

All services and procedures, regardless of place of service, must be medically necessary, subject to CMS regulations. If a service performed is not covered by Medicare or an additional benefit offered by the health plan, the claim will be denied as a non-covered service per Medicare criteria. An approved authorization is not a guarantee of payment. Payment is based on benefits in effect at the time of service, member eligibility and medical necessity.

## General Statements

**Organizational Determinations Request Definitions** **Expedited:** When the enrollee or his/her physician believes that waiting for a decision under the standard time frame could place the enrollee's life, health, or ability to regain maximum function in serious jeopardy.  
**Standard:** Determination must be made as expeditiously as the enrollee's health condition requires, but no later than 14 calendar days after the date the organization receives the request.

**Inpatient Admissions & Observations** Prior authorization is not required for emergent inpatient admission. Authorization of an inpatient or observation stay is required prior to claim payment. Please submit a facesheet as a form of notification to allow for authorization entry and concurrent review.

**Out of Network Services** Participating primary care providers must obtain prior authorization P3 Health Partners for any referral of non-emergency care to a non-participating health care facility or provider. Participating specialists requesting service at a non-participating health care entity must also request prior authorization.

**Durable Medical Equipment** Any durable medical equipment, unless otherwise specified, for which the allowed amount exceeds \$500.00.

**Experimental or Investigational Items** Any drugs, services, treatment, or supplies that the plan medical staff determines, with appropriate consultation, to be experimental, investigational or unproven are not covered services.

**Office Procedures** Office procedures, unless otherwise specified, require authorization if allowed amount exceeds \$2,500.

**Homebound Services** PICC line, portable x-ray and podiatry services.

**Occupational, Physical and Speech Therapy Services** Outpatient occupational therapy, physical therapy and speech therapy requires prior authorization after the first 9 visits per plan year.

**All associated codes** All Inpatient Elective Admissions (Includes Acute Inpatient Rehab and Long Term Acute Care)  
**All associated codes** Medicare Covered Dental Benefits  
**All associated codes** Prosthetics/Orthotics  
**All associated codes** Skilled Nursing Facility Stays  
**All associated codes** Transplants (Excludes Corneal)  
**All associated codes** Genetic Testing  
**All associated codes** Medicare Covered Home Health Services  
**All associated codes** Home Infusions

CODE	DESCRIPTION
15002	Full thickness graft, free, including direct closure of donor site, trunk; 20 sq cm or less
15004	Surgical preparation or creation of recipient site by excision of open wounds, burn eshar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or 1% of body area of infants and children
15271	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area
15272	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)
15275	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area
15276	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)
15820	Blepharoplasty Lower Eyelid
15821	Blepharoplasty Lower Eyelid Herniated Fat Pad
15822	Blepharoplasty, Upper eyelid
15823	Blepharoplasty, Upper Eyelid; With Excessive Skin Weighting Down Lid
15824	Rhytidectomy Forehead
15825	Rhytidectomy Neck W/Platysmal Tightening
15826	Rhytidectomy Glabellar Frown Lines
15828	Rhytidectomy Cheek Chin&Neck
15829	Rhytidectomy Smas Flap
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy
15832	Excision excessive skin and subcutaneous tissue Thigh
15833	Excision excessive skin and subcutaneous tissue Leg
15834	Excision excessive skin and subcutaneous tissue Hip
15835	Excision excessive skin and subcutaneous tissue Buttock
15836	Excision excessive skin and subcutaneous tissue Arm
15837	Excision excessive skin and subcutaneous tissue Forearm/Hand
15838	Excision excessive skin and subcutaneous tissue Submental Fat Pad
15839	Excision excessive skin and subcutaneous tissue Other Area
15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication)(List separately in addition to code for primary procedure)
15876	Suction Assisted Lipectomy Head&Neck

CODE	DESCRIPTION
<b>15877</b>	Suction Assisted Lipectomy Trunk
<b>15878</b>	Suction Assisted Lipectomy Upper Extremity
<b>15879</b>	Suction Assisted Lipectomy Lower Extremity
<b>17000</b>	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion
<b>17003</b>	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); second through 14 lesions, each (List separately in addition to code for first lesion)
<b>17004</b>	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses), 15 or more lesions
<b>17110</b>	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions
<b>17111</b>	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions
<b>17260</b>	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.5 cm or less
<b>17261</b>	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.6 to 1.0 cm
<b>17262</b>	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 1.1 to 2.0 cm
<b>17263</b>	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 2.1 to 3.0 cm
<b>17264</b>	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 3.1 to 4.0 cm
<b>17266</b>	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter over 4.0 cm
<b>17270</b>	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less
<b>17271</b>	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm
<b>17272</b>	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm
<b>17273</b>	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 2.1 to 3.0 cm
<b>17274</b>	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 3.1 to 4.0 cm
<b>17276</b>	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter over 4.0 cm

CODE	DESCRIPTION
<b>17280</b>	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less
<b>17281</b>	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm
<b>17282</b>	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm
<b>17283</b>	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 2.1 to 3.0 cm
<b>17284</b>	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 3.1 to 4.0 cm
<b>17286</b>	Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 4.0 cm
<b>17311</b>	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; first stage, up to 5 tissue blocks
<b>17312</b>	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; each additional stage after the first stage, up to 5 tissue blocks (List separately in addition to code for primary procedure)
<b>17313</b>	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), of the trunk, arms or legs; first stage, up to 5 tissue blocks
<b>17314</b>	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), of the trunk, arms or legs; each additional stage after the first stage, up to 5 tissue blocks (List separately in addition to code for primary procedure)

CODE	DESCRIPTION
<b>17315</b>	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), each additional block after the first 5 tissue blocks, any stage (List separately in addition to code for primary procedure)
<b>17999</b>	Unlisted procedure, skin, mucous membrane and subcutaneous tissue
<b>19300</b>	Mastectomy for gynecomastia
<b>19316</b>	Mastopexy
<b>19318</b>	Reduction Mammoplasty
<b>19324</b>	Mammoplasty Augmentation W/O Prosthetic Implant
<b>19325</b>	Mammoplasty, Augmentation; With Prosthetic Implant
<b>19328</b>	Removal Of Intact Mammary Implant
<b>19330</b>	Removal Of Mammary Implant Material
<b>19340</b>	Immediate Insertion Of Breast Prosthesis Following Mastopexy, Mastectomy Or In
<b>19342</b>	Delayed Insertion Of Breast Prosthesis Following Mastopexy, Mastectomy Or In
<b>19350</b>	Nipple/Areola Reconstruction
<b>19355</b>	Correction Of Inverted Nipples
<b>19357</b>	Breast Reconstruction, Immediate Or Delayed, With Tissue Expander, Including
<b>19361</b>	Breast Reconstruction With Latissimus Dorsi Flap, Without Prosthetic Implant
<b>19364</b>	Breast Reconstruction With Free Flap
<b>19366</b>	Breast Reconstruction With Other Technique
<b>19367</b>	Breast Reconstruction With Transverse Rectus Abdominis Myocutaneous Flap
<b>19368</b>	Breast Reconstruction With Transverse Rectus Abdominis Myocutaneous Flap
<b>19369</b>	Breast Reconstruction With Transverse Rectus Abdominis Myocutaneous Flap
<b>19370</b>	Open Periprosthetic Capsulotomy, Breast
<b>19371</b>	Periprosthetic Capsulectomy, Breast
<b>19380</b>	Revision Of Reconstructed Breast
<b>19396</b>	Preparation Moulage Custom Breast Implant
<b>19499</b>	Unlisted Procedure Breast
<b>20931</b>	Allograft, Structural, For Spine Surgery Only (List Separately In Addition To Co
<b>20937</b>	Autograft For Spine Surgery Only (Includes Harvesting The Graft); Morselized
<b>20938</b>	Autograft For Spine Surgery Only (Includes Harvesting The Graft); Structural, Bi
<b>20982</b>	Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; radiofrequency
<b>21085</b>	Impression and custom preparation; oral surgical splint
<b>21110</b>	Application of interdental fixation device for conditions other than fracture or dislocation, includes removal



CODE	DESCRIPTION
21120	Genioplasty Augmentation
21121	Genioplasty Sliding Osteotomy Single Piece
21122	Genioplasty 2/> Sliding Osteotomies
21123	Geniop Sliding Agmntj W/Interposal Bone Grafts
21125	Agmntj Mndblr Body/Angle Prosthetic Material
21127	Agmntj Mndblr Bdy/Angl W/B1 Grf Onlay/Interposal
21141	Reconstruction Midface, Lefort I; Single Piece, Segment Movement In Any
21142	Reconstruction Midface, Lefort I; Two Pieces, Segment Movement In Any
21143	Reconstruction Midface, Lefort I; Three Or More Pieces, Segment Movement In Any
21145	Reconstruction Midface, Lefort I; Single Piece, Segment Movement In Any
21146	Reconstruction Midface, Lefort I; Two Pieces, Segment Movement In Any
21147	Reconstruction Midface, Lefort I; Three Or More Pieces, Segment Movement In Any
21150	Reconstruction Midface, Lefort Ii; Anterior Intrusion (Eg, Treacher-Collins
21151	Reconstruction Midface, Lefort Ii; Any Direction, Requiring Bone Grafts
21154	Reconstruction Midface, Lefort Iii (Extracranial), Any Type, Requiring Bone
21155	Reconstruction Midface, Lefort Iii (Extracranial), Any Type, Requiring Bone
21159	Reconstruction Midface, Lefort Iii (Extra And Intracranial) With Forehead
21160	Reconstruction Midface, Lefort Iii (Extra And Intracranial) With Forehead
21172	Rcnstj Superior-Lateral Orbital Rim&Lower Fhd
21175	Rcnstj Bifrontal Superior-Lat Orb Rims&Lwr Fhd
21179	Rcnstj Forehead&/Supraorb Rims W/Algrf/Prostc
21180	Rcnstj Forehead&/Supraorbital Rims W/Autograft
21181	Rcnstj Contouring Benign Tumor Crnl Bones Xtrc
21182	Rcnstj Orbit/Fhd/Nasethmd Exc B9 Tum Grf <40Sqcm
21183	Rcnstj Orbit/Fhd/Nasethmd Exc B9 Grf >40 <80Sqcm
21184	Rcnstj Orbit/Fhd/Nasethmd Exc B9 Tum Grf>80Sq Cm
21188	Reconstruction Midface, Osteotomies (Other Than Lefort Type) And Bone Grafts
21193	Rcnstj Mndblr Rami Hrzntl/Ver/C/L Osteot W/O Grf
21194	Rcnstj Mndblr Rami Hrzntl/Ver/C/L Osteot W/Graft
21195	Rcnstj Mndblr Rami&/Body Sgtl Splt W/O Int Rgd
21196	Rcnstj Mndblr Rami&/Bdy Sgtl Splt W/Int Rgd Fixj
21198	Osteotomy,Mandible, Segmental
21199	Osteotomy Mandible Sgmtl W/Genioglossus Advmnt
21206	Osteotomy Maxilla Segmental
21208	Osteoplasty Facial Bones Augmentation
21209	Osteoplasty Facial Bones Reduction
21210	Graft Bone Nasal/Maxillary/Malar Areas

CODE	DESCRIPTION
21215	Graft Bone Mandible
21230	Graft Rib Crtlg Autogenous Face/Chin/Nose/Ear
21235	Graft Ear Crtlg Autogenous Nose/Ear
21240	Arthrp Temporomandibular Joint W/Wo Autograft
21242	Arthroplasty Temporomandibular Jt W/Allograft
21243	Arthrp Tmprmand Joint W/Prosthetic Replacement
21244	Rcnstj Mndbl Xtroral W/Transosteal Bone Plate
21245	Rcnstj Mndbl/Maxl Subpriosteal Implant Partial
21246	Rcnstj Mndbl/Maxl Subpriosteal Implant Complete
21247	Rcnstj Mndblr Condyle W/Bone Cartlg Autografts
21248	Rcnstj Mandible/Maxl Endosteal Implant Partial
21249	Rcnstj Mandible/Maxl Endosteal Implant Complete
21255	Rcnstj Zygmtc Arch/Glenoid Fossa W/Bone Cartlg
21256	Reconstruction Orbit W/Osteotomies&Bone Grafts
21260	Periorbital Osteotomies Bone Grafts Extracranial
21261	Periorbital Osteotomies W/Bone Grafts Icra&Xtrc
21263	Periorbital Osteotomies W/Bone Grafts W/Forehead
21267	Orbital Repositioning W/Bone Grafts Extracranial
21268	Orbital Repositioning W/Bone Grafts Icra&Xtrc
21270	Malar Augmentation Prosthetic Material
21275	Secondary Revision Orbitocraniofacial Rcnstj
21280	Medial Canthopexy (Separate Procedure)
21282	Lateral Canthopexy
21295	Reduction Masseter Muscle&Bone Extraoral
21296	Reduction Masseter Muscle&Bone Intraoral
21299	Unlisted Craniofacial&Maxillofacial Procedure
21421	Closed Tx Palatal/Maxillary Fx W/Fixation/Splint
21422	Open Treatment Palatal/Maxillary Fracture
21423	Open Tx Palatal/Maxillary Fx Comp Multiple Appr
21431	Closed Tx Craniofacial Separation
21432	Open Tx Craniofacial Sep W/Wiring&/Int Fixj
21433	Open Tx Craniofacial Sep Complicated Mlt Appr
21435	Open Tx Craniofacial Sep Comp W/Int&/Xtrnl Fixj
21436	Optx Crnfl Sep Lft Iii Typ Comp Int Fixj W/Bone
22100	Partial Excision Of Posterior Vertebral Component (Eg, Spinous Process, Lamina
22101	Partial Excision Of Posterior Vertebral Component (Eg, Spinous Process, Lamina
22102	Partial Excision Of Posterior Vertebral Component (Eg, Spinous Process, Lamina

CODE	DESCRIPTION
22103	Partial Excision Of Posterior Vertebral Component (Eg, Spinous Process, Lamina
22110	Partial Excision Of Vertebral Body, For Intrinsic Bony Lesion, Without
22112	Partial Excision Of Vertebral Body, For Intrinsic Bony Lesion, Without
22114	Partial Excision Of Vertebral Body, For Intrinsic Bony Lesion, Without
22116	Partial Excision Of Vertebral Body, For Intrinsic Bony Lesion, Without
22206	Osteotomy Of Spine, Posterior Or Posterolateral Approach, Three Columns, One Ver
22207	Osteotomy Of Spine, Posterior Or Posterolateral Approach, Three Columns, One Ver
22208	Osteotomy Of Spine, Posterior Or Posterolateral Approach, Three Columns, One Ver
22210	Osteotomy Of Spine, Posterior Or Posterolateral Approach, One Vertebral Segment;
22212	Osteotomy Of Spine, Posterior Or Posterolateral Approach, One Vertebral
22214	Osteotomy Of Spine, Posterior Or Posterolateral Approach, One Vertebral
22216	Osteotomy Of Spine, Posterior Or Posterolateral Approach, One Vertebral
22220	Osteotomy Of Spine, Including Discectomy, Anterior Approach, Single Vertebral
22222	Osteotomy Of Spine, Including Discectomy, Anterior Approach, Single Vertebral
22224	Osteotomy Of Spine, Including Discectomy, Anterior Approach, Single Vertebral
22226	Osteotomy Of Spine, Including Discectomy, Anterior Approach, Single Vertebral
22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance ; cervicothoracic
22511	Perq Vertebroplasty Uni/Bi Injection Lumbosacral
22512	Vertebroplasty Each Addl Cervicothor/Lumbosacral
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	Perq Vert Agmntj Cavity Crtj Uni/Bi Cannulj Lmbr
22533	Arthrodesis, Lateral Extracavitary Technique, Including Minimal Discectomy To Prepare Interspace (Other Than For Decompression); Lumbar
22534	Arthrodesis, Lateral Extracavitary Technique, Including Minimal Discectomy To Prepare Interspace (Other Than For Decompression); Thoracic Or Lumbar, Each Additional Vertebral Segment (List Separatelyin Addition To Code For Primary Procedure)
22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2
22552	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure)
22554	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2
22556	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic



CODE	DESCRIPTION
<b>22558</b>	Arthrodesis, Anterior Interbody Technique, Including Minimal Discectomy To Prepare Interspace (Other Than For Decompression); Lumbar
<b>22585</b>	Arthrodesis, Anterior Interbody Technique, Including Minimal Discectomy To Prepare Interspace (Other Than For Decompression); Each Additional Interspace (List Separately In Addition To Code For Primary Procedure)
<b>22600</b>	Procedure) 22600 Arthrodesis, Posterior Or Posterolateral Technique, Single Level; Cervical Below C2 Segment
<b>22612</b>	Arthrodesis, Posterior Or Posterolateral Technique, Single Level; Lumbar (With Lateral Transverse Technique, When Performed)
<b>22614</b>	Arthrodesis, Posterior Or Posterolateral Technique, Single Level; Each Additional Vertebral Segment (List Separately In Addition To Code For Primary Procedure)
<b>22630</b>	Arthrodesis, Posterior Interbody Technique, Including Laminectomy And/Or Discectomy To Prepare Interspace (Other Than For Decompression), Single Interspace; Lumbar
<b>22632</b>	Arthrodesis, Posterior Interbody Technique, Including Laminectomy And/Or Discectomy To Prepare Interspace (Other Than For Decompression), Single Interspace; Each Additional Interspace (List Separately In Addition To Code For Primary Procedure)
<b>22633</b>	Arthrodesis, Combined Posterior Or Posterolateral Technique With Posterior Interbody Technique Including Laminectomy And/Or Discectomy Sufficient To Prepare Interspace (Other Than For Decompression), Single Interspace And Segment; Lumbar
<b>22634</b>	Arthrodesis, Combined Posterior Or Posterolateral Technique With Posterior Interbody Technique Including Laminectomy And/Or Discectomy Sufficient To Prepare Interspace (Other Than For Decompression); Each Additional Interspace And Segment (List Separately In Addition To Code For Primary Procedure)
<b>22830</b>	Exploration Of Spinal Fusion
<b>22843</b>	Posterior Segmental Instrumentation (Eg, Pedicle Fixation, Dual Rods With Multip)
<b>22844</b>	Posterior Segmental Instrumentation (Eg, Pedicle Fixation, Dual Rods With Multip)
<b>22845</b>	Anterior Instrumentation; 2 To 3 Vertebral Segments (List Separately In Addition)
<b>22846</b>	Anterior Instrumentation; 4 To 7 Vertebral Segments (List Separately In Addition)
<b>22847</b>	Anterior Instrumentation; 8 Or More Vertebral Segments (List Separately In Addition)
<b>22848</b>	Pelvic Fixation (Attachment Of Caudal End Of Instrumentation To Pelvic Bony Stru
<b>22849</b>	Reinsertion Of Spinal Fixation Device
<b>22850</b>	Removal Of Posterior Nonsegmental Instrumentation (Eg, Harrington Rod)
<b>22852</b>	Removal Of Posterior Segmental Instrumentation
<b>22855</b>	Removal Of Anterior Instrumentation
<b>22856</b>	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophylectomy for nerve root or spinal cord decompression and microdissection)

CODE	DESCRIPTION
<b>22858</b>	Total disc arthroplasty (Artificial Disc), anterior approach, including discectomy with end plate preparation (Includes Osteophyctomy For Nerve Root Or Spinal Cord Decompression And Microdissection); Second Level, Cervical (List separately in addition to code for primary procedure)
<b>22861</b>	Revision Including Replacement Of Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Single Interspace; Cervical
<b>23334</b>	Removal Of Prosthesis, Includes Debridement And Synovectomy When Performed; Hume
<b>23335</b>	Removal Of Prosthesis, Includes Debridement And Synovectomy When Performed; Hume
<b>23455</b>	Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure)
<b>23470</b>	Arthroplasty, Glenohumeral Joint; Hemiarthroplasty
<b>23472</b>	Arthroplasty, Glenohumeral Joint; Total Shoulder (Glenoid And Proximal Humeral
<b>23473</b>	Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component
<b>23474</b>	Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component
<b>23800</b>	Arthrodesis Glenohumeral Joint
<b>23802</b>	Arthrodesis Glenohumeral Jt W/Autogenous Graft
<b>23921</b>	Disarticulation of shoulder; secondary closure or scar revision
<b>24925</b>	Amputation, arm through humerus; secondary closure or scar revision
<b>25441</b>	Arthroplasty W/Prosthetic Rplcmt Distal Radius
<b>25442</b>	Arthroplasty W/Prosthetic Rplcmt Distal Ulna
<b>25443</b>	Arthroplasty W/Prosthetic Rplcmt Scaphoid Carpal
<b>25444</b>	Arthroplasty W/Prosthetic Replacement Lunate
<b>25445</b>	Arthroplasty W/Prosthetic Replacement Trapezium
<b>25446</b>	Arthrp W/Prostc Rplcmt Dstl Rds&Prtl/Carpus
<b>25447</b>	Arthrp Interpos Intercarpal/Metacarpal Joints
<b>25907</b>	Amputation, forearm, through radius and ulna; secondary closure or scar revision
<b>25922</b>	Disarticulation through wrist; secondary closure or scar revision
<b>25929</b>	Transmetacarpal amputation; secondary closure or scar revision
<b>26121</b>	Fasciectomy, palm only, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft)
<b>26123</b>	Fasciectomy, partial palmar with release of single digit including proximal interphalangeal joint, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft)
<b>26508</b>	Release of thenar muscle(s) (eg, thumb contracture)
<b>26530</b>	Arthroplasty Metacarpophalangeal Joint Each
<b>26531</b>	Arthrp Mtcarpophngl Jt W/Prostc Implt Ea Jt
<b>26535</b>	Arthroplasty Interphalangeal Joint Each
<b>26536</b>	Arthroplasty Interphalangeal Jt W/Prosthetic Ea

CODE	DESCRIPTION
27125	Hemiarthroplasty Hip Partial
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft
27132	Conversion Of Previous Hip Surgery To Total Hip Arthroplasty, With Or Without
27134	Revision Of Total Hip Arthroplasty; Both Components, With Or Without Autograft
27137	Revision Of Total Hip Arthroplasty; Acetabular Component Only, With Or Without
27138	Revision Of Total Hip Arthroplasty; Femoral Component Only, With Or Without
27412	Autologous chondrocyte implantation, knee
27415	Osteochondral allograft, knee, open
27427	Ligamentous Reconstruction Knee Extra-Articular
27428	Ligamentous Reconstruction Knee Intra-Articular
27429	Ligamentous Reconstruction Knee Intra-Articular Xtr
27437	Arthroplasty, Patella; Without Prosthesis
27438	Arthroplasty, Patella; With Prosthesis
27440	Arthroplasty, Knee, Tibial Plateau;
27441	Arthroplasty, Knee, Tibial Plateau; With Debridement And Partial Synovectomy
27442	Arthroplasty, Femoral Condyles Or Tibial Plateau(S), Knee;
27443	Arthroplasty, Femoral Condyles Or Tibial Plateau(S), Knee; With Debridement And
27445	Arthroplasty, Knee, Hinge Prosthesis (Eg, Walldius Type)
27446	Arthroplasty, Knee, Condyle And Plateau; Medial Or Lateral Compartment
27447	Arthroplasty, Knee, Condyle And Plateau; Medial And Lateral Compartments With
27486	Revision Of Total Knee Arthroplasty, With Or Without Allograft; One Component
27487	Revision Of Total Knee Arthroplasty, With Or Without Allograft; Femoral And
27594	Amputation, thigh, through femur, any level; secondary closure or scar revision
27700	Arthroplasty, Ankle;
27702	Arthroplasty, Ankle; With Implant (Total Ankle)
27703	Arthroplasty, Ankle; Revision, Total Ankle
27884	Amputation, leg, through tibia and fibula; secondary closure or scar revision
28899	Unlisted procedure, foot or toes
29806	Arthroscopy, shoulder, surgical; capsulorrhaphy
29868	Arthroscopy, knee, surgical meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral
30130	Excision inferior turbinate, partial or complete, any method
30140	Submucous resection inferior turbinate, partial or complete, any method
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

<b>CODE</b>	<b>DESCRIPTION</b>
<b>30420</b>	Rhinoplasty Primary W/Major Septal Repair
<b>30430</b>	Rhinoplasty Secondary Minor Revision
<b>30435</b>	Rhinoplasty Secondary Intermediate Revision
<b>30450</b>	Rhinoplasty Secondary Major Revision
<b>30460</b>	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only
<b>30462</b>	Rhinop Dfrm Colum Lngth Tip Septum Osteot
<b>30465</b>	Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)
<b>30520</b>	Septoplasty Or Submucous Resection, With Or Without Cartilage Scoring, Contouring Or Replacement With Graft
<b>30801</b>	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); superficial
<b>30802</b>	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); intramural (ie, submucosal)
<b>31615</b>	Tracheobronchoscopy through established tracheostomy incision
<b>31622</b>	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)
<b>31660</b>	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 1 lobe
<b>31661</b>	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 2 or more lobes
<b>31830</b>	Revision of tracheostomy scar
<b>32701</b>	Thoracic target(s) delineation for stereotactic body radiation therapy (SRS/SBRT), (photon or particle beam), entire course of treatment
<b>32998</b>	Ablation therapy for reduction or eradication of one or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, radiofrequency, unilateral
<b>33215</b>	Repositioning of previously implanted transvenous pacemaker or implantable defibrillator (right atrial or right ventricular) electrode
<b>33216</b>	Insertion of a single transvenous electrode, permanent pacemaker or implantable defibrillator
<b>33217</b>	Insertion of 2 tranvenous electrodes, permanent pacemaker or implantable defibrillator
<b>33218</b>	Repair of single transvenous electrode, permanent pacemaker or implantable defibrillator
<b>33220</b>	Repair of 2 transvenous electrodes for permanent pacemaker or implantable defibrillator
<b>33222</b>	Relocation of skin pocket for pacemaker
<b>33223</b>	Relocation of skin pocket for implantable defibrillator

CODE	DESCRIPTION
<b>33224</b>	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or implantable defibrillator pulse generator (including revision of pocket, removal, insertion and/or replacement of existing generator)
<b>33225</b>	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (eg, for upgrade to dual chamber system) (List separately in addition to code for primary procedure)
<b>33226</b>	Repositioning of previously implanted cardiac venous system (left ventricular) electrode (including removal, insertion and/or replacement of existing generator)
<b>33230</b>	Insertion of implantable defibrillator pulse generator only; with existing dual leads
<b>33231</b>	Insertion of implantable defibrillator pulse generator only; with existing multiple leads
<b>33240</b>	Insertion of implantable defibrillator pulse generator only; with existing single lead
<b>33241</b>	Removal of implantable defibrillator pulse generator only
<b>33243</b>	Removal of single or dual chamber implantable defibrillator electrode(s); by thoracotomy
<b>33244</b>	Removal of single or dual chamber implantable defibrillator electrode(s); by transvenous extraction
<b>33249</b>	Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber
<b>33262</b>	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system
<b>33263</b>	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system
<b>33264</b>	Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; multiple lead system
<b>33285</b>	Insertion, subcutaneous cardiac rhythm monitor, including programming
<b>33880</b>	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin
<b>33881</b>	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin
<b>36465</b>	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein; accessory saphenous vein)
<b>36466</b>	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein; accessory saphenous vein), same leg
<b>36470</b>	Injection Of Sclerosing Solution; Single Vein



CODE	DESCRIPTION
<b>36471</b>	Injection Of Sclerosing Solution; Multiple Veins, Same Leg
<b>36473</b>	Endovenous ablation therapy of incompetent vein, extremity, Inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated
<b>36475</b>	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated
<b>36476</b>	Endovenous Ablation Therapy Of Incompetent Vein, Extremity, Inclusive Of All
<b>36478</b>	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated
<b>36479</b>	Endovenous Ablation Therapy Of Incompetent Vein, Extremity, Inclusive Of All
<b>36482</b>	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated
<b>36483</b>	subsequent vein(s) treated in a single extremity, each through separate access sites
<b>37224</b>	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty
<b>37225</b>	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed
<b>37226</b>	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed
<b>37227</b>	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed
<b>37246</b>	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; initial artery
<b>37247</b>	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)
<b>37650</b>	Ligation Of Femoral Vein
<b>37660</b>	Ligation Of Common Iliac Vein
<b>37700</b>	Ligation And Division Of Long Saphenous Vein At Saphenofemoral Junction, Or
<b>37718</b>	Ligation, division, and stripping, short saphenous vein
<b>37722</b>	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below
<b>37735</b>	Ligation And Division And Complete Stripping Of Long Or Short Saphenous Veins

CODE	DESCRIPTION
37760	Ligation Of Perforator Veins, Subfascial, Radical (Linton Type), Including Skin
37761	Ligation Of Perforator Vein(S), Subfascial, Open, Including Ultrasound Guidance
37765	Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions
37766	Stab Phlebectomy Of Varicose Veins, One Extremity; More Than 20 Incisions
37780	Ligation And Division Of Short Saphenous Vein At Saphenopopliteal Junction
37785	Ligation, Division, And/Or Excision Of Varicose Vein Cluster(S), One Leg
41010	Incision of lingual frenum (frenotomy)
41520	Frenoplasty (surgical revision of frenum, eg, with Z-plasty)
42145	Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)
43210	Esophagogastroduodenoscopy, flexible, transoral with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed
43279	Laparoscopy, surgical, esophagomyotomy (Heller type), with fundoplasty, when performed
43330	Esophagomyotomy (Heller type); abdominal approach
43331	Esophagomyotomy (Heller type); thoracic approach
43644	Laparoscopy, Surgical, Gastric Restrictive Procedure; With Gastric Bypass And Ro
43645	Laparoscopy, Surgical, Gastric Restrictive Procedure; With Gastric Bypass And
43647	Laparoscopy, Surgical; Implantation Or Replacement Of Gastric Neurostimulator Electrodes, Antrum
43659	Unlisted laparoscopy procedure, stomach
43770	Laparoscopy, Surgical, Gastric Restrictive Procedure; Placement Of Adjustable Gast
43771	Laparoscopy, Surgical, Gastric Restrictive Procedure; Revision Of Adjustable Gast
43772	Laparoscopy, Surgical, Gastric Restrictive Procedure; Removal Of Adjustable Gast
43773	Laparoscopy, Surgical, Gastric Restrictive Procedure; Removal And Replacement Of
43774	Laparoscopy, Surgical, Gastric Restrictive Procedure; Removal Of Adjustable Gast
43840	Gastrorrhaphy, suture of perforated duodenal or gastric ulcer, wound, or injury
43843	Gstr Rstcv W/O Byp Oth/Thn Ver-Banded Gstp
43845	Gastric Rstcv W/Prtl Gastrectomy 50-100 Cm
43846	Gastric Rstcv W/Byp W/Short Limb 150 Cm/<
43847	Gastric Rstcv W/Byp W/Sm Int Rcnstj Limit Absrpl
43848	Revision Open Gastric Restrictive Px Not Device
43881	Implantation Or Replacement Of Gastric Neurostimulator Electrodes, Antrum, Open
43882	Revision Or Removal Of Gastric Neurostimulator Electrodes, Antrum, Open
43886	Gstr Rstcv Px Opn Revj Subq Port Component Only
43887	Gstr Rstcv Px Opn Rmvl Subq Port Component Only
43888	Gstr Rstcv Opn Rmvl&Rplcmt Subq Port
47370	Laparoscopy, surgical, ablation of one or more liver tumor(s) ;radiofrequency
47380	Ablation, open, of one or more liver tumor(s); radiofrequency

CODE	DESCRIPTION
47382	Ablation, 1 or more liver tumor(s), percutaneous, radiofrequency
47531	Injection for cholangiogram
47532	Injection for cholaniogram
50080	Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; up to 2 cm
50081	Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; over 2 cm
50590	Lithotripsy, extracorporeal shock wave
50592	Ablation, one or more renal tumor(s), percutaneous, unilateral, radiofrequency
51715	Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck
52450	Transurethral incision of prostate
52601	Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)
52648	Laser vaporization of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)
53440	Sling operation for correction of male urinary incontinence (eg, fascia or synthetic)
53445	Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff
53850	Transurethral destruction of prostate tissue; by microwave thermotherapy
53852	Transurethral destruction of prostate tissue by radiofrequency thermotherapy
53899	Unlisted procedure, urinary system
55860	Exposure of prostate, any approach, for insertion of radioactive substance;
55862	Exposure of prostate, any approach, for insertion of radioactive substance; with lymph node biopsy(s) (limited pelvic lymphadenectomy)
55865	Exposure of prostate, any approach, for insertion of radioactive substance; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes
55875	Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy
55899	Unlisted procedure, male genital system
57155	Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy
57156	Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy
57425	Laparoscopy, surgical, colpexy (suspension of vaginal apex)
58578	Unlisted laparoscopy procedure, uterus
58674	Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring, radiofrequency
61630	Balloon angioplasty, intracranial (eg, atherosclerotic stenosis), percutaneous

CODE	DESCRIPTION
61635	Transcatheter placement of intravascular stent(s), intracranial (eg, atherosclerotic stenosis), including balloon angioplasty, if performed
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)
61850	Twist/Burr Hole Impltj Nstim Eltrd Cortical
61860	Crnec/Crx Impltj Nstim Eltrd Cere Cortical
61863	Strtctc Impltj Nstim Eltrd W/O Record 1St Array
61864	Strtctc Impltj Nstim Eltrd W/O Record Ea Array
61867	Strtctc Impltj Nstim Eltrd W/Record 1St Array
61868	Strtctc Impltj Nstim Eltrd W/Record Ea Array
61870	Crnec Impltj Nstim Eltrd Cerebellar Cortical
61880	Revision Or Removal Of Intracranial Neurostimulator Electrodes
61885	Insertion Or Replacement Of Cranial Neurostimulator Pulse Generator Or
61886	Insertion Or Replacement Of Cranial Neurostimulator Pulse Generator Or
61888	Revision Or Removal Of Cranial Neurostimulator Pulse Generator Or Receiver
62269	Biopsy of spinal cord, percutaneous needle
62284	Injection for myelogram
62290	Injection procedure for discography, each level ; lumbar
62291	Injection procedure for discography, each level cervical or thoracic
62292	Injection procedure for chemonucleolysis, including discography, intervertebral disc, single or multiple levels, lumbar
62302	Myelography lumbar injection
62303	Myelography lumbar injection
62304	Myelography lumbar injection
62305	Myelography lumbar injection
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, lumbar or sacral (caudal); 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, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)

CODE	DESCRIPTION
<b>62322</b>	Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal); without imaging guidance
<b>62323</b>	Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)
<b>62324</b>	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic; without imaging guidance
<b>62325</b>	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)
<b>62326</b>	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal); without imaging guidance
<b>62327</b>	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)
<b>62350</b>	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
<b>62351</b>	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
<b>62360</b>	Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir
<b>62361</b>	Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump
<b>62362</b>	Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming
<b>63001</b>	Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cauda Eq



CODE	DESCRIPTION
63003	Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cauda
63005	Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cauda
63011	Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cauda
63012	Laminectomy With Removal Of Abnormal Facets And/Or Pars Inter-Articularis With
63015	Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cauda
63016	Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cauda
63017	Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cauda
63020	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Including Par
63030	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Including Par
63035	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Including Par
63040	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Including
63042	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Including
63043	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Including
63044	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Including
63045	Laminectomy, Facetectomy And Foraminotomy (Unilateral Or Bilateral With
63046	Laminectomy, Facetectomy And Foraminotomy (Unilateral Or Bilateral With
63047	Laminectomy, Facetectomy And Foraminotomy (Unilateral Or Bilateral With
63048	Laminectomy, Facetectomy And Foraminotomy (Unilateral Or Bilateral With
63055	Transpedicular Approach With Decompression Of Spinal Cord, Equina And/Or Nerve R
63056	Transpedicular Approach With Decompression Of Spinal Cord, Equina And/Or Nerve
63057	Transpedicular Approach With Decompression Of Spinal Cord, Equina And/Or Nerve
63075	Removal Of Upper Spine Disc And Release Of Spinal Cord And/Or Nerves
63076	Removal Of Upper Spine Disc And Release Of Spinal Cord And/Or Nerves
63077	Removal Of Middle Spine Disc And Release Of Spinal Cord And/Or Nerves
63078	Removal Of Middle Spine Disc And Release Of Spinal Cord And/Or Nerves
63081	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Anterior
63082	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Anterior
63085	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete,
63086	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete,
63087	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Combined
63088	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Combined
63090	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete,
63091	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete,
63101	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Lateral Ex
63102	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Lateral
63103	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Lateral

CODE	DESCRIPTION
63250	Laminectomy For Excision Or Occlusion Of Arteriovenous Malformation Of Spinal Co
63251	Laminectomy For Excision Or Occlusion Of Arteriovenous Malformation Of Spinal
63252	Laminectomy For Excision Or Occlusion Of Arteriovenous Malformation Of Spinal
63265	Laminectomy For Excision Or Evacuation Of Intraspinous Lesion Other Than
63266	Laminectomy For Excision Or Evacuation Of Intraspinous Lesion Other Than
63267	Laminectomy For Excision Or Evacuation Of Intraspinous Lesion Other Than
63268	Laminectomy For Excision Or Evacuation Of Intraspinous Lesion Other Than
63270	Laminectomy For Excision Of Intraspinous Lesion Other Than Neoplasm, Intradural;
63271	Laminectomy For Excision Of Intraspinous Lesion Other Than Neoplasm, Intradural;
63272	Laminectomy For Excision Of Intraspinous Lesion Other Than Neoplasm, Intradural;
63273	Laminectomy For Excision Of Intraspinous Lesion Other Than Neoplasm, Intradural;
63275	Laminectomy For Biopsy/Excision Of Intraspinous Neoplasm; Extradural, Cervical
63276	Laminectomy For Biopsy/Excision Of Intraspinous Neoplasm; Extradural, Thoracic
63277	Laminectomy For Biopsy/Excision Of Intraspinous Neoplasm; Extradural, Lumbar
63278	Laminectomy For Biopsy/Excision Of Intraspinous Neoplasm; Extradural, Sacral
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 Electr
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,
63688	Revision Or Removal Of Implanted Spinal Neurostimulator Pulse Generator Or
64400	Injection, anesthetic agent; trigeminal nerve, any division or branch
64402	Injection Anesthetic Agent Facial Nerve
64405	Injection Anesthetic Agent Greater Occipital Nerve
64408	Injection Anesthetic Agent Vagus Nerve
64410	Injection Anesthetic Agent Phrenic Nerve
64413	Injection Anesthetic Agent Cervical Plexus
64415	Single Nerve Block Injection Arm Nerve

CODE	DESCRIPTION
64416	Injection, anesthetic agent; brachial plexus, continuous infusion by catheter (including catheter placement)
64417	Injection Anesthetic Agent Axillary Nerve
64418	Injection Anesthetic Agent Suprascapular Nerve
64420	Injection Anesthetic Agent 1 Intercostal Nerve
64421	Multiple Nerve Block Injections Rib Nerves
64425	Injection, anesthetic agent; ilioinguinal, iliohypogastric nerves
64430	Injection Anesthetic Agent Pudendal Nerve
64435	Injection Anesthetic Paracervical Uterine Nerve
64445	Injection Anesthetic Agent Sciatic Nerve Single
64446	Injection, anesthetic agent; sciatic nerve, continuous infusion by catheter (including catheter placement)
64447	Injection Anesthetic Agent Femoral Nerve Single
64448	Injection Anes Femoral Nerve Cont Infusion Cath
64449	Injection, anesthetic agent; lumbar plexus, posterior approach, continuous infusion by catheter (including catheter placement)
64450	Injection, anesthetic agent; other peripheral nerve or branch
64455	Injection(s), anesthetic agent and/or steroid, plantar common digital nerve(s) (eg, Morton's neuroma)
64461	Paravertebral Block (Pvb) (Paraspinous Block), Thoracic; Single Injection Site (Includes Imaging Guidance, When Performed)
64462	Paravertebral Block (Pvb) (Paraspinous Block), Thoracic; Second And Any Additional Injection Site(S) (Includes Imaging Guidance, When Performed) (List Separately In Addition To Code For Primary Procedure)
64463	Paravertebral Block (Pvb) (Paraspinous Block), Thoracic; Continuous Infusion By Catheter (Includes Imaging Guidance, When Performed)
64479	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level
64480	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure)
64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level
64484	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); 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 (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level

CODE	DESCRIPTION
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 procedures)
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
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)
64505	Injection, anesthetic agent; celiac plexus, with or without radiologic monitoring
64510	Injection, anesthetic agent stellate ganglion (cervical sympathetic)
64517	Injection, anesthetic agent superior hypogastric plexus
64520	Injection, anesthetic agent lumbar or thoracic (paravertebral sympathetic)
64530	Injection, anesthetic agent; celiac plexus, with or without radiologic monitoring
64553	Percutaneous Implantation Of Neurostimulator Electrode Array; Cranial Nerve
64555	Percutaneous Implantation Of Neurostimulator Electrode Array; Peripheral Nerve
64561	Percutaneous Implantation Of Neurostimulator Electrode Array; Sacral Nerve
64566	Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming
64568	Incision For Implantation Of Cranial Nerve (Eg, Vagus Nerve) Neurostimulator Electrode Array And Pulse Generator
64569	Revision Or Replacement Of Cranial Nerve (Eg, Vagus Nerve) Neurostimulator Electrode Array, Including Connection To Existing Pulse Generator
64575	Incision for implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)
64580	Incision For Implantation Of Neurostimulator Electrode Array; Neuromuscular
64581	Incision for implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)
64585	Revision Or Removal Of Peripheral Neurostimulator Electrode Array
64590	Insertion Or Replacement Of Peripheral Or Gastric Neurostimulator Pulse Generato
64595	Revision Or Removal Of Peripheral Or Gastric Neurostimulator Pulse Generator Or
64600	Dstrj Trigeminal Nrv Supraorb Infraorb Branch
64605	Dstrj Neurolytic Trigeminal Nrv 2/3 Div Branch

CODE	DESCRIPTION
64610	Dstrj Neurlytic Trigem Nrv 2/3 Div Radio Monitor
64615	Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)
64616	Chemodenervation Of Muscle(S); Neck Muscle(S), Excluding Muscles Of The Larynx, Unilateral (Eg, For Cervical Dystonia, Spasmodic Torticollis)
64617	Chemodenervation Of Muscle(S); Larynx, Unilateral, Percutaneous (Eg, For Spasmodic Dysphonia), Includes Guidance By Needle Electromyography, When Performed
64620	Dstrj Neurolytic Agent Intercostal Nerve
64630	Dstrj Neurolytic Agent Pudendal Nerve
64633	Dstr Nrolytc Agnt Parverteb Fct Sngl Crvcl/Thora
64634	Dstr Nrolytc Agnt Parverteb Fct Addl Crvcl/Thora
64635	Dstr Nrolytc Agnt Parverteb Fct Sngl Lmbr/Sacral
64636	Dstr Nrolytc Agnt Parverteb Fct Addl Lmbr/Sacral
64640	Dstrj Neurolytic Agent Other Peripheral Nerve
64642	Chemodenervation Of One Extremity; 1-4 Muscle(S)
64643	Chemodenervation Of One Extremity; Each Additional Extremity, 1-4 Muscle(S) (List Separately In Addition To Code For Primary Procedure)
64644	Chemodenervation Of One Extremity; 5 Or More Muscles
64645	Chemodenervation Of One Extremity; Each Additional Extremity, 5 Or More Muscles (List Separately In Addition To Code For Primary Procedure)
64646	Chemodenervation Of Trunk Muscle(S); 1-5 Muscle(S)
64647	Chemodenervation Of Trunk Muscle(S); 6 Or More Muscles
64680	Dstrj Neurolytic W/Wo Rad Monitor Celiac Plexus
64681	Dstrj Nulyt W/Worad Mntr Superior Hypogstr Plexus
64999	Unlisted procedure, nervous system
65855	Trabeculoplasty by laser surgery
66150	Fistulization of sclera for glaucoma; trephination with iridectomy
66155	thermocauterization with iridectomy
66160	sclerectomy with punch or scissors, with iridectomy
66170	trabeculectomy ab externo in absence of previous surgery
66500	Iridotomy by stab incision (separate procedure); except transfixion
66505	Iridotomy by stab incision (separate procedure); with transfixion as for iris bombe
66600	Iridectomy, with corneoscleral or corneal section; for removal of lesion
66605	Iridectomy, with corneoscleral or corneal section; with cyclectomy
66625	Iridectomy, with corneoscleral or corneal section; peripheral for glaucoma (separate procedure)



CODE	DESCRIPTION
66630	Iridectomy, with corneoscleral or corneal section; sector for glaucoma (separate procedure)
66635	Iridectomy, with corneoscleral or corneal section; optical (separate procedure)
66761	Iridotomy/iridectomy by laser surgery (eg, for glaucoma) (per session)
66821	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (eg, YAG laser) (1 or more stages)
66830	Removal of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid) with corneo-scleral section, with or without iridectomy (iridocapsulotomy, iridocapsulectomy)
66840	Removal of lens material ; aspiration technique, 1 or more stages
66850	Removal of lens material; phacofragmentation technique (mechanical or ultrasonic) (eg, phacoemulsification), with aspiration
66852	Removal of lens material; pars plana approach, with or without vitrectomy
66920	Removal of lens material; intracapsular
66930	Removal of lens material; intracapsular, for dislocated lens
66940	Removal of lens material; extracapsular (other than 66840, 66850, 66852)
66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic development stage
66983	Intracapsular cataract extraction with insertion of intraocular lens prosthesis (1 stage procedure)
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine
66985	Insertion of intraocular lens prosthesis (secondary implant), not associated with concurrent cataract removal
66986	Exchange of intraocular lens
67210	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; photocoagulation
67218	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; radiation by implantation of source (includes removal of source)
67220	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photocoagulation (eg, laser), 1 or more sessions
67221	photodynamic therapy (includes intravenous infusion)
67225	photodynamic therapy, second eye, at single session (List separately in addition to code for primary eye treatment)

<b>CODE</b>	<b>DESCRIPTION</b>
<b>67228</b>	Treatment of extensive or progressive retinopathy (eg, diabetic retinopathy), photocoagulation
<b>67311</b>	Strabismus Recession/Rescj 1 Hrzntl Musc
<b>67312</b>	Strabismus Recession/Rescj 2 Hrzntl Musc
<b>67314</b>	Strabismus Recession/Rescj 1 Ver Musc
<b>67316</b>	Strabismus Recession/Rescj 2/More Ver Musc
<b>67318</b>	Strabismus Any Superior Oblique Muscle
<b>67320</b>	Transposition Procedure Extraocular Musc
<b>67331</b>	Strabismus Previous Eye X Involve Eo Musc
<b>67332</b>	Strabismus Scarring Eo Musc/Rstcv Myopathy
<b>67334</b>	Strabismus Post Fixj Sutr Tq W/Wo Musc Recession
<b>67335</b>	Placement Adjustable Suture Strabismus
<b>67340</b>	Strabismus Expl&/Rpr Detached Extrocular Musc
<b>67343</b>	Release of extensive scar tissue without detaching extraocular muscle (separate procedure)
<b>67345</b>	Chemodenervation Extraocular Muscle
<b>67346</b>	Biopsy Extraocular Muscle
<b>67399</b>	Unlisted Procedure Ocular Muscle
<b>67414</b>	Orbitotomy W/O Bone Flap W/Rmvl Bone Dcmprn
<b>67715</b>	Canthotomy Separate Procedure
<b>67825</b>	Correction Trichiasis Epilation Oth/Than Forceps
<b>67900</b>	Repair Brow Ptosis
<b>67901</b>	Rpr Blepharoptosis Frontalis Musc Sutr/Oth MatrI
<b>67902</b>	Rpr Blepharopt Frontalis Musc Autol Fascal Sling
<b>67903</b>	Rpr Blepharoptosis Levator Rescj/Advmnt Internal
<b>67904</b>	Rpr Blepharoptosis Levator Rescj/Advmnt Xtrnl
<b>67906</b>	Rpr Blepharoptosis Superior Rectus Fascial Sling
<b>67908</b>	Rpr Blpos Conjunctivo-Tarso-Musc-Levator Rescj
<b>67909</b>	Reduction Overcorrection Ptosis
<b>67911</b>	Correction Lid Retraction
<b>67912</b>	Corrj Lagophthalmos Impltj Upr Eyelid Lid Load
<b>67914</b>	Repair Of Ectropion; Suture
<b>67915</b>	Repair Of Ectropion; Thermocauterization
<b>67916</b>	Repair Ectropion Excision Tarsal Wedge
<b>67917</b>	Repair Ectropion Extensive
<b>67921</b>	Repair Of Entropion; Suture
<b>67922</b>	Repair Of Entropion; Thermocauterization

CODE	DESCRIPTION
67923	Repair Of Entropion; Excision Tarsal Wedge
67924	Repair Of Entropion; Extensive (Eg, Tarsal Strip Or Capsulopalpebral Fascia Repairs Operation)
67938	Removal Embedded Foreign Body Eyelid
67950	Canthoplasty (reconstruction of canthus)
67961	Excision & Repair Eyelid > One-Fourth Lid Margin
67966	Excision & Repair Eyelid One-Fourth Lid Margin/>
67971	Rcnstj Eyelid Full Thickness < Two-Thirds 1 Stg
67973	Rcnstj Eyelid Full Thickness Lower Eyelid 1 Stg
67974	Rcnstj Eyelid Full Thickness Upper Eyelid 1 Stg
67975	Rcnstj Eyelid Full Thickness Second Stage
68320	Conjunctivoplasty W/Grf/Xtnsv Rearrangement
68325	Conjunctivoplasty W/Buccal Muc Memb Graft
68326	Cjp Rcnstj Cul-De-Sac Buccal Grf/Xtnsv Rearrgmt
68328	Conjunctpl Cul-De-Sac W/Buccal Muc Memb Graft
68330	Rpr Symblepharon Conjunctivoplasty W/O Graft
68335	Rpr Symblepharon Fr Grf Cjnc/Buccal Muc Memb
68360	Conjunctival Flap Bridge/Partial Spx
68362	Conjunctival Flap Total
68371	Harvesting Conjuncival Allography Living Donor
68399	Unlisted Procedure Conjunctiva
68700	Plastic Repair Canaliculi
69805	Endolymphatic sac operation ; without shunt
69806	Endolymphatic sac operation ; with shunt
69930	Cochlear device implantation, with or without mastoidectomy
70496	CT angiography head
70498	CT angiography neck
70540	MRI orbit/face/neck w/o dye
70542	MRI orbit/face/neck w/dye
70543	MRI orbt/fac/nck w/o &w/dye
70544	MR Angiography head w/o dye
70545	MR Angiography head w/dye
70546	MR Angiograph head w/o&w/dye
70547	MR Angiography neck w/o dye
70548	MR Angiography neck w/dye
70549	MR Angiograph neck w/o&w/dye

CODE	DESCRIPTION
70551	MRI brain stem w/o dye
70552	MRI brain stem w/dye
70553	MRI brain stem w/o & w/dye
70557	MRI brain w/o dye
70558	MRI brain w/dye
70559	MRI brain w/o & w/dye
71250	CT thorax w/o dye
71260	CT thorax w/dye
71270	CT thorax w/o & w/dye
71275	CT angiography chest
71550	MRI chest w/o dye
71551	MRI chest w/dye
71552	MRI chest w/o & w/dye
71555	MRI angio chest w or w/o dye
72125	CT neck spine w/o dye
72126	CT neck spine w/dye
72127	CT neck spine w/o & w/dye
72128	CT chest spine w/o dye
72129	CT chest spine w/dye
72130	CT chest spine w/o & w/dye
72131	CT lumbar spine w/o dye
72132	CT lumbar spine w/dye
72133	CT lumbar spine w/o & w/dye
72141	MRI neck spine w/o dye
72142	MRI neck spine w/dye
72146	MRI chest spine w/o dye
72147	MRI chest spine w/dye
72148	MRI lumbar spine w/o dye
72149	MRI lumbar spine w/dye
72156	MRI neck spine w/o & w/dye
72157	MRI chest spine w/o & w/dye
72158	MRI lumbar spine w/o & w/dye
72191	CT angiograph pelv w/o&w/dye
72192	CT pelvis w/o dye
72193	CT pelvis w/dye
72194	CT pelvis w/o & w/dye

CODE	DESCRIPTION
72195	MRI pelvis w/o dye
72196	MRI pelvis w/dye
72197	MRI pelvis w/o & w/dye
72240	Myelography neck spine
72255	Myelography thoracic spine
72265	Myelography l-s spine
72270	Myelography 2/> spine regions
73200	CT upper extremity w/o dye
73201	CT upper extremity w/dye
73202	CT uppr extremity w/o&w/dye
73206	CT angio upr extrm w/o&w/dye
73218	MRI upper extremity w/o dye
73219	MRI upper extremity w/dye
73220	MRI upper extremity w/o&w/dye
73221	MRI joint upper extremity w/o dye
73222	MRI joint upper extremity w/dye
73223	MRI joint upper extremity w/o&w/dye
73700	CT lower extremity w/o dye
73701	CT lower extremity w/dye
73702	CT lower extremity w/o&w/dye
73706	CT angio lwr extr w/o&w/dye
73718	MRI lower extremity w/o dye
73719	MRI lower extremity w/dye
73720	MRI lower extremity w/o&w/dye
73721	MRI joint of lower extremity w/o dye
73722	MRI joint of lower extremity w/dye
73723	MRI joint lower extremity w/o&w/dye
74150	CT abdomen w/o dye
74160	CT abdomen w/dye
74170	CT abdomen w/o & w/dye
74174	CT angio abd&pelv w/o&w/dye
74175	CT angio abdom w/o & w/dye
74176	CT abd & pelvis w/o contrast
74177	CT abd & pelv w/contrast
74178	CT abd & pelv 1/> regns
74181	MRI abdomen w/o dye



CODE	DESCRIPTION
74182	MRI abdomen w/dye
74183	MRI abdomen w/o & w/dye
74185	MRI angio abdom w orw/o dye
74261	CT colonography dx
74262	CT colonography dx w/dye
75557	Cardiac MRI for morph
75559	Cardiac MRI w/stress img
75561	Cardiac MRI for morph w/dye
75563	Cardiac MRI w/stress img & dye
75565	Cardiac MRI veloc flow mapping
75574	CT angio hrt w/3d image
75635	CT angio abdominal arteries
75898	Follow-up angiography
76498	MRI Procedure
77021	MRI guidance ndl plmt rs&i
77022	MRI gdn parnchyma tiss abltj
77046	MRI breast c- unilateral
77047	MRI breast c- bilateral
77295	3-dimensional radiotherapy plan, including dose-volume histograms
77301	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications
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)
77338	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions
77385	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple

CODE	DESCRIPTION
77386	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex
77520	Proton treatment delivery; simple, without compensation
77522	Proton treatment delivery; simple, with compensation
77523	Proton treatment delivery; complex
77525	Proton treatment delivery; complex
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 radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel
77771	Remote afterloading high dose radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels
77772	Remote afterloading high dose radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels
77778	Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source, when performed
77799	Unlisted procedure, clinical brachytherapy
78012	Thyroid uptake measurement
78013	Thyroid imaging w/blood flow
78014	Thyroid imaging w/blood flow
78015	Thyroid met imaging
78016	Thyroid met imaging/studies
78018	Thyroid met imaging body
78020	Thyroid met uptake
78075	Adrenal cortex & medulla img
78099	Endocrine nuclear procedure
78199	Blood/lymph nuclear exam
78201	Liver imaging
78202	Liver imaging with flow
78205	Liver imaging (3d)
78206	Liver image (3d) with flow

CODE	DESCRIPTION
78215	Liver and spleen imaging
78216	Liver & spleen image/flow
78226	Hepatobiliary system imaging
78227	Hepatobil syst image w/drug
78258	Esophageal motility study
78262	Gastroesophageal reflux exam
78264	Gastric emptying imag study
78265	Gastric emptying imag study
78266	Gastric emptying imag study
78267	Breath tst attain/anal c-14
78278	Acute GI blood loss imaging
78290	Meckels divert exam
78299	GI nuclear procedure
78300	Bone imaging limited area
78305	Bone imaging multiple areas
78306	Bone imaging whole body
78315	Bone imaging 3 phase
78320	Bone imaging (3d)
78399	Musculoskeletal nuclear exam
78459	Heart muscle imaging (pet)
78466	Heart infarct image
78468	Heart infarct image (ef)
78469	Heart infarct image (3d)
78472	Gated heart planar single
78473	Gated heart multiple
78481	Heart first pass single
78483	Heart first pass multiple
78491	Heart image (pet) single
78492	Heart image (pet) multiple
78494	Heart image spect
78496	Heart first pass add-on
78499	Cardiovascular nuclear exam
78579	Lung ventilation imaging
78580	Lung perfusion imaging
78582	Lung ventilation&perfusion imaging
78597	Lung perfusion differential

CODE	DESCRIPTION
78598	Lung perfusion&ventilation differential
78599	Respiratory nuclear exam
78600	Brain image < 4 views
78601	Brain image w/flow < 4 views
78605	Brain image w/flow < 4 views
78606	Brain image w/flow 4 + views
78607	Brain imaging (3d)
78608	Brain imaging (pet)
78610	Brain flow imaging only
78630	Cerebrospinal fluid scan
78635	CSF ventriculography
78645	CSF shunt evaluation
78647	Cerebrospinal fluid scan
78650	CSF leakage imaging
78660	Nuclear exam of tear flow
78699	Nervous system nuclear exam
78700	Kidney imaging morphol
78701	Kidney imaging with flow
78708	K flow/funct image w/drug
78709	K flow/funct image multiple
78710	Kidney imaging (3d)
78725	Kidney function study
78730	Urinary bladder retention
78740	Ureteral reflux study
78761	Testicular imaging w/flow
78799	Genitourinary nuclear exam
78800	Tumor imaging limited area
78801	Tumor imaging multiple areas
78802	Tumor imaging whole body
78803	Tumor imaging (3d)
78804	Tumor imaging whole body
78805	Abscess imaging limited area
78806	Abscess imaging whole body
78807	Nuclear localization/abscess
78812	Pet image skull-thigh
78813	Pet image full body

CODE	DESCRIPTION
78814	Pet image w/CT limited
78815	Pet image w/CT skull-thigh
78816	Pet image w/CT full body
78999	Nuclear diagnostic exam
79005	Nuclear rx oral admin
79101	Nuclear rx iv admin
79200	Nuclear rx intracav admin
79300	Nuclear rx interstit colloid
79403	Hematopoietic nuclear tx
79440	Nuclear rx intra-articular
79445	Nuclear rx intra-arterial
79999	Nuclear medicine therapy
86890	Autologous blood or component, collection processing and storage; predeposited
86891	Autologous blood or component, collection processing and storage; intra- or postoperative salvage
92585	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive
92586	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; limited
92974	Transcatheter placement of radiation delivery device for subsequent coronary intravascular brachytherapy (List separately in addition to code for primary procedure)
95004	Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests
95017	Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with venoms, immediate type reaction, including test interpretation and report, specify number of tests
95018	Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with drugs or biologicals, immediate type reaction, including test interpretation and report, specify number of tests
95024	Intracutaneous (intradermal) tests with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests
95027	Intracutaneous (intradermal) tests, sequential and incremental, with allogenic extracts for airborne allergens, immediate type reaction, including test interpretation and report, specify number of tests
95028	Intracutaneous (intradermal) tests with allergenic extracts, delayed type reaction, including reading, specify number of tests
95115	Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection



CODE	DESCRIPTION
95117	Professional services for allergen immunotherapy not including provision of allergenic extracts; 2 or more injections
95199	Unlisted allergy/clinical immunologic service or procedure
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)
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
96567	Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitive drug(s), per day
96573	Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day
96900	Actinotherapy (ultraviolet light)
96910	Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B
96912	Photochemotherapy; psoralens and ultraviolet A (PUVA)
96913	Photochemotherapy (Goeckerman and/or PUVA) for severe photoresponsive dermatoses requiring at least 4-8 hours of care under direct supervision of the physician (includes application of medication and dressings)

CODE	DESCRIPTION
96920	Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm
96921	Testing of autonomic nervous system function; cardiovagal innervation (parasympathetic function), including 2 or more of the following: heart rate response to deep breathing with recorded R-R interval, Valsalva ratio, and 30:15 ratio
98925	Osteopathic manipulative treatment (OMT); 1-2 body regions involved
98926	Osteopathic manipulative treatment (OMT); 3-4 body regions involved
98927	Osteopathic manipulative treatment (OMT); 5-6 body regions involved
98928	Osteopathic manipulative treatment (OMT); 7-8 body regions involved
98929	Osteopathic manipulative treatment (OMT); 9-10 body regions involved
98940	Chiropractic manipulative treatment (CMT); spinal, 1-2 regions
98941	Chiropractic manipulative treatment (CMT); spinal, 3-4 regions
98942	Chiropractic manipulative treatment (CMT); spinal, 5 regions
0228T	Njx Anes/Steroid Tfrml Edrl W/Us Cer/Thor 1 Lvl
0229T	Njx Anes/Sterd Tfrml Edrl W/Us Cer/Thor Ea Addl
0230T	Njx Anes/Steroid Tfrml Edrl W/Us Lum/Sac 1 Lvl
0231T	Njx Anes/Steroid Tfrml Edrl W/Us Lum/Sac Ea Addl
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
A0426	Ambulance Service, Advanced Life Support, Non-Emergency Transport, Level 1 (Als 1)
A0428	Ambulance Service, Basic Life Support, Non-Emergency Transport, (BlS)
A0434	Specialty Care Transport (SCT)
A5500	For diabetics only, fitting (including follow-up), custom preparation and supply of off-the-shelf depth-inlay shoe manufactured to accomodate multi-density insert(s), per shoe
A5501	For diabetics only, fitting (including follow-up), custom preparation and supply of shoe molded from cast(s) of patient's foot (custom molded shoe), per shoe
A5503	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with roller or rigid rocker bottom, per shoe
A5504	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with wedge(s), per shoe
A5505	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with metatarsal bar, per shoe
A5506	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with off-set heel(s), per shoe
A5507	For diabetics only, not otherwise specified modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe, per shoe

CODE	DESCRIPTION
<b>A5512</b>	For diabetics only, multiple density insert, direct formed, molded to foot after external heat source of 230 degrees Fahrenheit or higher, total contact with patient's foot, including arch, base layer minimum of 1/4 inch material of shore a 35 durometer or 3/16 inch material of shore a 40 durometer (or higher), prefabricated, each
<b>A5513</b>	For diabetics only, multiple density insert, custom molded from model of patient's foot, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of Shore A 35 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each
<b>A5514</b>	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 3/16inch material of shore a 35 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each
<b>A9600</b>	Strontium SR-89 chloride, therapeutic, per millicurie
<b>A9604</b>	Samarium SM-153 lexicidronam, therapeutic, per treatment dose, up to 150 millicuries
<b>A9606</b>	Radium RA-223 dichloride, therapeutic, per microcurie
<b>A9699</b>	Radiopharmaceutical, therapeutic, not otherwise classified
<b>E0193</b>	Powered air flotation bed (low air loss therapy)
<b>E0194</b>	Air fluidized bed
<b>E0250</b>	Hospital bed, fixed height, w/ side rails, with mattress
<b>E0251</b>	Hospital bed, fixed height, w/ side rails, w/o mattress
<b>E0255</b>	Hospital bed, variable height, hi-lo, w/side rails, with mattress
<b>E0256</b>	Hospital bed, variable height, hi-lo, w/side rails, w/o mattress
<b>E0260</b>	Hospital bed, semi-electric (head and foot adjustment), w/side rails, with mattress
<b>E0261</b>	Hospital bed, semi-electric (head and foot adjustment), w/side rails, w/o mattress
<b>E0277</b>	Powered pressure-reducing air mattress
<b>E0290</b>	Hospital bed, fixed height, w/o side rails, with mattress
<b>E0291</b>	Hospital bed, fixed height, w/o side rails, w/o mattress
<b>E0292</b>	Hospital bed, variable height, hi-lo, w/o side rails, with mattress
<b>E0293</b>	Hospital bed, variable height, hi-lo, w/o side rails, w/o mattress
<b>E0294</b>	Hospital bed, semi-electric (head and foot adjustment), w/o side rails, with mattress
<b>E0295</b>	Hospital bed, semi-electric (head and foot adjustment), w/o side rails, w/o mattress
<b>E0301</b>	Hospital bed, heavy-duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, w/side rails, w/o mattress

CODE	DESCRIPTION
<b>E0302</b>	Hospital bed, extra heavy-duty, extra wide, w/ weight capacity greater than 600 pounds, w/ side rails, w/o mattress
<b>E0303</b>	Hospital bed, heavy-duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, w/side rails, w/mattress
<b>E0304</b>	Hospital bed, extra heavy-duty, extra wide, w/weight capacity greater than 600 pounds, w/ side rails, w/mattress
<b>E0371</b>	Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width
<b>E0372</b>	Powered air overlay for mattress, standard mattress length and width
<b>E0373</b>	Nonpowered advanced pressure reducing mattress
<b>E0465</b>	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)
<b>E0466</b>	Home ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell)
<b>E0467</b>	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
<b>E0470</b>	Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)
<b>E0471</b>	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)
<b>E0472</b>	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device)
<b>E0483</b>	High frequency chest wall oscillation system, includes all accessories and supplies, each
<b>E0486</b>	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, includes fitting and adjustment
<b>E0561</b>	Humidifier, non-heated, used with positive airway pressure device
<b>E0562</b>	Humidifier, heated, used with positive airway pressure device
<b>E0601</b>	Continuous positive airway pressure (CPAP) device
<b>E0615</b>	Pacemaker monitor, self-contained, checks battery depletion and other pacemaker components, includes digital/visible check systems
<b>E0616</b>	Implantable cardiac event recorder with memory, activator and programmer
<b>E0636</b>	Multipositional patient support system, with integrated lift, patient accessible controls
<b>E0668</b>	Segmental pneumatic appliance for use with pneumatic compressor, full arm
<b>E0747</b>	Osteogenesis stimulator, electrical, noninvasive, other than spinal applications
<b>E0748</b>	Osteogenesis stimulator, electrical, noninvasive, spinal applications
<b>E0749</b>	Osteogenesis stimulator, electrical, surgically implanted
<b>E0769</b>	Electrical stimulation or electromagnetic wound treatment device, not otherwise classified

CODE	DESCRIPTION
<b>E0785</b>	Implantable intraspinal (epidural/intrathecal) catheter used with implantable infusion pump, replacement
<b>E0948</b>	Fracture frame, attachments for complex cervical traction
<b>E0986</b>	Manual wheelchair accessory, push-rim activated power assist system
<b>E1035</b>	Multi-positional patient transfer system, with integrated seat, operated by care giver, patient weight capacity up to and including 300 lbs
<b>E1036</b>	Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity greater than 300 lbs
<b>E1841</b>	Static progressive stretch shoulder device, with or without range of motion adjustment, includes all components and accessories
<b>E2402</b>	Negative pressure wound therapy electrical pump, stationary or portable
<b>G0186</b>	Destruction of localized lesion of choroid (for example, choroidal neovascularization); photocoagulation, feeder vessel technique (one or more sessions)
<b>G0277</b>	Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval
<b>G0329</b>	Electromagnetic therapy, to one or more areas for chronic stage III and stage IV pressure ulcers, arterial ulcers, diabetic ulcers and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care as part of a therapy plan of care
<b>G0398</b>	Home sleep study test (HST) with type II portable monitor, unattended; minimum of 7 channels: EEG, EOG, EMG, ECG/heart rate, airflow, respiratory effort and oxygen saturation
<b>G0399</b>	Home sleep test (HST) with type III portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ECG/heart rate and 1 oxygen saturation
<b>G0400</b>	Home sleep test (HST) with type IV portable monitor, unattended; minimum of 3 channels
<b>G6015</b>	Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session
<b>G6017</b>	Infra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (e.g., 3D positional tracking, gating, 3D surface tracking), each fraction of treatment
<b>J0129</b>	Injection, abatacept, 10 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)
<b>J0135</b>	Injection, adalimumab, 20 mg
<b>J0178</b>	Injection, aflibercept, 1 mg
<b>J0180</b>	Injection, agalsidase beta, 1 mg
<b>J0202</b>	Injection, alemtuzumab, 1 mg
<b>J0220</b>	Injection, alglucosidase alfa, 10 mg, not otherwise specified
<b>J0221</b>	Injection, alglucosidase alfa, (lumizyme), 10 mg
<b>J0256</b>	Injection, alpha 1 proteinase inhibitor (human), not otherwise specified, 10 mg
<b>J0257</b>	Injection, alpha 1 proteinase inhibitor (human), (glassia), 10 mg
<b>J0480</b>	Injection, basiliximab, 20 mg



CODE	DESCRIPTION
J0485	Injection, belatacept, 1 mg
J0490	Injection, belimumab, 10 mg
J0565	Injection, bezlotoxumab, 10 mg
J0585	Injection, onabotulinumtoxina, 1 unit
J0586	Injection, abobotulinumtoxina, 5 units
J0587	Injection, rimabotulinumtoxinb, 100 units
J0588	Injection, incobotulinumtoxin a, 1 unit
J0596	Injection, c1 esterase inhibitor (recombinant), ruconest, 10 units
J0597	Injection, c-1 esterase inhibitor (human), berinert, 10 units
J0598	Injection, c-1 esterase inhibitor (human), cinryze, 10 units
J0638	Injection, canakinumab, 1 mg
J0717	Injection, certolizumab pegol, 1 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)
J0775	Injection, collagenase, clostridium histolyticum, 0.01 mg
J0881	Injection, darbepoetin alfa, 1 microgram (non-esrd use)
J0882	Injection, darbepoetin alfa, 1 microgram (for esrd on dialysis)
J0885	Injection, epoetin alfa, (for non-esrd use), 1000 units
J0887	Injection, epoetin beta, 1 microgram, (for esrd on dialysis)
J0888	Injection, epoetin beta, 1 microgram, (for non esrd use)
J0890	Injection, peginesatide, 0.1 mg (for esrd on dialysis)
J0894	Injection, decitabine, 1 mg
J0895	Injection, deferoxamine mesylate, 500 mg
J0897	Injection, denosumab, 1 mg
J1290	Injection, ecallantide, 1 mg
J1300	Injection, eculizumab, 10 mg
J1322	Injection, elosulfase alfa, 1 mg
J1325	Injection, epoprostenol, 0.5 mg
J1428	Injection, eteplirsen, 10 mg
J1436	Injection, etidronate disodium, per 300 mg
J1438	Injection, etanercept, 25 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)
J1439	Injection, ferric carboxymaltose, 1 mg
J1442	Injection, filgrastim (g-csf), excludes biosimilars, 1 microgram
J1443	Injection, ferric pyrophosphate citrate solution, 0.1 mg of iron
J1447	Injection, tbo-filgrastim, 1 microgram
J1459	Injection, immune globulin (privigen), intravenous, non-lyophilized (e.g., liquid), 500 mg
J1460	Injection, gamma globulin, intramuscular, 1 cc

CODE	DESCRIPTION
J1555	Injection, immune globulin (cuvitru), 100 mg
J1556	Injection, immune globulin (bivigam), 500 mg
J1557	Injection, immune globulin, (gammplex), intravenous, non-lyophilized (e.g., liquid), 500 mg
J1559	Injection, immune globulin (hizentra), 100 mg
J1560	Injection, gamma globulin, intramuscular, over 10 cc
J1561	Injection, immune globulin, (gamunex-c/gammaked), non-lyophilized (e.g., liquid), 500 mg
J1562	Injection, immune globulin (vivaglobin), 100 mg
J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg
J1568	Injection, immune globulin, (octagam), intravenous, non-lyophilized (e.g., liquid), 500 mg
J1569	Injection, immune globulin, (gammagard liquid), non-lyophilized, (e.g., liquid), 500 mg
J1571	Injection, hepatitis b immune globulin (hepagam b), intramuscular, 0.5 ml
J1572	Injection, immune globulin, (flebogamma/flebogamma dif), intravenous, non-lyophilized (e.g., liquid), 500 mg
J1573	Injection, hepatitis b immune globulin (hepagam b), intravenous, 0.5 ml
J1575	Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immunoglobulin
J1599	Injection, immune globulin, intravenous, non-lyophilized (e.g., liquid), not otherwise specified, 500 mg
J1602	Injection, golimumab, 1 mg, for intravenous use
J1640	Injection, hemin, 1 mg
J1670	Injection, tetanus immune globulin, human, up to 250 units
J1675	Injection, histrelin acetate, 10 micrograms
J1740	Injection, ibandronate sodium, 1 mg
J1744	Injection, icatibant, 1 mg
J1745	Injection, infliximab, excludes biosimilar, 10 mg
J1750	Injection, iron dextran, 50 mg
J1756	Injection, iron sucrose, 1 mg
J1786	Injection, imiglucerase, 10 units
J1930	Injection, lanreotide, 1 mg
J1931	Injection, laronidase, 0.1 mg
J1950	Injection, leuprolide acetate (for depot suspension), per 3.75 mg
J2170	Injection, mecasermin, 1 mg
J2182	Injection, mepolizumab, 1 mg
J2260	Injection, milrinone lactate, 5 mg
J2323	Injection, natalizumab, 1 mg
J2326	Injection, nusinersen, 0.1 mg
J2350	Injection, ocrelizumab, 1 mg

CODE	DESCRIPTION
J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg
J2354	Injection, octreotide, non-depot form for subcutaneous or intravenous injection, 25 mcg
J2357	Injection, omalizumab, 5 mg
J2425	Injection, palifermin, 50 micrograms
J2426	Injection, paliperidone palmitate extended release, 1 mg
J2430	Injection, pamidronate disodium, per 30 mg
J2503	Injection, pegaptanib sodium, 0.3 mg
J2504	Injection, pegademase bovine, 25 iu
J2505	Injection, pegfilgrastim, 6 mg
J2507	Injection, pegloticase, 1 mg
J2547	Injection, peramivir, 1 mg
J2562	Injection, plerixafor, 1 mg
J2778	Injection, ranibizumab, 0.1 mg
J2783	Injection, rasburicase, 0.5 mg
J2786	Injection, reslizumab, 1 mg
J2788	Injection, rho d immune globulin, human, minidose, 50 micrograms (250 i.u.)
J2790	Injection, rho d immune globulin, human, full dose, 300 micrograms (1500 i.u.)
J2791	Injection, rho(d) immune globulin (human), (rhophylac), intramuscular or intravenous, 100 iu
J2792	Injection, rho d immune globulin, intravenous, human, solvent detergent, 100 iu
J2793	Injection, riloncept, 1 mg
J2796	Injection, romiplostim, 10 micrograms
J2820	Injection, sargramostim (gm-csf), 50 mcg
J2840	Injection, sebelipase alfa, 1 mg
J2860	Injection, siltuximab, 10 mg
J2916	Injection, sodium ferric gluconate complex in sucrose injection, 12.5 mg
J3060	Injection, taliglucerase alfa, 10 units
J3090	Injection, tedizolid phosphate, 1 mg
J3240	Injection, thyrotropin alpha, 0.9 mg, provided in 1.1 mg vial
J3262	Injection, tocilizumab, 1 mg
J3357	Ustekinumab, for subcutaneous injection, 1 mg
J3358	Ustekinumab, for intravenous injection, 1 mg
J3380	Injection, vedolizumab, 1 mg
J3385	Injection, velaglucerase alfa, 100 units
J3396	Injection, verteporfin, 0.1 mg
J3470	Injection, hyaluronidase, up to 150 units
J3471	Injection, hyaluronidase, ovine, preservative free, per 1 usp unit (up to 999 usp units)

CODE	DESCRIPTION
J3471	Injection, hyaluronidase, ovine, preservative free, per 1 usp unit (up to 999 usp units)
J3472	Injection, hyaluronidase, ovine, preservative free, per 1000 usp units
J3473	Injection, hyaluronidase, recombinant, 1 usp unit
J3489	Injection, zoledronic acid, 1 mg
J3490	Unclassified drugs
J3590	Unclassified biologics
J7175	Injection, factor x, (human), 1 i.u.
J7178	Injection, human fibrinogen concentrate, 1 mg
J7179	Injection, von willebrand factor (recombinant), (vonvendi), 1 i.u. vwf:rco
J7180	Injection, factor xiii (antihemophilic factor, human), 1 i.u.
J7181	Injection, factor xiii a-subunit, (recombinant), per iu
J7182	Injection, factor viii, (antihemophilic factor, recombinant), (novoeight), per iu
J7183	Injection, von willebrand factor complex (human), wilate, 1 i.u. vwf:rco
J7185	Injection, factor viii (antihemophilic factor, recombinant) (xyntha), per i.u.
J7186	Injection, antihemophilic factor viii/von willebrand factor complex (human), per factor viii i.u.
J7187	Injection, von willebrand factor complex (humate-p), per iu vwf:rco
J7188	Injection, factor viii (antihemophilic factor, recombinant), (obizur), per i.u.
J7189	Factor viia (antihemophilic factor, recombinant), per 1 microgram
J7190	Factor viii (antihemophilic factor, human) per i.u.
J7191	Factor viii (antihemophilic factor (porcine)), per i.u.
J7192	Factor viii (antihemophilic factor, recombinant) per i.u., not otherwise specified
J7193	Factor ix (antihemophilic factor, purified, non-recombinant) per i.u.
J7194	Factor ix, complex, per i.u.
J7195	Injection, factor ix (antihemophilic factor, recombinant) per iu, not otherwise specified
J7196	Injection, antithrombin recombinant, 50 i.u.
J7197	Antithrombin iii (human), per i.u.
J7198	Anti-inhibitor, per i.u.
J7199	Hemophilia clotting factor, not otherwise classified
J7200	Injection, factor ix, (antihemophilic factor, recombinant), rixubis, per iu
J7201	Injection, factor ix, fc fusion protein, (recombinant), alprolix, 1 i.u.
J7202	Injection, factor ix, albumin fusion protein, (recombinant), idelvion, 1 i.u.
J7205	Injection, factor viii fc fusion protein (recombinant), per iu
J7207	Injection, factor viii, (antihemophilic factor, recombinant), pegylated, 1 i.u.
J7209	Injection, factor viii, (antihemophilic factor, recombinant), (nuwiq), 1 i.u.
J7210	Injection, factor viii, (antihemophilic factor, recombinant), (afstyla), 1 i.u.
J7211	Injection, factor viii, (antihemophilic factor, recombinant), (kovaltry), 1 i.u.

CODE	DESCRIPTION
J7308	Aminolevulinic acid hcl for topical administration, 20%, single unit dosage form (354 mg)
J7309	Methyl aminolevulinate (mal) for topical administration, 16.8%, 1 gram
J7310	Ganciclovir, 4.5 mg, long-acting implant
J7311	Fluocinolone acetonide, intravitreal implant
J7313	Injection, fluocinolone acetonide, intravitreal implant, 0.01 mg
J7316	Injection, ocriplasmin, 0.125 mg
J7318	Hyaluronan or derivative, Durolane, for intra-articular injection, 1 mg
J7320	Hyaluronan or derivative, genvisc 850, for intra-articular injection, 1 mg
J7321	Hyaluronan or derivative, hyalgan, supartz or visco-3, for intra-articular injection, per dose
J7322	Hyaluronan or derivative, hymovis, for intra-articular injection, 1 mg
J7323	Hyaluronan or derivative, euflexxa, for intra-articular injection, per dose
J7324	Hyaluronan or derivative, orthovisc, for intra-articular injection, per dose
J7325	Hyaluronan or derivative, synvisc or synvisc-one, for intra-articular injection, 1 mg
J7326	Hyaluronan or derivative, gel-one, for intra-articular injection, per dose
J7327	Hyaluronan or derivative, monovisc, for intra-articular injection, per dose
J7328	Hyaluronan or derivative, gelsyn-3, for intra-articular injection, 0.1 mg
J7330	Autologous cultured chondrocytes, implant
J7504	Lymphocyte immune globulin, antithymocyte globulin, equine, parenteral, 250 mg
J7505	Muromonab-cd3, parenteral, 5 mg
J7511	Lymphocyte immune globulin, antithymocyte globulin, rabbit, parenteral, 25 mg
J7513	Daclizumab, parenteral, 25 mg
J7516	Cyclosporin, parenteral, 250 mg
J7525	Tacrolimus, parenteral, 5 mg
J7599	Immunosuppressive drug, not otherwise classified
J7639	Dornase alfa, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per mg
J7799	Noc drugs, other than inhalation drugs, administered through dme
J7999	Compounded drug, not otherwise classified
J8562	Fludarabine phosphate, oral, 10 mg
J9000	Injection, doxorubicin hydrochloride, 10 mg
J9015	Injection, aldesleukin, per single use vial
J9019	Injection, asparaginase (erwinaze), 1,000 iu
J9020	Injection, asparaginase, not otherwise specified, 10,000 units
J9022	Injection, atezolizumab, 10 mg
J9025	Injection, azacitidine, 1 mg
J9027	Injection, clofarabine, 1 mg



CODE	DESCRIPTION
J9032	Injection, belinostat, 10 mg
J9033	Injection, bendamustine hcl (treanda), 1 mg
J9034	Injection, bendamustine hcl (bendeka), 1 mg
J9035	Injection, bevacizumab, 10 mg
J9039	Injection, blinatumomab, 1 microgram
J9040	Injection, bleomycin sulfate, 15 units
J9041	Injection, bortezomib, 0.1 mg
J9042	Injection, brentuximab vedotin, 1 mg
J9043	Injection, cabazitaxel, 1 mg
J9045	Injection, carboplatin, 50 mg
J9047	Injection, carfilzomib, 1 mg
J9050	Injection, carmustine, 100 mg
J9055	Injection, cetuximab, 10 mg
J9060	Injection, cisplatin, powder or solution, 10 mg
J9065	Injection, cladribine, per 1 mg
J9070	Cyclophosphamide, 100 mg
J9098	Injection, cytarabine liposome, 10 mg
J9100	Injection, cytarabine, 100 mg
J9120	Injection, dactinomycin, 0.5 mg
J9130	Dacarbazine, 100 mg
J9145	Injection, daratumumab, 10 mg
J9150	Injection, daunorubicin, 10 mg
J9151	Injection, daunorubicin citrate, liposomal formulation, 10 mg
J9155	Injection, degarelix, 1 mg
J9160	Injection, denileukin diftitox, 300 micrograms
J9165	Injection, diethylstilbestrol diphosphate, 250 mg
J9171	Injection, docetaxel, 1 mg
J9175	Injection, elliotts' b solution, 1 ml
J9176	Injection, elotuzumab, 1 mg
J9178	Injection, epirubicin hcl, 2 mg
J9179	Injection, eribulin mesylate, 0.1 mg
J9181	Injection, etoposide, 10 mg
J9185	Injection, fludarabine phosphate, 50 mg
J9190	Injection, fluorouracil, 500 mg
J9200	Injection, floxuridine, 500 mg
J9201	Injection, gemcitabine hydrochloride, 200 mg
J9202	Goserelin acetate implant, per 3.6 mg

CODE	DESCRIPTION
J9203	Injection, gemtuzumab ozogamicin, 0.1 mg
J9205	Injection, irinotecan liposome, 1 mg
J9206	Injection, irinotecan, 20 mg
J9207	Injection, ixabepilone, 1 mg
J9208	Injection, ifosfamide, 1 gram
J9209	Injection, mesna, 200 mg
J9211	Injection, idarubicin hydrochloride, 5 mg
J9217	Leuprolide acetate (for depot suspension), 7.5 mg
J9218	Leuprolide acetate, per 1 mg
J9219	Leuprolide acetate implant, 65 mg
J9225	Histrelin implant (vantas), 50 mg
J9226	Histrelin implant (supprelin la), 50 mg
J9228	Injection, ipilimumab, 1 mg
J9230	Injection, mechlorethamine hydrochloride, (nitrogen mustard), 10 mg
J9245	Injection, melphalan hydrochloride, 50 mg
J9250	Methotrexate sodium, 5 mg
J9260	Methotrexate sodium, 50 mg
J9261	Injection, nelarabine, 50 mg
J9262	Injection, omacetaxine mepesuccinate, 0.01 mg
J9263	Injection, oxaliplatin, 0.5 mg
J9264	Injection, paclitaxel protein-bound particles, 1 mg
J9266	Injection, pegaspargase, per single dose vial
J9267	Injection, paclitaxel, 1 mg
J9268	Injection, pentostatin, 10 mg
J9270	Injection, plicamycin, 2.5 mg
J9271	Injection, pembrolizumab, 1 mg
J9280	Injection, mitomycin, 5 mg
J9285	Injection, olaratumab, 10 mg
J9293	Injection, mitoxantrone HCl, per 5 mg
J9295	Injection, necitumumab, 1 mg
J9299	Injection, nivolumab, 1 mg
J9301	Injection, obinutuzumab, 10 mg
J9302	Injection, ofatumumab, 10 mg
J9303	Injection, panitumumab, 10 mg
J9305	Injection, pemetrexed, 10 mg
J9306	Injection, pertuzumab, 1 mg
J9307	Injection, pralatrexate, 1 mg

CODE	DESCRIPTION
J9308	Injection, ramucirumab, 5 mg
J9315	Injection, romidepsin, 1 mg
J9320	Injection, streptozocin, 1 gram
J9325	Injection, talimogene laherparepvec, per 1 million plaque forming units
J9328	Injection, temozolomide, 1 mg
J9330	Injection, temsirolimus, 1 mg
J9340	Injection, thiotepa, 15 mg
J9351	Injection, topotecan, 0.1 mg
J9352	Injection, trabectedin, 0.1 mg
J9354	Injection, ado-trastuzumab emtansine, 1 mg
J9355	Injection, trastuzumab, 10 mg
J9357	Injection, valrubicin, intravesical, 200 mg
J9360	Injection, vinblastine sulfate, 1 mg
J9370	Vincristine sulfate, 1 mg
J9371	Injection, vincristine sulfate liposome, 1 mg
J9390	Injection, vinorelbine tartrate, 10 mg
J9395	Injection, fulvestrant, 25 mg
J9400	Injection, ziv-aflibercept, 1 mg
J9600	Injection, porfimer sodium, 75 mg
J9999	Not otherwise classified, antineoplastic drugs
K0606	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type
K0738	Portable gaseous oxygen system, rental; home compressor used to fill portable oxygen cylinders, includes portable containers, regulator, flowmeter, humidifier, cannula or mask, and tubing
L8603	Injectable bulking agent, collagen implant, urinary tract, 2.5 ml syringe, includes shipping and necessary supplies
L8606	Injectable bulking agent, synthetic implant, urinary tract, 1 ml syringe, includes shipping and necessary supplies
L8679	Implantable Neurostimulator, Pulse Generator, Any Type
L8681	Patient Programmer (External) For Use With Implantable Programmable Neurostimulator Pulse Generator, Replacement Only
L8682	Implantable Neurostimulator Radiofrequency Receiver
L8683	Radiofrequency Transmitter (External) For Use With Implantable Neurostimulator Radiofrequency Receiver
L8684	Radiofrequency Transmitter (External) For Use With Implantable Sacral Root Neurostimulator Receiver For Bowel And Bladder Management, Replacement

CODE	DESCRIPTION
<b>L8689</b>	External Recharging System For Battery (Internal) For Use With Implantable Neurostimulator, Replacement Only
<b>L8695</b>	External Recharging System For Battery (External) For Use With Implantable Neurostimulator, Replacement Only