contralateral routing system, binaural, bte/bte	
V5230	Hearing aid, BICROS, glasses	
V5240	Dispensing fee, BICROS	
V5241	Dispensing fee, monaural hearing aid, any type	
V5242	Hearing aid, analog, monaural, CIC (completely in the ear canal)	
V5243	Hearing aid, analog, monaural, ITC (in the canal)	
V5244	Hearing aid, digitally programmable analog, monaural, CIC	
V5245	Hearing aid, digitally programmable analog, monaural, ITC	
V5246	Hearing aid, digitally programmable analog, monaural, ITE (in the ear)	
V5247	Hearing aid, digitally programmable analog, monaural, BTE (behind the ear)	
V5248	Hearing aid, analog, binaural, CIC	
V5249	Hearing aid, analog, binaural, ITC	
V5250	Hearing aid, digitally programmable analog, binaural, CIC	
V5251	Hearing aid, digitally programmable analog, binaural, ITC	
V5252	Hearing aid, digitally programmable, binaural, ITE	
V5253	Hearing aid, digitally programmable, binaural, BTE	
V5254	Hearing aid, digital, monaural, CIC	
V5255	Hearing aid, digital, monaural, ITC	
V5256	Hearing aid, digital, monaural, ITE	
V5257	Hearing aid, digital, monaural, BTE	
V5258	Hearing aid, digital, binaural, CIC	
V5259	Hearing aid, digital, binaural, ITC	
V5260	Hearing aid, digital, binaural, ITE	
V5261	Hearing aid, digital, binaural, BTE	
V5262	Hearing aid, disposable, any type, monaural	
V5263	Hearing aid, disposable, any type, binaural	
V5264	Ear mold/insert, not disposable, any type	
V5265	Ear mold/insert, disposable, any type	
V5266	Battery for use in hearing device	
V5267	Hearing aid or assistive listening device/supplies/accessories, not otherwise specified	
V5268	Assistive listening device, telephone amplifier, any type	
V5269	Assistive listening device, alerting, any type	
V5270	Assistive listening device, television amplifier, any type	
V5271	Assistive listening device, television caption decoder	
V5272	Assistive listening device, TDD	
V5273	Assistive listening device, for use with cochlear implant	
V5274	Assistive listening device, not otherwise specified	
V5281	Assistive listening device, personal fm/dm system, monaural, (1 receiver, transmitter, microphone), any type	
V5282	Assistive listening device, personal fm/dm system, binaural, (2 receivers, transmitter, microphone), any type	
V5283	Assistive listening device, personal fm/dm neck, loop induction receiver	
V5284	Assistive listening device, personal fm/dm, ear level receiver	
V5285	Assistive listening device, personal fm/dm, direct audio input receiver	
V5286	Assistive listening device, personal blue tooth fm/dm receiver	

V5287	Assistive listening device, personal fm/dm receiver, not otherwise specified	
V5288	Assistive listening device, personal fm/dm transmitter assistive listening device	
V5289	Assistive listening device, personal fm/dm adapter/boot coupling device for receiver, any type	
V5290	Assistive listening device, transmitter microphone, any type	
<b>Revenue Codes</b>		
115	Hospice; Room & Board - Private	
125	Hospice; Room & Board - Semi-private Two Bed	
135	Hospice; Semi-Private - Three and Four Beds	
145	Hospice; Deluxe rooms are accommodations with amenities substantially in excess of those provided to other patients	
155	Hospice; Routine service charge for accommodations with five or more beds	
551	Private Duty Nursing and Home Health	
651	Hospice; Routine Home Care	
652	Hospice; Continuous Home Care	
655	Hospice; Inpatient Respite Care	
656	Hospice; General Inpatient Care	
657	Hospice; Direct Physician Care	
658	Hospice; Nursing Facility Room and Board	
0112	Room and Board Private (one bed) - OB	
0114	Room and Board Private (one bed) - Psychiatric	
0116	Room and Board Private (one bed) - Detoxification	
0120	Long term acute care	
0122	Room and Board Semiprivate (two beds) - OB	
0124	Room and Board Semiprivate (two beds) - Psychiatric	
0126	Room and Board Semiprivate (two beds) - Detoxification	
0128	Level 1 Rehab	
0129	Level 2 Rehab - acute complex	
0132	Room & Board - Three and Four Beds Obstetrics (OB)	
0136	Room & Board - Three and Four Beds Psychiatric	
0142	Room & Board - Deluxe Private Obstetrics (OB)	
0144	Room & Board - Deluxe Private Psychiatric	
0146	Room & Board - Deluxe Private Detoxification	
0152	Room & Board - Ward Obstetrics (OB)	
0154	Room & Board - Ward Psychiatric	
0156	Room & Board - Ward Detoxification	
0170	Nursery General Classification	
0171	Nursery Newborn - Level I	
0172	Nursery Newborn - Level II	
0173	Nursery Newborn - Level III	
0174	Nursery Newborn - Level IV	
0179	Nursery Other	
0190	General classification - SNF	
0191	Subacute Care - Level I - SNF	
0192	Subacute Care - Level II - SNF	
0193	Subacute Care - Level III - SNF	
0194	Subacute Care - Level IV - SNF	
0199	Other Subacute Care - SNF	
0362	Transplant	
0911	Behavioral Health Rehab	
0912	Behavioral Health Partial Hospitalization - less intensive	
0913	Behavioral Health Partial Hospitalization - intensive	
0940	Other Therapeutic Services - General	
1001	Residential treatment - psychiatric	
1002	Residential treatment - chemical dependency	
2100	Alternative Therapy Services	
2101	Alternative Therapy Services	
2102	Alternative Therapy Services	
2103	Alternative Therapy Services	
2104	Alternative Therapy Services	

2105	Alternative Therapy Services	
2106	Alternative Therapy Services	
2107	Alternative Therapy Services	
2108	Alternative Therapy Services	
2109	Alternative Therapy Services	
3100	Reserved	
3101	Adult Day Care, Medical and Social - Hourly	
3102	Adult Day Care, Social - Hourly	
3103	Adult Day Care, Medical and Social - Daily	
3104	Adult Day Care, Social - Daily	
3105	Adult Foster Care - Daily	
3106	Reserved	
3107	Reserved	
3108	Reserved	
3109	Other Adult Care	
0660	General Classification	
0661	Hourly Charge/Nursing	
0662	Hourly Charge/Aide/Homemaker/Companion	
0663	Daily Respite Charge	
0664	Reserved	
0665	Reserved	
0666	Reserved	
0667	Reserved	
0668	Reserved	
0669	Other Respite Care	
0681	Level I - Trauma Response	
0682	Level II - Trauma Response	
0683	Level III - Trauma Response	
0684	Level IV - Trauma Response	
0685	Reserved	
0686	Reserved	
0687	Reserved	
0688	Reserved	
0689	Other Trauma Response	
0810	General Classification - acquisition of body components	
0811	Living Donor - acquisition of body components	
0812	Cadaver Donor - acquisition of body components	
0813	Unknown Donor - acquisition of body components	
0814	Unsuccessful Organ Search - Donor Bank Charges -	
0815	Stem Cell Acquisition-Allogenic -	
0816	Reserved - acquisition of body components	
0817	Reserved - acquisition of body components	
0818	Reserved - acquisition of body components	
0819	Other Donor - acquisition of body components	
0951	Athletic training	
0990	General Classification	
0991	Cafeteria/Guest Tray	
0992	Private Linen Service	
0993	Telephone/Telecom	
0994	TV/Radio	
0995	Nonpatient Room Rentals	
0996	Late Discharge	
0997	Admission Kits	
0998	Beauty Shop/Barber	
0999	Other Convenience Items	
0930	Medical Rehabilitation Day Program	
0931	Medical Rehabilitation Day Program	
0932	Medical Rehabilitation Day Program	
0933	Medical Rehabilitation Day Program	
0934	Medical Rehabilitation Day Program	
0935	Medical Rehabilitation Day Program	
0936	Medical Rehabilitation Day Program	

0937	Medical Rehabilitation Day Program	
0938	Medical Rehabilitation Day Program	
0939	Medical Rehabilitation Day Program	
<b>ICD-10</b>		
F64	Gender identity disorders	Any treatment for transsexualism, gender dysphoria, sexual re-assignment or sex change, including, but not be limited to, drugs, surgery, medical or psychiatric care
F648	Other gender identity disorders	
F649	Gender identity disorder, unspecified	
F642	Gender identity disorder of childhood	
F640	Transsexualism	
F641	Dual role transvestism	
<b>SETON CHARITY PLAN LIMITATIONS EFF: 1/1/2020 (updated 04/20/2020)</b>		
<b>CPT Codes</b>		
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); individual	PT, OT, ST combined 8 visit limit/year AND Telemedicine/Virtual Care Therapy visits are Not a Covered Benefit (Modifier 95, POS 02)
97010	Hot or cold pack application	PT, OT, ST combined 8 visit limit/year AND Telemedicine/Virtual Care Therapy visits are Not a Covered Benefit (Modifier 95, POS 02)
97012	Mechanical traction	PT, OT, ST combined 8 visit limit/year AND Telemedicine/Virtual Care Therapy visits are Not a Covered Benefit (Modifier 95, POS 02)
97014	Electrical stimulation (unattended)	PT, OT, ST combined 8 visit limit/year AND Telemedicine/Virtual Care Therapy visits are Not a Covered Benefit (Modifier 95, POS 02)
97016	Vasopneumatic devices	PT, OT, ST combined 8 visit limit/year AND Telemedicine/Virtual Care Therapy visits are Not a Covered Benefit (Modifier 95, POS 02)
97018	Paraffin bath	PT, OT, ST combined 8 visit limit/year AND Telemedicine/Virtual Care Therapy visits are Not a Covered Benefit (Modifier 95, POS 02)
97022	Whirlpool	PT, OT, ST combined 8 visit limit/year AND Telemedicine/Virtual Care Therapy visits are Not a Covered Benefit (Modifier 95, POS 02)
97026	Infrared	PT, OT, ST combined 8 visit limit/year AND Telemedicine/Virtual Care Therapy visits are Not a Covered Benefit (Modifier 95, POS 02)
97032	Electrical stimulation (manual) (15 minutes)	PT, OT, ST combined 8 visit limit/year AND Telemedicine/Virtual Care Therapy visits are Not a Covered Benefit (Modifier 95, POS 02)
97033	Iontophoresis (15 minutes)	PT, OT, ST combined 8 visit limit/year AND Telemedicine/Virtual Care Therapy visits are Not a Covered Benefit (Modifier 95, POS 02)
97035	Ultrasound (15 minutes)	PT, OT, ST combined 8 visit limit/year AND Telemedicine/Virtual Care Therapy visits are Not a Covered Benefit (Modifier 95, POS 02)
97039	Unlisted modality (specify type and time if constant attendance)	PT, OT, ST combined 8 visit limit/year AND Telemedicine/Virtual Care Therapy visits are Not a Covered Benefit (Modifier 95, POS 02)
97110	Therapeutic exercises to develop strength and endurance, range of motion, and flexibility (15 minutes)	PT, OT, ST combined 8 visit limit/year AND Telemedicine/Virtual Care Therapy visits are Not a Covered Benefit (Modifier 95, POS 02)
97112	Neuromuscular re-education of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities (15 minutes)	PT, OT, ST combined 8 visit limit/year AND Telemedicine/Virtual Care Therapy visits are Not a Covered Benefit (Modifier 95, POS 02)
97113	Aquatic therapy with therapeutic exercises (15 minutes)	PT, OT, ST combined 8 visit limit/year AND Telemedicine/Virtual Care Therapy visits are Not a Covered Benefit (Modifier 95, POS 02)

97116	Gait training (includes stair climbing) (15 minutes)	PT, OT, ST combined 8 visit limit/year AND Telemedicine/Virtual Care Therapy visits are Not a Covered Benefit (Modifier 95, POS 02)
97124	Massage, including effleurage, petrissage, and/or tapotement (stroking, compression, percussion) (15 minutes)	PT, OT, ST combined 8 visit limit/year AND Telemedicine/Virtual Care Therapy visits are Not a Covered Benefit (Modifier 95, POS 02)
97140	Manual therapy techniques (e.g., connective tissue massage, joint mobilization and manipulation, and manual traction) (15 minutes)	PT, OT, ST combined 8 visit limit/year AND Telemedicine/Virtual Care Therapy visits are Not a Covered Benefit (Modifier 95, POS 02)
97150	Group therapeutic procedure(s) (two or more individuals)	PT, OT, ST combined 8 visit limit/year AND Telemedicine/Virtual Care Therapy visits are Not a Covered Benefit (Modifier 95, POS 02)
97161	Physical therapy evaluation: low complexity	PT, OT, ST combined 8 visit limit/year AND Telemedicine/Virtual Care Therapy visits are Not a Covered Benefit (Modifier 95, POS 02)
97162	Physical therapy evaluation: moderate complexity	PT, OT, ST combined 8 visit limit/year AND Telemedicine/Virtual Care Therapy visits are Not a Covered Benefit (Modifier 95, POS 02)
97163	Physical therapy re-evaluation	PT, OT, ST combined 8 visit limit/year AND Telemedicine/Virtual Care Therapy visits are Not a Covered Benefit (Modifier 95, POS 02)
97164	Physical therapy evaluation: high complexity	PT, OT, ST combined 8 visit limit/year AND Telemedicine/Virtual Care Therapy visits are Not a Covered Benefit (Modifier 95, POS 02)
97165	Occupational therapy evaluation: low complexity	PT, OT, ST combined 8 visit limit/year AND Telemedicine/Virtual Care Therapy visits are Not a Covered Benefit (Modifier 95, POS 02)
97166	Occupational therapy evaluation: moderate complexity	PT, OT, ST combined 8 visit limit/year AND Telemedicine/Virtual Care Therapy visits are Not a Covered Benefit (Modifier 95, POS 02)
97167	Occupational therapy evaluation: high complexity	PT, OT, ST combined 8 visit limit/year AND Telemedicine/Virtual Care Therapy visits are Not a Covered Benefit (Modifier 95, POS 02)
97168	Occupational therapy re-evaluation	PT, OT, ST combined 8 visit limit/year AND Telemedicine/Virtual Care Therapy visits are Not a Covered Benefit (Modifier 95, POS 02)
97530	Dynamic activities to improve functional performance, direct (one-on- one) with the patient (15 minutes)	PT, OT, ST combined 8 visit limit/year AND Telemedicine/Virtual Care Therapy visits are Not a Covered Benefit (Modifier 95, POS 02)
97535	Self-care/home management training (e.g., 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 (15 minutes)	PT, OT, ST combined 8 visit limit/year AND Telemedicine/Virtual Care Therapy visits are Not a Covered Benefit (Modifier 95, POS 02)
97610	Low frequency non-thermal ultrasound per day	PT, OT, ST combined 8 visit limit/year AND Telemedicine/Virtual Care Therapy visits are Not a Covered Benefit (Modifier 95, POS 02)
<b>HCPC Codes</b>		
A4520	Incontinence brief/diaper	3 cases/month or 288 briefs/diapers/month 2 cases/month or 192/month if billed with HCPC code A4554
A4554	Disposable underpads	150 pads per month
A6530	Gradient compression stocking, below knee, 18-30 mmHg, each	2 every 6 months
A6531	Gradient compression stocking, below knee, 30-40 mmHg, each	2 every 6 months
A6532	Gradient compression stocking, below knee, 40-50 mmHg, each	2 every 6 months
A6533	Gradient compression stocking, thigh length, 18-30 mmHg, each	2 every 6 months
A6534	Gradient compression stocking, thigh length, 30-40 mmHg, each	2 every 6 months
A6535	Gradient compression stocking, thigh length, 40-50 mmHg, each	2 every 6 months
A6536	Gradient compression stocking, full length/chap style, 18-30 mmHg, ea	2 every 6 months
A6537	Gradient compression stocking, full length/chap style, 30-40 mmHg, ea	2 every 6 months
A6538	Gradient compression stocking, full length/chap style, 40-50 mmHg, ea	2 every 6 months

A6539	Gradient compression stocking, waist length, 18-30 mmHg, each	2 every 6 months
A6540	Gradient compression stocking, waist length, 30-40 mmHg, each	2 every 6 months
A6541	Gradient compression stocking, waist length, 40-50 mmHg, each	2 every 6 months
A6549	Gradient compression stocking, unspecified	2 every 6 months
A7028	Replacement Cushion for Combination Oral/Nasal Mask	1 per 3 months
A7029	Replacement Pillows for Combination Oral/Nasal Mask	1 per 3 months
A7031	Replacement Cushion for Full-Face Mask	1 per 3 months
A7032	Replacement Cushion for Nasal Mask	1 per 3 months
A7033	Replacement Pillow for use on Nasal Mask (cannula/pillow)	1 per 3 months
A7038	Disposble Filter	1 per month
A7039	Non Disposable Filter	1 per 12 months
E0561	Humidifier, Non-Heated	1 per 5 Years
E0562	Humidifier, Heated	1 per 5 Years
T4521	Incontinence brief/diaper	3 cases/month or 288 briefs/diapers/month 2 cases/month or 192/month if billed with HCPC code A4554
T4522	Incontinence brief/diaper	3 cases/month or 288 briefs/diapers/month 2 cases/month or 192/month if billed with HCPC code A4554
T4523	Incontinence brief/diaper	3 cases/month or 288 briefs/diapers/month 2 cases/month or 192/month if billed with HCPC code A4554
T4524	Incontinence brief/diaper	3 cases/month or 288 briefs/diapers/month 2 cases/month or 192/month if billed with HCPC code A4554
T4525	Incontinence brief/diaper	3 cases/month or 288 briefs/diapers/month 2 cases/month or 192/month if billed with HCPC code A4554
T4526	Incontinence brief/diaper	3 cases/month or 288 briefs/diapers/month 2 cases/month or 192/month if billed with HCPC code A4554
T4527	Incontinence brief/diaper	3 cases/month or 288 briefs/diapers/month 2 cases/month or 192/month if billed with HCPC code A4554
T4528	Incontinence brief/diaper	3 cases/month or 288 briefs/diapers/month 2 cases/month or 192/month if billed with HCPC code A4554
T4529	Incontinence brief/diaper	3 cases/month or 288 briefs/diapers/month 2 cases/month or 192/month if billed with HCPC code A4554
T4530	Incontinence brief/diaper	3 cases/month or 288 briefs/diapers/month 2 cases/month or 192/month if billed with HCPC code A4554
T4531	Incontinence brief/diaper	3 cases/month or 288 briefs/diapers/month 2 cases/month or 192/month if billed with HCPC code A4554
T4532	Incontinence brief/diaper	3 cases/month or 288 briefs/diapers/month 2 cases/month or 192/month if billed with HCPC code A4554
T4533	Incontinence brief/diaper	3 cases/month or 288 briefs/diapers/month 2 cases/month or 192/month if billed with HCPC code A4554
T4534	Incontinence brief/diaper	3 cases/month or 288 briefs/diapers/month 2 cases/month or 192/month if billed with HCPC code A4554
T4535	Incontinence brief/diaper	3 cases/month or 288 briefs/diapers/month 2 cases/month or 192/month if billed with HCPC code A4554
T4536	Incontinence brief/diaper	3 cases/month or 288 briefs/diapers/month 2 cases/month or 192/month if billed with HCPC code A4554

T4537	Incontinence brief/diaper	3 cases/month or 288 briefs/diapers/month 2 cases/month or 192/month if billed with HCPC code A4554
T4538	Incontinence brief/diaper	3 cases/month or 288 briefs/diapers/month 2 cases/month or 192/month if billed with HCPC code A4554
T4539	Incontinence brief/diaper	3 cases/month or 288 briefs/diapers/month 2 cases/month or 192/month if billed with HCPC code A4554
T4540	Incontinence brief/diaper	3 cases/month or 288 briefs/diapers/month 2 cases/month or 192/month if billed with HCPC code A4554
T4541	Incontinence brief/diaper	3 cases/month or 288 briefs/diapers/month 2 cases/month or 192/month if billed with HCPC code A4554
T4542	Incontinence brief/diaper	3 cases/month or 288 briefs/diapers/month 2 cases/month or 192/month if billed with HCPC code A4554
T4543	Incontinence brief/diaper	3 cases/month or 288 briefs/diapers/month 2 cases/month or 192/month if billed with HCPC code A4554
T4544	Incontinence brief/diaper	3 cases/month or 288 briefs/diapers/month 2 cases/month or 192/month if billed with HCPC code A4554