

As of 08/01/2013, the codes listed below will require precertification.

CPT/HCPCS Code	Description
13100	REPAIR, COMPLEX, TRUNK; 1.1 CM TO 2.5 CM
13101	REPAIR, COMPLEX, TRUNK; 2.6 CM TO 7.5 CM
13102	REPAIR, COMPLEX, TRUNK; EACH ADDITIONAL 5 CM OR LESS
13120	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LESS e.g., 1.1 CM TO 2.5 CM
13121	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LESS e.g., 2.6 CM TO 7.5 CM
13122	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LESS e.g., EACH ADDITIONAL 5 CM OR LESS
13131	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA,
13132	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA,
13133	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS OR FEET
13150	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 1.0 CM OR LESS
13151	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 1.1 CM TO 2.5 CM
13152	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 2.6 CM TO 7.5 CM
13153	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; EACH ADDITIONAL 5 CM OR LESS
15156	TISSUE CULTURED EPIDERMAL AUTOGRAFT; EACH ADDITIONAL 1 TO 75 SQ CM; SCALP,
15157	TISSUE CULTURED EPIDERMAL AUTOGRAFT; EACH ADDITIONAL 100 SQ CM OR LESS,
15775	PUNCH GRAFT FOR HAIR TRANSPLANT; 1 TO 15 PUNCH GRAFTS
15776	PUNCH GRAFT FOR HAIR TRANSPLANT; MORE THAN 15 PUNCH GRAFTS
15780	DERMABRASION; TOTAL FACE (e.g., FOR ACNE SCARRING, FINE WRINKLING, RHYTIDS,
15783	DERMABRASION; SUPERFICIAL, ANY SITE, (e.g., TATTOO REMOVAL)
15787	ABRASION; EACH ADDITIONAL FOUR LESIONS OR LESS
15788	CHEMICAL PEEL, FACIAL; EPIDERMAL
15789	CHEMICAL PEEL, FACIAL; DERMAL
15793	CHEMICAL PEEL, NONFACIAL; DERMAL
15819	CERVICOPLASTY
15824	RHYTIDECTOMY; FOREHEAD
15825	RHYTIDECTOMY; NECK WITH PLATYSMAL TIGHTENING (PLATYSMAL FLAP, "P-FLAP")

15826	RHYTIDECTOMY; GLABELLAR FROWN LINES
15829	RHYTIDECTOMY; SUBCUTANEOUS MUSCULOAPONEUROTIC SYSTEM (SMAS) FLAP
15837	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY);
15842	GRAFT FOR FACIAL NERVE PARALYSIS; FREE MUSCLE FLAP BY MICRO SURGICAL
15845	GRAFT FOR FACIAL NERVE PARALYSIS; e.g., IONAL MUSCLE TRANSFER
19105	ABLATION, CRYOSURGICAL, OF FIBROADENOMA, INCLUDING ULTRASOUND GUIDANCE, EACH
19298	PLACEMENT OF RADIOTHERAPY AFTER LOADING BRACHYTHERAPY
20200	BIOPSY, MUSCLE; SUPERFICIAL
20205	BIOPSY, MUSCLE; DEEP
20206	BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE
20527	INJECTION, ENZYME (e.g., COLLAGENASE), PALMAR FASCIAL CORD (i.e., DUPUYTREN)
20555	PLACEMENT OF NEEDLES OF CATHETERS INTO MUSCLE AND/OR SOFT TISSUE
20974	ELECTRICAL STIMULATION TO AID BONE HEALING; NONINVASIVE (NONOPERATIVE)
20975	ELECTRICAL STIMULATION TO AID BONE HEALING; INVASIVE (OPERATIVE)
20979	LOW INTENSITY ULTRASOUND STIMULATION TO AID BONE HEALING, NONINVASIVE
20982	ABLATION, BONE TUMOR(S) RADIOFREQUENCY PERCUTANEOUS
20985	COMPUTER-ASSISTED SURG NAVIGATIONAL PROCEDURES FOR MUSCULOSKELETAL PROCEDURE
21073	MANIPULATION OF TEMPOMANDIBULAR JOINT(S)(TMJ), THERAPEUTIC, REQUIRING ANESTHESIA
21083	IMPRESSION AND CUSTOM PREPARATION; PALATAL LIFT PROSTHESIS
21087	IMPRESSION AND CUSTOM PREPARATION; NASAL PROSTHESIS
21116	INJECTION PROCEDURE FOR TEMPOROMANDIBULAR JOINT ARTHROGRAPHY
21120	GENIOPLASTY; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, PROSTHETIC MATERIAL)
21230	GRAFT; RIB CARTILAGE, AUTOGENOUS, TO FACE, CHIN, NOSE OR EAR (INCLUDES
21256	RECONSTRUCTION OF ORBIT WITH OSTEOTOMIES (EXTRACRANIAL) AND WITH BONE GRAFT
21685	HYOID MYOTOMY AND SUSPENSION
21740	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; OPEN
22505	MANIPULATION OF SPINE REQUIRING ANESTHESIA, ANY Re.g., ION
22520	PERCUTANEOUS VERTEBROPLASTY, ONE VERTEBRAL BODY, UNILATERAL OR BILATERAL INJECTION
22521	PERCUTANEOUS VERTEBROPLASTY, ONE VERTEBRAL BODY, UNILATERAL OR BILATERAL INJECTION
22522	PERCUTANEOUS VERTEBROPLASTY, ONE VERTEBRAL BODY, UNILATERAL OR BILATERAL INJECTION
22523	PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION USING MECHA
22524	PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION USING MECHA
22525	PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION USING MECHA
22526	PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULOPLASTY, UNILATERAL OR BILATERAL

22527	PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULOPLASTY, UNILATERAL OR BILATERAL
22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE; LUMBAR, WITH BONE GRAFT
22633	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR
22634	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR
23700	*MANIPULATION UNDER ANESTHESIA, SHOULDER JOINT, INCLUDING APPLICATION OF
24300	MANIPULATION, ELBOW, UNDER ANESTHESIA
25259	MANIPULATION, WRIST, UNDER ANESTHESIA
26340	MANIPULATION, FINGER JOINT, UNDER ANESTHESIA, EACH JOINT
26341	MANIPULATION, PALMAR FASCIAL CORD (i.e., DUPUYTREN'S CORD) POST ENZYME INJECTION
27275	*MANIPULATION, HIP JOINT, REQUIRING GENERAL ANESTHESIA
27412	AUTOLOGOUS CHONDROCYTE IMPLANTATION, KNEE
27415	OSTEOCHONDRAL ALLOGRAFT, KNEE, OPEN
27416	OSTEOCHONDRAL AUTOGRAFT(S), KNEE, OPEN(e.g., MOSAICPLASTY)(INCLUDES HARVESTING
27702	ARTHROPLASTY, ANKLE; WITH IMPLANT ("TOTAL ANKLE")
27703	ARTHROPLASTY, ANKLE; SECONDARY RECONSTRUCTION, TOTAL ANKLE
27860	*MANIPULATION OF ANKLE UNDER GENERAL ANESTHESIA (INCLUDES APPLICATION OF
27870	ARTHRODESIS, ANKLE, OPEN
27871	ARTHRODESIS, TIBIOFIBULAR JOINT, PROXIMAL OR DISTAL
28446	OPEN OSTEOCHONDRAL AUTOGRAFT, TALUS (INCLUDES OBTAINING DRAFT(S)
28890	EXTRACORPOREAL SHOCK WAVE, HIGH ENERGY, PERFORMED BY A PHYSICIAN, REQUIRIN
29866	ARTHROSCOPY, KNEE, SURGICAL; OSTEOCHONDRAL AUTOGRAFT(S)
29867	ARTHROSCOPY, KNEE, SURGICAL;
29868	ARTHROSCOPY, KNEE, SURGICAL; MENISCAL TRANSPLANTATION, MEDIAL OR LATERAL
29892	ARTHROSCOPICALLY AIDED REPAIR OF LARGE OSTEOCHONDRITIS DISSECANS LESION
29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (i.e., TREATMENT OF CAM LESION)
29915	ARTHROSCOPY, HIP, SURGICAL; WITH ACETABULOPLASTY (i.e., TREATMENT OF PINCER
29916	ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR
30110	EXCISION, NASAL POLYP(S), SIMPLE
30115	EXCISION, NASAL POLYP(S), EXTENSIVE
30802	ABLATION, SOFT TISSUE OF INFERIOR TURBINATES, UNILATERAL OR BILATERAL, ANY
31200	ETHMOIDECTOMY; INTRANASAL, ANTERIOR
31201	ETHMOIDECTOMY; INTRANASAL, TOTAL
31205	ETHMOIDECTOMY; EXTRANASAL, TOTAL
31237	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH BIOPSY, POLYPECTOMY OR DEBRIDEMENT

31240	NASAL/SINUS ENDOSCOPY, SURGICAL; W/BIOPSY, POLYPECTOMY OR DEBRIDEMENT
31254	NASAL ENDOSCOPY, SURGICAL; WITH ETHMOIDECTOMY, PARTIAL
31255	NASAL ENDOSCOPY, SURGICAL; WITH ETHMOIDECTOMY, ANTERIOR AND POSTERIOR
31256	NASAL ENDOSCOPY, SURGICAL; WITH MAXILLARY ANTROSTOMY
31267	MAXILLARY SINUS ENDOSCOPY, SURGICAL; WITH REMOVAL OF MUCOUS MEMBRANE
31276	NASAL/SINUS ENDOSCOPY, SURGICAL FRONTAL SINUS EXPLORATION
31287	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY
31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY; WITH REMOVAL OF TISSUE
31295	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF MAXILLARY SINUS OSTIUM
31296	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF FRONTAL SINUS OSTIUM
31297	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF SPHENOID SINUS OSTIUM
31627	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE,
31643	BRONCHOSCOPY; WITH PLACEMENT OF CATHETER(S) FOR INTRACAVITARIOELEMENT
32491	REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; EXCISION
32672	THORACOSCOPY, SURGICAL; WITH RESECTION-PLICATION FOR EMPHYSEMATOUS LUNG
32850	DONOR PNEUMONECTOMY (INCLUDING COLD PRESERVATION), FROM CADAVER DONOR
32855	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR LUNG ALLOGRAPH PRIOR
32856	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR LUNG ALLOGRAPH PRIOR
32998	ABLATION THERAPY REDUCTION OR ERADICATION ONE/MORE PULMONARY TUMOR(S)
33140	TRANSMYOCARDIAL LASER REVASCULARIZATION, BY THORACOTOMY
33141	TRANSMYOCARDIAL LASER REVASCULARIZATION, BY THORACOTOMY
33202	INSERTION OF EPICARDIAL ELECTRODE(S); OPEN INCISION (e.g., THORACOTOMY, MEDIAL)
33203	INSERTION OF EPICARDIAL ELECTRODE(S); ENDOSCOPIC APPROACH (e.g., THORACOSCOPY)
33207	INSERTION OF PERMANENT PACEMAKER WITH TRANSVENOUS ELECTRODE(S); VENTRICULAR
33208	INSERTION OF PERMANENT PACEMAKER WITH TRANSVENOUS ELECTRODE(S);
33211	INSERTION OR REPLACEMENT OF TEMPORARY TRANSVENOUS DUAL CHAMBER PACING ELECT
33213	INSERTION OR REPLACEMENT OF PACEMAKER PULSE GENERATOR ONLY; DUAL CHAMBER
33214	UPGRADE OF IMPLANTED PACEMAKER SYSTEM, CONVERSION OF SINGLE CHAMBER SYSTEM
33216	INSERTION OF A SINGLE TRANSVENOUS ELECTRODE, PERMANENT PACEMAKER OR CARDIOVERTER
33217	INSERTION OF 2 TRANSVENOUS ELECTRODES, PERMANENT PACEMAKER OR CARDIOVERTER
33224	INSERTION OF PACING ELECTRODE, CARDIAC VENOUS SYSTEM, TO PREVIOUSLY PLACED PACEMAKER
33225	INSERTION OF PACING ELECTRODE, CARDIAC VENOUS SYSTEM, LEFT VENTRICULAR PACEMAKER
33226	REPOSITIONING OF PREVIOUSLY IMPLANTED CARDIAC VENOUS SYSTEM ELECTRODE

33230	INSERTION OF PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR ONLY
33231	INSERTION OF PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR ONLY
33240	INSERTION OR REPLACEMENT OF IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR PULSE GE
33249	INSERTION OR RELACEMENT OF IMPLANTABLE CARDIOVERTER-DEFIB LEAD(S),BY OTHER
33257	OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, PERFRMD AT THE TIME
33262	REMOVAL OF PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR WITH REPLACEMENT
33263	REMOVAL OF PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR WITH REPLACEMENT
33264	REMOVAL OF PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATO R WITH REPLACEMENT
33265	ENDOSCOPY, SURGICAL; OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA,
33548	SURGICAL VENTRICULAR RESTORATION PROCEDURE, INCLUDES PROSTHETIC PATCH,
33880	ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA; INVOLVING COVERAGE OF LE
33881	ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA; NOT INVOLVING COVERAGE O
33883	PLACEMENT OF PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF DESC
33884	PLACEMENT OF PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF DESCE
33886	PLACEMENT OF DISTAL EXTENSION PROSTHESIS DELAYED AFTER ENDOVASCULAR REPAIR
33889	OPEN SUBCLAVIAN TO CAROTID ARTERY TRANSPOSITION PERFORMED IN CONJUNCTION W
33891	BYPASS GRAFT, WITH OTHER THAN VEIN, TRANSCERVICAL RETROPHARYNGEAL CAROTID-
33930	DONOR CARDIECTOMY-PNEUMONECTOMY (INCLUDING COLD PRESERVATION)
33933	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR HEART/LUNG ALLOGRAPH PRIOR
33940	DONOR CARDIECTOMY (INCLUDING COLD PRESERVATION)
33944	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR HEART ALLOGRAPH PRIOR
33975	IMPLANTATION OF VENTRICULAR ASSIST DEVICE; SINGLE VENTRICLE SUPPORT
33976	IMPLANTATION OF VENTRICULAR ASSIST DEVICE; BIVENTRICULAR SUPPORT
33979	INSERTION OF VENTRICULAR ASSIST DEVICE, IMPLANTABLE INTRACORPOREAL,
33981	REPLACEMENT OF EXTRACORPOREAL VENTRICULAR ASSIST DEVICE, SINGLE OR BIVENTRI
33982	REPLACEMENT OF VENTRICULAR ASSIST DEVICE PUMP(S); IMPLANTABLE INTRACORPOREA
33983	REPLACEMENT OF VENTRICULAR ASSIST DEVICE PUMP(S); IMPLANTABLE INTRACORPOREA
34800	ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECTION; U
34802	ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECTION;
34803	ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECTION;
34804	ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECTION;
34805	ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM DISSECTION; USI
34806	TRNSCATHETER PLCMNT OF WIRELESS PHYSIOLOGIC SENSR IN ANEURYSMAL SAC DURING
34808	ENDOVASCULAR PLACEMENT OF ILIAC ARTERY OCCULSION DEVICE

34812	OPEN FEMORAL ARTERY EXPOSURE FOR DELIVERY OF ENDOVASCULAR PROSTHESIS, BY
34813	PLACEMENT OF FEMORAL-FEMORAL PROSTHETIC GRAFT DURING ENDOVASCULAR AO
34820	OPEN ILIAC ARTERY EXPOSURE FOR DELIVERY OF ENDOVASCULAR PROSTHESIS OR I
34825	PLACEMENT OF PROXIMAL OR DISTAL EXTENSION PROSTHESIS; INITIALVESSEL; FOR ENDO
34826	PLACEMENT OF PROXIMAL OR DISTAL EXTENSION PROSTHESIS, FOR ENDOVASCULAR RE
35475	TRANSLUMINAL ANGIOPLASTY, PERCUTANEOUS; BRACHIOCEPHALIC
36260	INSERTION OF IMPLANTABLE INTRA-ARTERIAL INFUSION PUMP (e.g., FOR CHEMOTHERAPY
36469	SINGLE OR MULTIPLE INJECTIONS OF SCLEROSING SOLUTIONS, SPIDER VEINS
36563	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCEDEVICE WITH SUB
37184	PRIMARY PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY; INITIAL VESSEL;
37185	PRIMARY PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY; SECOND AND ALL
37204	TRANSCATHETER OCCLUSION OR EMBOLIZATION, PERCUTANEOUS, ANY METHOD, NON-CEN
37210	UTERINE FIBROID EMBOLIZ, PERQ APPR INCL VASC ACCESS, VESSEL SELECT, EMBOL
37215	TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S), CERVICAL CAROTID ARTERY,
37216	TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S), CERVICAL CAROTID ARTERY,
41019	PLACEMENT OF NEEDLES, CATHETERS, OR OTHER DEVICE(S) INTO HEAD AND/OR NECK
41512	TONGUE BASE SUSPENSION, PERMANENT SUTURE TECHNIQUE
41530	SUBMUCOSAL ABLATION OF THE TONGUE BASE, RADIOFREQUENCY, ONE OR MORE SITE, P
42145	PALATOPHARYNGOPLASTY (e.g., UVULOPALATOPHARYNGOPLASTY, UVULOPHARYNGOPLASTY)
43236	Upper gastrointestinal endoscopy including esophagus
43632	GASTRECTOMY, PARTIAL, DISTAL; WITH GASTROJEJUNOSTOMY
43647	LAPAROSCOPY, SURGICAL; IMPLANTATION OR REPLACEMENT OF GASTRIC NEUROSTIMULAT
43648	LAPAROSCOPY, SURGICAL; REVISION OR REMOVAL OF GASTRIC NEUROSTIMULATOR ELECT
43881	IMPLANTATION OR REPLACEMENT OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANTRUM,
43882	REVISION OR REMOVAL OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANTRUM, OPEN
44132	DONOR ENTERECTOMY (INCLUDING COLD PRESERVATION), OPEN; FROM A CADAVER DONOR
44133	DONOR ENTERECTOMY, OPEN, W/PREPARATION AND MAINTENANCE OF ALLOGRAFT; PART
44135	INTESTINAL ALLOTRANSPLANTATION; FROM CADAVER DONOR
44136	INTESTINAL ALLOTRANSPLANTATION; FROM A LIVING DONOR
44715	BACKBENCH STANDARD PREPARATION OF CADAVER OR LIVING DONOR INTESTINE ALLOG
44720	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR INTESTINE ALLOGRAFT PRIOR
44721	BACKBENCH RECONSTRUCTION OF CADAVER/LIVING DONOR INTESTINE ALLOGRAFT PRIOR
46505	CHEMODENERVATION OF INTERNAL ANAL SPHINCTER
46707	REPAIR OF ANORECTAL FISTULA WITH PLUG (e.g., PORCINE SMALL INTESTINE SUBMUCOS)

46762	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; IMPLANTATION ARTIFICIAL
47120	HEPATECTOMY, RESECTION OF LIVER; PARTIAL LOBECTOMY
47122	HEPATECTOMY, RESECTION OF LIVER; TRISEGMENTECTOMY
47125	HEPATECTOMY, RESECTION OF LIVER; TOTAL LEFT LOBECTOMY
47130	HEPATECTOMY, RESECTION OF LIVER; TOTAL RIGHT LOBECTOMY
47133	DONOR HEPATECTOMY (INCLUDING COLD PRESERVATION), FROM CADAVER DONOR
47140	DONOR HEPATECTOMY, (INCLUDING COLD PRESERVATION), FROM LIVING DONOR; LEFT L
47141	DONOR HEPATECTOMY, WITH PREPARATION AND MAINTENANCE OF ALLOGRAFT
47142	DONOR HEPATECTOMY, WITH PREPARATION AND MAINTENANCE OFALLOGRAFT
47143	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR WHOLE LIVER GRAFT
47144	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR WHOLE LIVER GRAFT
47145	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR WHOLE LIVER GRAFT
47146	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR LIVER GRAFT
47147	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR LIVER GRAFT
47370	LAPAROSCOPY, SURGICAL, ABLATION OF ONE OR MORE LIVER TUMOR(S); RADIO
47371	LAPAROSCOPY, SURGICAL, ABLATION OF ONE OR MORE LIVER TUMOR(S); CRYOS
47380	ABLATION, OPEN, OF ONE OR MORE LIVER TUMOR(S); RADIOFREQUENCY
47381	ABLATION, OPEN, OF ONE OR MORE LIVER TUMOR(S); CRYOSURGICAL
47382	ABLATION, ONE OR MORE LIVER TUMOR(S), PERCUTANEOUS, RADIOFREQUENCY
48160	PANCREATECTOMY, TOTAL; WITH TRANSPLANTATION
48550	DONOR PANCREATECTOMY (INCLUDING COLD PRESERVATION), WITH OR WITHOUT DUODENA
48551	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR PANCREAS ALLOGRAFT
48552	BACKBENCH RECONSTRUCTION OF CADAVER DONOR PANCREAS ALLOGRAFT PRIOR TO TRANSPLANT
48556	REMOVAL OF TRANSPLANTED PANCREATIC ALLOGRAFT
50250	ABLATION, OPEN, ONE OR MORE RENAL MASS LESION(S), CRYOSURGICAL
50300	DONOR NEPHRECTOMY (INCLUDING COLD PRESERVATION); FROM CADAVER DONOR, UNILATERAL
50323	BACKBENCH STANDARD PREPARATION OF CADAVER DONOR RENAL ALLOGRAFT PRIOR TO TRANSPLANT
50325	BACKBENCH STANDARD PREPARATION OF LIVING DONOR RENAL ALLOGRAPRIOR TO TRANSPLANT
50327	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR RENAL ALLOGRAFT PRIOR TO TRANSPLANT
50328	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR RENAL ALLOGRAFT PRIOR TO TRANSPLANT

50329	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR RENAL ALALLOGRAFT PRIOR TO TRANSPLANT
50542	LAPAROSCOPY, SURGICAL; ABLATION OF RENAL MASS LESION(S), INCLUDING INTRAOPE
50547	LAPAROSCOPY, SURGICAL; DONOR NEPHRECTOMY (INCLUDING COLD PRESERVATION)
50592	ABLATION, ONE OR MORE RENAL TUMOR(S), PERCUTANEOUS, UNILATERAL, RADIOFREQUENCY
50593	ABLATION, RENAL TUMOR(S), UNILATERAL, PERCUTANEOUS, CRYOTHERAPY
51715	ENDOSCOPIC INJECTION OF IMPLANT MATERIAL INTO THE SUBMUCOSAL TISSUES OF THE
52450	TRANSURETHRAL INCISION OF PROSTATE
52647	LASER COAGULATION OF PROSTATE, INCLUDING CONTROL OF POSTOPERATIVE BLEEDING,
52648	CONTACT LASER VAPORIZATION WITH OR WITHOUT TRANSURETHRAL RESECTION OF PROSTATE
52649	LASER ENUCLEATION OF THE PROSTATE WITH MORCELLATION, INCLUDING CNTRL OF POSTO
53445	OPERATION FOR CORRECTION OF URINARY INCONTINENCE WITH PLACEMENT OF INFLATAB
53447	REMOVAL, REPAIR OR REPLACEMENT OF INFLATABLE SPHINCTER INCLUDING PUMP AND/O
53448	REMOVAL AND REPLACEMENT OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, PUMP
53449	SURGICAL CORRECTION OF HYDRAULIC ABNORMALITY OF INFLATABLE SPHINCTER DEVICE
53850	TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE; BY MICROWAVE THERMOTHERAPY
53852	TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE; BY RADIOFREQUENCY THERMOTHERAPY
53855	INSERTION OF A TEMPORARY PROSTATIC URETHRAL STENT, INCLUDING URETHRAL MEASURE
53860	TRANSURETHRAL RADIOFREQUENCY MICRO-REMODELING OF THE FEMALE BLADDER NECK
54360	PLASTIC OPERATION ON PENIS TO CORRECT ANGULATION
54400	INSERTION OF PENILE PROSTHESIS; NON-INFLATABLE (SEMI-RIGID)
54401	INSERTION OF PENILE PROSTHESIS; INFLATABLE (SELF-CONTAINED)
54405	INSERTION OF INFLATABLE (MULTI-COMPONENT) PENILE PROSTHESIS
54410	REMOVAL AND REPLACEMENT OF ALL COMPONENTS OF MULTI-COMPONENT INFLATABLE PENILE PROTHESIS
54411	REMOVAL AND REPLACEMENT ALL COMPONENTS OF A MULTI-COMPONENT INFLATABLE PENILE PROTHESIS
54416	REMOVAL AND REPLACEMENT OF NONINFLATABLE OR INFLATABLE PENILE PROSTHESIS
54417	REMOVAL AND REPLACEMENT OF NONINFLATABLE OR INFLATABLE PENILE PROSTHESIS THRO
54440	PLASTIC OPERATION OF PENIS FOR INJURY
54660	INSERTION OF TESTICULAR PROSTHESIS (SEPARATE PROCEDURE)
55706	BIOPSIES, PROSTATE, NEEDLE, TRANSPERINEAL, STEREOTACTIC TEMPLATE GUIDED SAT
55860	EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF RADIOACTIVE SUBSTANCE;
55862	EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF RADIOACTIVE SUBSTANCE;

55865	EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF RADIOACTIVE SUBSTANCE;
55873	CRYOSURGICAL ABLATION OF THE PROSTATE (INCLUDES ULTRASONIC GUIDANCE AND MON
55875	TRANSPERINEAL PLACEMENT OF NEEDLES OR CATHETERS INTO PROSTATE FOR INTERSTIT
55920	PLACEMENT OF NEEDLES OR CATHETERS INTO PELVIC ORGANS AND/OR GENITALIA FOR SUBSQ
56800	PLASTIC REPAIR OF INTROITUS
56805	CLITOROPLASTY FOR ADRENOGENITAL SYNDROME
56810	PERINEOPLASTY, REPAIR OF PERINEUM, NON-OBSTETRICAL (SEPARATE PROCE
57155	INSERTION OF UTERINE TANDEM AND/OR VAGINAL OVOIDS FOR CLINICAL BRACHYTHERAP
57156	INSERTION OF A VAGINAL RADIATION AFTERLOADING APPARATUS FOR CLINICAL BRACHY
57291	CONSTRUCTION OF ARTIFICIAL VAGINA; WITHOUT GRAFT
57335	VAGINOPLASTY FOR ADRENOGENITAL SYNDROME
58346	INSERTION OF HEYMAN CAPSULES FOR CLINICAL BRACHYTHERAPY
59076	FETAL SHUNT PLACEMENT, INCLUDING ULTRASOUND GUIDANCE
61215	INSERTION OF SUBCUTANEOUS RESERVOIR, PUMP OR CONTINUOUS INFUSION SYSTEM FOR
61630	BALLOON ANGIOPLASTY, INTRACRANIAL, PERCUTANEOUS
61635	TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S), INTRACRANIAL, INCLUDING
61640	BALLOON DILATION OF INTRACRANIAL VASOSPASM, PERCUTANEOUS; INITIAL VESSEL
61641	BALLOON DILATION OF INTRACRANIAL VASOSPASM, PERCUTANEOUS; EACH ADDITIONAL
61642	BALLOON DILATION OF INTRACRANIAL VASOSPASM, PERCUTANEOUS; EACH ADDITIONAL
61720	CREATION OF LESION BY STEREOTACTIC METHOD, INCLUDING BURR HOLE(S) AND
61791	CREATION OF LESION BY STEREOTACTIC METHOD, PERCUTANEOUS, BY NEUROLYTIC AGEN
61796	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR);
61797	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR);
61798	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR);
61800	APPLICATION OF STEREOTACTIC HEADFRAME FOR STEREOTACTIC RADIOSURGERY
61863	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC IM
61864	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC IM
61867	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC IM
61868	TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC I
61870	CRANIECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, CEREBELLAR;
61875	CRANIECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, CEREBELLAR;
61885	INCISION AND SUBCUTANEOUS PLACEMENT OF CRANIAL NEUROSTIMULATOR PULSE
61886	INCISION AND SUBCUTANEOUS PLACEMENT OF CRANIAL NEUROSTIMULATOR PULSE GENERA
62263	PERCUTANEOUS LYSIS OF EPIDURAL ADHESIONS USING SOLUTION INJ, MULT ADHESIO LYS

62287	ASPIRATION PROCEDURE, PERCUTANEOUS, OF NUCLEUS PULPOSUS OF INTERVERTEBRAL
62291	*INJECTION PROCEDURE FOR DISKOGRAPHY, EACH LEVEL;CERVICAL
63012	LAMINECTOMY WITH REMOVAL OF ABNORMAL FACETS AND/OR PARS INTER-ARTICULARIS
63017	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAU
63020	LAMINOTMY (HEMILAMINCTMY), W/ DECOMPRSSN NRVE ROOT(S) INCLUD PARTIAL FACE
63030	LAMINOTMY (HEMILAMINCTMY), W/ DECOMPRSSN NRVE ROOT(S) INCLUD PARTIAL FACE
63035	LAMINOTMY (HEMILAMINCTMY), W/ DECOMPRSSN NRVE RT(S) INCLUD PARTIAL FACTCTMY
63042	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDIN
63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH
63056	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR
63081	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE,
63085	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE,
63087	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE,
63090	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE,
63091	VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE,
63185	LAMINECTOMY WITH RHIZOTOMY; ONE OR TWO SEGMENTS
63190	LAMINECTOMY WITH RHIZOTOMY; MORE THAN TWO Se.g.,MENTS
63620	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR)
63621	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR)
64520	*INJECTION, ANESTHETIC AGENT; LUMBAR OR THORACIC (PARAVERTEBRAL SYMPATHETIC
64566	POSTERIOR TIBIAL NEUROSTIMULATION, PERCUTANEOUS NEEDLE ELECTRODE, SINGLE TR
64600	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SUPRAORBITAL,
64605	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SECOND AND THIRD DIVISIO
64610	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SECOND AND THIRD DIVISIO
64633	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH I
64634	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S),WITH IM
64635	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH
64636	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S),WITH IM
64640	DESTRUCTION BY NEUROLYTIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH
64650	CHEMODENERVATION OF ECCRINE GLANDS; BOTH AXILLAE
64653	CHEMODENERVATION OF OTHER AREA(S), PER DAY
64716	NEUROPLASTY AND/OR TRANSPOSITION; CRANIAL NERVE (SPECIFY)
64732	TRANSECTION OR AVULSION OF; SUPRAORBITAL NERVE
64734	TRANSECTION OR AVULSION OF; INFRAORBITAL NERVE

64736	TRANSECTION OR AVULSION OF; MENTAL NERVE
64738	TRANSECTION OR AVULSION OF; INFERIOR ALVEOLAR NERVE BY OSTEOTOMY
64740	TRANSECTION OR AVULSION OF; LINGUAL NERVE
64742	TRANSECTION OR AVULSION OF; FACIAL NERVE, DIFFERENTIAL OR COMPLETE
64864	SUTURE OF FACIAL NERVE; EXTRACRANIAL
64865	SUTURE OF FACIAL NERVE; INTRATEMPORAL, WITH OR WITHOUT GRAFTING
64866	ANASTOMOSIS; FACIAL-SPINAL ACCESSORY
64868	ANASTOMOSIS; FACIAL-HYPOGLOSSAL
64870	ANASTOMOSIS; FACIAL-PHRENIC
65760	KERATOMILEUSIS
65765	KERATOPHAKIA
65767	EPIKERATOPLASTY
65770	KERATOPROSTHESIS
65771	RADIAL KERATOTOMY
65772	CORNEAL RELAXING INCISION FOR CORRECTION OF SURGICALLY INDUCED ASTIGMATISM
65775	CORNEAL WEDGE RESECTION FOR CORRECTION OF SURGICALLY INDUCED ASTIGMATISM
66174	TRANSLUMINAL DILATION OF AQUEOUS OUTFLOW CANAL; WITHOUT RETENTION OF DEVICE
66175	TRANSLUMINAL DILATION OF AQUEOUS OUTFLOW CANAL; WITH RETENTION OF DEVICE OR
66840	REMOVAL OF LENS MATERIAL; ASPIRATION TECHNIQUE, ONE OR MORE STAGES
66850	REMOVAL OF LENS MATERIAL; PHACOFRAGMENTATION TECHNIQUE (MECHANICAL OR
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)
66985	INSERTION OR EXCHANGE OF INTRAOCULAR LENS PROSTHESIS (SECONDARY IMPLANT) NO
67027	INPLANTATION OR REPLACEMENT OF INTRAVITREAL DRUG DELIVERY SYSTEM (e.g., GANCIC
67028	INTRAVITREAL INJECTION OF A PHARMACOLOGIC AGENT (SEPARATE PROCEDURE)
67218	DESTRUCTION OF LOCALIZED LESION OF RETINA (e.g., MACULOPATHY, CHOROIDOPATHY,
67220	DESTRUCTION OF LOCALIZED OF CHOROID (e.g., CHOROIDAL NEOVASCULO) ONE OR MORE SES
67345	CHEMODENERVATION OF EXTRAOCULAR MUSCLE
69090	EAR PIERCING
69710	IMPLANTATION OR REPLACEMENT OF ELECTROMAGNETIC BONE CONDUCTION HEARING DEVI
69955	TOTAL FACIAL NERVE DECOMPRESSION AND/OR REPAIR (MAY INCLUDE GRAFT)
72285	DISKOGRAPHY, CERVICAL; SUPERVISION AND INTERPRETATION ONLY

72291	RADIOLOGICAL SUPERVISION & INTERPRETATION, PERCUTANEOUS VERTEBROPLASTY, VER
75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH QUANTITATIVE EV
75894	TRANSCATHETER THERAPY, EMBOLIZATION (e.g., PARTICULATE OR LIQUID), INCLUDING
76120	CINERADIOGRAPHY, EXCEPT WHERE SPECIFICALLY INCLUDED
76376	3D RENDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAG
76377	3D RENDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAG
76965	ULTRASONIC GUIDANCE FOR INTERSTITIAL RADIOELEMENT APPLICATION
77013	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR, AND MONITORING OF , PARENCHYMAL TISSU
77081	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 OR MORE SITES
77301	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE VOLUMEHISTOGRAMS FOR
77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RADIATION THE
77371	RADIATION TX DELIVERY, STEREOTACTIC RADIOSURGERY, COMPLETE COURSE OF TX OF
77373	STEREOTACTIC BODY RADIATION TX, TX DELIVERY, PER FRACTION TO 1 OR MORE LESI
77418	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE/MULTIPLE FIELDS/ARCS VIA NAR
77432	STEREOTACTIC RADIATION TREATMENT MANAGEMENT OF CERBRAL LESION(S)
77435	STEREOTACTIC BODY RADIATION TX, TX MANAGEMENT, PER TX COURSE, TO ONE OR MOR
77520	PROTON TREATMENT DELIVERY;SIMPLE,WITHOUT COMPENSATION
77523	PROTON TREATMENT DELIVERY; SIMPLE,WITHOUT COMPENSATION, INTERMEDIATE
78205	LIVER IMAGING (SPECT)
78350	BONE DENSITY (BONE MINERAL CONTENT) STUDY; SINGLE PHOTON ABSORPTIOMETRY
78803	TUMOR LOCALIZATION (SPECT)
81201	APC (adenomatous polyposis coli) (e.g., familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequence
81202	APC (adenomatous polyposis coli) (e.g., familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; known familial variants
81203	APC (adenomatous polyposis coli) (e.g., familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants
81210	BRAF (V-RAF MURINE SARCOMA VIRAL ONCOGENE HOMOLOG B1) (e.g., COLON CANCER), G
81211	BRCA1, BRCA2 (BREAST CANCER 1 AND 2) (e.g., HEREDITARY BREAST AND OVARIAN CAN
81212	BRCA1, BRCA2 (BREAST CANCER 1 AND 2) (e.g., HEREDITARY BREAST AND OVARIAN CAN
81213	BRCA1, BRCA2 (BREAST CANCER 1 AND 2) (e.g., HEREDITARY BREAST AND OVARIAN CAN
81214	BRCA1 (BREAST CANCER 1) (e.g., HEREDITARY BREAST AND OVARIAN CANCER)GENE ANAL
81215	BRCA1 (BREAST CANCER 1) (e.g., HEREDITARY BREAST AND OVARIAN CANCER) GENE ANA
81216	BRCA2 (BREAST CANCER 2) (e.g., HEREDITARY BREAST AND OVARIAN CANCER) GENE ANA

81217	BRCA2 (BREAST CANCER 2) (e.g., HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS
81225	CYP2C19 (CYTOCHROME P450, FAMILY 2, SUBFAMILY C, POLYPEPTIDE 19)(e.g., DRUG METABOLISM)
81226	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (e.g., DRUG METABOLISM)
81227	CYP2C9 (CYTOCHROME P450, FAMILY 2, SUBFAMILY C, POLYPEPTIDE 9) (e.g., DRUG METABOLISM)
81228	CYTOGENOMIC CONSTITUTIONAL (GENOME-WIDE) MICROARRAY ANALYSIS/INTERROGATION OF
81229	CYTOGENOMIC CONSTITUTIONAL (GENOME-WIDE) MICROARRAY ANALYSIS;INTERROGATION
81235	e.g.,FR (epidermal growth factor receptor) (e.g., non-small cell lung cancer) gene analysis, common variants (e.g., exon 19 LREA deletion, L858R)
81252	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (e.g., nonsyndromic hearing loss) gene analysis; full gene sequence
81253	GJB2 (gap junction protein, beta 2, 26kDa; connexin 26) (e.g., nonsyndromic hearing loss) gene analysis; known familial variants
81254	GJB6 (gap junction protein, beta 6, 30kDa, connexin 30) (e.g., nonsyndromic hearing loss) gene analysis, common variants (e.g., 309kb [del(GJB6-D13S1830)] and 232kb [del(GJB6-D13S
81270	JAK2 (JANUS KINASE 2) (e.g., MYELOPROLIFERATIVE DISORDER) GENE ANALYSIS,
81275	KRAS (V-KI-RAS2 KIRSTEN RAT SARCOMA VIRAL ONCOGENE) (e.g., CARCINOMA) GENE
81280	LONG QT SYNDROME GENE ANALYSES (e.g., KCNQ1, KCNH2, SCN5A, KCNE1, SCN4B, AKAP, SN
81281	LONG QT SYNDROME GENE ANALYSES (e.g.,KCNQ1, KCNH2, SCN5A, KCNE1, AKAP, SNTA1, AN
81282	LONG QT SYNDROME GENE ANALYSES (e.g., KCNQ1, KCNH2, SCN5A, CAV3,SCN4B,AKAP
81292	MLH1 (MUTL HOMOLOG 1, COLON CANCER, NONPOLYPOSIIS TYPE 2) (e.g., HEREDITARY NON-
81293	MLH1 (MUTL HOMOLOG 1, COLON CANCER, NONPOLYPOSIIS TYPE 2) (e.g.,LYNCH SYNDROME)
81294	MLH1 (MUTL HOMOLOG 1, COLON CANCER, NONPOLYPOSIIS TYPE 2) GENE ANALYSIS;
81295	MSH2 (MUTS HOMOLOG 2, COLON CANCER, NONPOLYPOSIIS TYPE 1) (e.g.,HEREDITARY NON-
81296	MSH2 (MUTS HOMOLOG 2, COLON CANCER, NONPOLYPOSIIS TYPE 1) (e.g.,LYNCH SYNDROME)
81297	MSH2 (MUTS HOMOLOG 2, COLON CANCER, NONPOLYPOSIIS TYPE 1)(e.g.,LYNCH SYNDROME)
81298	MSH6 (MUTS HOMOLOG 6 (HUMAN)) (e.g.,HEREDITARY NON-POLYPOSIIS COLORECTAL CANC
81299	MSH6 (MUTS HOMOLOG 6 (HUMAN)) (e.g.,HEREDITARY NON-POLYPOSIIS LYNCH SYNDROME)
81300	MSH6 (MUTS HOMOLOG 6 (HUMAN))(e.g.,HEREDITARY NON-POLYPOSIIS, LYNCH SYNDROME
81301	MICROSATELLITE INSTABILITY ANALYSIS (e.g., HEREDITARY NON-POLYPOSIIS COLO
81317	PMS2 (POSTMEIOTIC SEGREGATION INCREASED 2 (HUMAN)) (e.g.,HEREDITARY NON-POLYPOSIIS
81318	PMS2 (POSTMEIOTIC SEGREGATION INCREASED 2 (HUMAN)) GENE ANALYSIS;
81319	PMS2 (POSTMEIOTIC SEGREGATION INCREASED 2 (HUMAN)) (e.g., HEREDITARY
81350	UGT1A1 (UDP GLUCURONOSYLTRANSFERASE 1 FAMILY,POLYPEPTIDE A1)(e.g., IRINOTECAN
81355	VKORC1 (VITAMIN K EPOXIDE REDUCTASE COMPLEX, SUBUNIT 1) (e.g.,WARFARIN METABO

81400	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 1(e.g.,IDENTIFICATION OF SINGLE GERMLINE
81401	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 2 (e.g., 2-10 SNPS, METHYLATED VARI
81403	MOLECULAR PATHOLOGY PROCEDURE,LEVEL 4(e.g., ANALYSIS OF SINGLEEXON BY DNA SEQ
81404	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 5 (e.g., ANALYSIS OF 2-5 EXONS BY DNA SE
81405	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 6 (e.g., ANALYSIS OF 6-10EXONS BY DNA SE
81406	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 7(e.g.,ANALYSIS OF 11-25 EXONS BY DNA SE
81504	
81506	Endocrinology (type 2 diabetes), biochemical assays of seven analytes (glucose, HbA1c, insulin, hs-CRP, adiponectin, ferritin, interleukin 2-receptor alpha), utilizing serum o
86352	CELLULAR FUNCTION ASSAY INVOLVING STIMULATION (e.g., MITOGEN OR ANTIGEN) AND
88245	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROMES; SCORE 25 CELLS (SCE STUDY), COU
88248	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROMES; SCORE 100 CELLS, COUNT 20 CELLS
88249	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROMES;SCORE 100 CELLS CLASTOGEN STRES
88261	CHROMOSOME ANALYSIS; COUNT 5 CELLS, 1 KARYOTYPE, WITH BANDING
88262	CHROMOSOME ANALYSIS; COUNT 15-20 CELLS, 2 KARYOTYPES, WITH BANDING
88263	CHROMOSOME ANALYSIS; COUNT 45 CELLS FOR MOSAICISM, 2 KARYOTYPES, WITH BANDI
88264	CHROMOSOME ANALYSIS;ANALYZE 20-25 CELLS
88280	CHROMOSOME ANALYSIS; ADDITIONAL KARYOTYPES, EACH STUDY
88283	CHROMOSOME ANALYSIS; ADDITIONAL SPECIALIZED BANDING TECHNIQUE (e.g., NOR,
88285	CHROMOSOME ANALYSIS; ADDITIONAL CELLS COUNTED, EACH STUDY
88289	CHROMOSOME ANALYSIS; ADDITIONAL HIGH RESOLUTION STUDY
88356	MORPHOMETRIC ANALYSIS; NERVE
88363	EXAMINATION AND SELECTION OF RETRIEVED ARCHIVAL (IE, PREVIOUSLY DIAGNOSED)
88365	In situ hybridization (e.g., FISH), each probe
89290	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQLESS THAN OR EQ
89291	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQGREATER THAN 5
89344	STORAGE, (PER YEAR); REPRODUCTIVE TISSUE, TESTICULAR/OVARIAN
89346	STORAGE, (PER YEAR); OOCYTE
89354	THAWING OF CRYOPRESERVED; REPRODUCTIVE TISSUE, TESTICULAR/OVAR
89356	THAWING OF CRYOPRESERVED; OOCYTES, EACH ALIQUOT
90284	IMMUNE GLOBULIN, HUMAN, FOR USE IN SUBCUTANEOUS INFUSION,100MG,EACH
90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT
91110	GASTROINTESTINAL TRACT IMAGING, INTRALUMINAL, ESOPHAGUS THROUGH ILEUM,
92132	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, ANTERIOR Se.g.,MENT, WITH

92618	EVALUATION FOR PRESCRIPTION OF NON-SPEECH-GENERATING AUGMENTATIVE AN
92974	TRANSCATHETER PLACEMENT OF RADIATION DELIVERY DEVICE FOR SUBSEQUENT CORO
93025	MICROVOLT T-WAVE ALTERNANS FOR ASSESSMENT OF VENTRICULAR ARRHYTHMIAS
93228	EXTERNAL MOBILE CARDIOVASCULAR TELEMTRY W/ECG RECORDING, REAL TIME DATA AN
93229	WEARABLE MOBILE CV TELEMTRY W/ECG RECORDING; TECH SUPPORT FOR CONNECT & P
93278	Signal-averaged electrocardiography (SAECG), with or without ECG
93292	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH PHYSICIAN ANALYSIS, REVIEW
93580	PERCUTANEOUS TRANSCATHETER CLOSURE OF CONGENITAL INTERATRIALCOMMUNICATION W
93581	PERCUTANEOUS TRANSCATHETER CLOSURE OF A CONGENITAL VENTRICULSEPTAL DEFECT W
93640	ELECTROPHYSIOLOGIC EVALUATION OF CARDIOVERTER-DEFIBRILLATOR LEAD AND/OR
93641	COMPREHENSIVE ELECTROPSIOLOGIC EVALUATION WITH RIGHT ATRIAL PACING A
93642	ELECTROPHYSIOLOGIC EVALUATION OF CARDIOVERTER-DEFIBRILLATOR
93745	INITIAL SET-UP AND PROGRAMMING BY A PHYSICIAN OF WEARABLE CARDIOVERTER-DEFI
93982	NONINVASIVE PHYSIOLOGIC STUDY OF IMPLANTED WIRLESS PRESSURE SENSOR IN ANEUR
95060	OPHTHALMIC MUCOUS MEMBRANE TESTS
95800	SLEEP STUDY, UNATTENDED, SIMULTANEOUS RECORDING; HEART RATE, OXYGEN SATURAT
95801	SLEEP STUDY, UNATTENDED, SIMULTANEOUS RECORDING; MINIMUM OF HEART RATE, OXY
95803	ACTIGRAPHY TESTING, RECORDING, ANALYSIS, INTERPRETATION, AND REPORT (MIN OF
95806	SLEEP STUDY SIMULTANEOUS RECORDING OF VENTILATION RESPIRATOREFFORT,ECG OR H
95807	SLEEP STUDY, 3 OR MORE PARAMETERS OF SLEEP OTHER THAN SLEEP STAGING, ATTEND
95808	POLYSOMNOGRAPHY;SLEEP STAGING WITH 1-3 ADDITIONAL BY A TECHNOLOGIST
95810	POLYSOMNOGRAPHY;SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF S
95811	POLYSOMNOGRAPHY; SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF S
95905	MOTOR AND/OR SENSORY NERVE CONDUCTION, USING PRECONFIGURED ELECTRODE ARRAY(
95965	MAGNETOENCEPHALOGRAPHY (MEG),RECORDING AND ANALYSIS;FOR SPONTANEOUS BRA
95966	MAGNETOENCEPHALOGRAPHY (MEG),RECORDING AND ANALYSIS;FOR EVOKED MAGNETIC
95967	MAGNETOENCEPHALOGRAPHY (MEG,),RECORDING AND ANALYSIS; FOR EVOKED MAGNETIC
96020	NEUROFUNCTIONAL TEST SELECTION AND ADMINISTRATION DURING NONINVASIVE IMAGI
96904	WHOLE BODY INTEGUMENTARY PHOTO, FOR MONITORING HIGH RISK PTS W/DYSPLASTIC N
0001M	Infectious disease, HCV, six biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, and haptoglobin) utilizing serum, prognostic algorithm report
0002M	Liver disease, ten biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, haptoglobin, AST, glucose, total cholesterol and triglycerides) utilizi

0003M	Liver disease, ten biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, haptoglobin, AST, glucose, total cholesterol and triglycerides) utilized
0005M	Fetal aneuploidy (trisomy 21, 18, and 13) DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy
00103	ANESTHESIA FOR PROCEDURES ON EYE, BLEPHAROPLASTY
0051T	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy
0052T	Replacement or repair of thoracic unit of a total replacement heart system (artificial heart)
00530	ANESTHESIA FOR PERMANENT TRANSVENOUS PACEMAKER INSERTION
00534	ANESTH FOR TRANSVENOUS INSERTION OR REPLACEMENT OF PACING CARIOVERTER/DEF
0053T	Replacement or repair of implantable component or components of total replacement heart system (artificial heart), excluding thoracic unit
00580	ANESTHESIA FOR HEART TRANSPLANT OR HEART/LUNG TRANSPLANT
00622	ANESTHESIA FOR THORACOLUMBAR SYMPATHECTOMY
0073T	Compensator-based beam modulation treatment delivery of inverse planned treatment using 3 or more high
0075T	Transcatheter placement of extracranial vertebral or intrathoracic carotid artery stent(s)
0076T	Transcatheter placement of extracranial vertebral or intrathoracic carotid artery stent(s), including radiologic supervision
0078T	Endovascular repair using prosthesis of abdominal aortic aneurysm, pseudoaneurysm or dissection, abdominal aorta involvi
00796	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN UPPER ABDOMEN INCLUDING BOWEL
00797	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN UPPER ABDOMEN LAPAROSCOPY; GAS
00802	ANESTHESIA FOR PROCEDURES ON LOWER ANTERIOR ABDOMINAL WALL; PANNICULECTOMY
0080T	Endovascular Repair Using Prosthesis Of Abdominal Aortic Aneurysm, Pseudoaneurysm Or Dissection, Abdominal Aorta Involving Visceral Vessels (Superior Mesenteric, Celiac And/Or
0092T	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes
0099T	Implantation of intrastromal corneal ring se.g.,ments
0171T	Insertion of posterior spinous process distraction device (including necessary removal of bone or ligament for insertion
0184T	Excision of rectal tumor, transanal endoscopic microsurgical approach (ie, TEMS)
0195T	Arthrodesis, pre-sacral interbody technique, including instrumentation, imaging (when performed), and discectomy to prepare interspace, lumbar; single interspace

0196T	Arthrodesis, pre-sacral interbody technique, including instrumentation, imaging (when performed), and discectomy to prepare interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)
0213T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOP
0214T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOP
0215T	INJECTION(S), DX OR TX AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR
0216T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOP
0217T	INJECTION(S), DX OR TX AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR
0218T	INJECTION(S), DX OR TX AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR
0219T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; cervical
0220T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; thoracic
0228T	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WIT
0229T	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WIT
0230T	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WIT
0231T	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WIT
0282T	Percutaneous or open implantation of neurostimulator electrode array(s), subcutaneous (peripheral subcutaneous field stimulation), including imaging guidance, when performed, cervical, thoracic or lumbar; for trial, including removal at the conclusion of trial period
0283T	Percutaneous or open implantation of neurostimulator electrode array(s), subcutaneous (peripheral subcutaneous field stimulation), including imaging guidance, when performed, cervical, thoracic or lumbar; permanent, with implantation of a pulse generator
0284T	Revision or removal of pulse generator or electrodes, including imaging guidance, when performed, including addition of new electrodes, when performed
0308T	Insertion of ocular telescope prosthesis including removal of crystalline lens
0318T	Implantation Of Catheter-Delivered Prosthetic Aortic Heart Valve, Open Thoracic Approach
11920	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less
11921	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm
11922	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; each additional 20.0 sq cm, or part thereof (List separately in addition to code for primary procedure)

11950	Subcutaneous injection of filling material (e.g., collagen); 1 cc or less
11951	Subcutaneous injection of filling material (e.g., collagen); 1.1 to 5.0 cc
11952	Subcutaneous injection of filling material (e.g., collagen); 5.1 to 10.0 cc
11954	Subcutaneous injection of filling material (e.g., collagen); over 10.0 cc
15150	TISSUE CULTURED EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 25 SQ CM OR
15151	TISSUE CULTURED EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; ADDITIONAL 1 TO 75
15152	TISSUE CULTURED EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS EACH ADDITIONAL 10
15155	TISSUE CULTURED EPIDERMAL AUTOGRAFT; FIRST 25 SQ CM OR LESS, OR 1% OF BODY
15271	APPLICATION OF SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND SURF
15272	APPLICATION OF SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS EACH ADDITIONAL
15273	APPLICATION OF SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS TOTAL WOUND SURF
15274	APPLICATION OF SKIN SUBSTITUTE GRAFT TO TRUNK, EACH ADDITIONAL
15275	APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, TOTAL WOUND SURFACE AREA UP
15276	'APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE EACH ADDITIONAL 25 SQ CM WOUN
15277	APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, TOTAL WOUND SURFACE AREA,GR
15278	APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE,EACH ADDITIONAL 100 SQ CM WOUND
15777	IMPLANTATION OF BIOLOGIC IMPLANT (e.g., ACELLULAR DERMAL MATRIX) FOR SOFT TISS
15781	Dermabrasion; segmental, face
15782	DERMABRASION; REGIONAL, OTHER THAN FACE
15786	*ABRASION; SINGLE LESION (e.g., KERATOSIS, SCAR)
15792	CHEMICAL PEEL, NONFACIAL; EPIDERMAL
15820	Blepharoplasty, lower eyelid;
15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad
15822	Blepharoplasty, upper eyelid;
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid
15828	RHYTIDECTOMY; CHEEK, CHIN AND NECK
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy
15832	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); TH
15833	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); LEG,
15834	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); HIP
15835	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY);
15836	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); ARM
15838	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY);

15839	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); OTH
15840	GRAFT FOR FACIAL NERVE PARALYSIS; FREE FASCIA GRAFT (INCLUDING OBTAINING
15841	GRAFT FOR FACIAL NERVE PARALYSIS; FREE MUSCLE GRAFT (INCLUDING OBTAINING
15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (e.g., abdominoplasty) (includes umbilical transposition and fascial plication) (List separately in addition to code for primary procedure)
15876	SUCTION ASSISTED LIPECTOMY; HEAD AND NECK
15877	SUCTION ASSISTED LIPECTOMY; TRUNK
15878	SUCTION ASSISTED LIPECTOMY; UPPER EXTREMITY
15879	SUCTION ASSISTED LIPECTOMY; LOWER EXTREMITY
17106	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (e.g., LASER
17107	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (e.g., LASER
17108	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (e.g., LASER
17380	*ELECTROLYSIS EPILATION, EACH 1/2 HOUR
19296	PLACEMENT OF RADIOTHERAPY AFTERLOADING BALLOON CATHETER INTO THE BREAST FOR
19297	PLACEMENT OF RADIOTHERAPY AFTER LOADING BALLOON CATHETER INTO THE BREAST FO
19300	Mastectomy for gynecomastia
19316	Mastopexy
19318	Reduction mammoplasty
19324	Mammoplasty, augmentation; without prosthetic implant
19325	Mammoplasty, augmentation; with prosthetic implant
19328	Removal of intact mammary implant
19330	Removal of mammary implant material
19340	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
19342	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
19350	Nipple/areola reconstruction
19355	CORRECTION OF INVERTED NIPPLES
19357	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion
19361	Breast reconstruction with latissimus dorsi flap, without prosthetic implant
19364	Breast reconstruction with free flap
19366	Breast reconstruction with other technique

19367	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site;
19368	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site; with microvascular anastomosis (supercharging)
19369	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), double pedicle, including closure of donor site
19380	Revision of reconstructed breast
19396	Preparation of moulage for custom breast implant
21010	Arthrotomy, temporomandibular joint
21050	Condylectomy, temporomandibular joint (separate procedure)
21060	Meniscectomy, partial or complete, temporomandibular joint (separate procedure)
21121	Genioplasty; sliding osteotomy, single piece
21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (e.g., wedge excision or bone wedge reversal for asymmetrical chin)
21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)
21125	Augmentation, mandibular body or angle; prosthetic material
21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)
21137	Reduction forehead; contouring only
21138	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)
21139	Reduction forehead; contouring and setback of anterior frontal sinus wall
21141	Reconstruction midface, LeFort I; single piece, segment movement in any direction (e.g., for Long Face Syndrome), without bone graft
21142	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft
21143	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, without bone graft
21145	Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)
21146	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (e.g., ungrafted unilateral alveolar cleft)

21147	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (e.g., ungrafted bilateral alveolar cleft or multiple osteotomies)
21150	Reconstruction midface, LeFort II; anterior intrusion (e.g., Treacher-Collins Syndrome)
21151	Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)
21154	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I
21155	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I
21159	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (e.g., mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I
21160	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (e.g., mono bloc), requiring bone grafts (includes obtaining autografts); with LeFort I
21172	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)
21175	Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (e.g., plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)
21179	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)
21180	Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)
21188	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)
21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft
21194	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)
21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation
21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation
21198	Osteotomy, mandible, segmental;
21199	Osteotomy, mandible, segmental; with genioglossus advancement
21206	Osteotomy, maxilla, segmental (e.g., Wassmund or Schuchard)

21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)
21209	Osteoplasty, facial bones; reduction
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)
21215	Graft, bone; mandible (includes obtaining graft)
21235	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)
21240	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)
21242	Arthroplasty, temporomandibular joint, with allograft
21243	Arthroplasty, temporomandibular joint, with prosthetic joint replacement
21244	Reconstruction of mandible, extraoral, with transosteal bone plate (e.g., mandibular staple bone plate)
21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial
21246	Reconstruction of mandible or maxilla, subperiosteal implant; complete
21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (e.g., for hemifacial microsomia)
21248	Reconstruction of mandible or maxilla, endosteal implant (e.g., blade, cylinder); partial
21249	Reconstruction of mandible or maxilla, endosteal implant (e.g., blade, cylinder); complete
21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)
21270	Malar augmentation, prosthetic material
21742	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), without thoracoscopy
21743	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), with thoracoscopy
22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar
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)
22612	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with or without lateral transverse technique)
22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar

22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophylectomy for nerve root or spinal cord decompression and microdissection), single interspace, cervical
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), single interspace, lumbar
22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical
22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar
22864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical
22865	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar
29800	Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure)
29804	Arthroscopy, temporomandibular joint, surgical
30120	Excision or surgical planing of skin of nose for rhinophyma
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
30420	Rhinoplasty, primary; including major septal repair
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)
30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)
30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)
30465	Repair of nasal vestibular stenosis (e.g., spreader grafting, lateral nasal wall reconstruction)
30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft
30620	Septal or other intranasal dermatoplasty (does not include obtaining graft)
30801	Cautery and/or ablation, mucosa of inferior turbinates, unilateral or bilateral, any method; superficial
32851	Lung transplant, single; without cardiopulmonary bypass
32852	Lung transplant, single; with cardiopulmonary bypass

32853	Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass
32854	Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass
33935	Heart-lung transplant with recipient cardiectomy-pneumonectomy
33945	Heart transplant, with or without recipient cardiectomy
36468	Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); limb or trunk
36470	Injection of sclerosing solution; single vein
36471	Injection of sclerosing solution; multiple veins, same le.g.,
36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated
36476	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)
36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated
36479	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; second and subsequent veins treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)
38204	Management of recipient hematopoietic progenitor cell donor search and cell acquisition
38205	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; allogenic
38206	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous
38207	Transplant preparation of hematopoietic progenitor cells; cryopreservation and storage
38208	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing
38209	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing
38210	Transplant preparation of hematopoietic progenitor cells; specific cell depletion within harvest, T-cell depletion
38211	Transplant preparation of hematopoietic progenitor cells; tumor cell depletion
38212	Transplant preparation of hematopoietic progenitor cells; red blood cell removal

38213	Transplant preparation of hematopoietic progenitor cells; platelet depletion
38214	Transplant preparation of hematopoietic progenitor cells; plasma (volume) depletion
38215	Transplant preparation of hematopoietic progenitor cells; cell concentration in plasma, mononuclear, or buffy coat layer
38230	Bone marrow harvesting for transplantation
38232	Bone marrow harvesting for transplantation; autologous
38240	Bone marrow or blood-derived peripheral stem cell transplantation; allogenic
38241	Bone marrow or blood-derived peripheral stem cell transplantation; autologous
38242	Bone marrow or blood-derived peripheral stem cell transplantation; allogeneic donor lymphocyte infusions
42820	TONSILLECTOMY AND ADENOIDECTOMY; UNDER AGE 12
42821	TONSILLECTOMY AND ADENOIDECTOMY; AGE 12 OR OVER
42825	TONSILLECTOMY, PRIMARY OR SECONDARY; UNDER AGE 12
42826	TONSILLECTOMY, PRIMARY OR SECONDARY; AGE 12 OR OVER
42830	ADENOIDECTOMY, PRIMARY; UNDER AGE 12
42831	ADENOIDECTOMY, PRIMARY; AGE 12 OR OVER
42835	ADENOIDECTOMY, SECONDARY; UNDER AGE 12
42836	ADENOIDECTOMY, SECONDARY; AGE 12 OR OVER
43201	Esophagoscopy, rigid or flexible; with directed submucosal injection(s), any substance
43206	Esophagoscopy, Rigid Or Flexible; With Optical Endomicroscopy
43228	Esophagoscopy, rigid or flexible; with ablation of tumor(s), polyp(s), or other lesion(s), not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
43252	Upper Gastrointestinal Endoscopy; With Optical Endomicroscopy
43257	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum
43258	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum
43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass
43645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass
43770	Laparoscopy, surgical, gastric restrictive procedure
43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric
43772	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric
43773	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of
43774	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)

43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity;
43843	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than
43845	Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy
43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short
43847	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small
43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable
43886	Gastric restrictive procedure, open; revision of subcutaneous port
43887	Gastric restrictive procedure, open; removal of subcutaneous port component only
43888	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component
47135	Liver allotransplantation; orthotopic, partial or whole, from cadaver or living donor, any age
47136	Liver allotransplantation; heterotopic, partial or whole, from cadaver or living donor, any age
48554	Transplantation of pancreatic allograft
50320	Donor nephrectomy (including cold preservation); open, from living donor
50340	Recipient nephrectomy (separate procedure)
50360	Renal allotransplantation, implantation of graft; without recipient nephrectomy
50365	Renal allotransplantation, implantation of graft; with recipient nephrectomy
57292	Construction of artificial vagina; with graft
62264	Percutaneous lysis of epidural adhesions using solution injection (e.g., hypertonic saline, enzyme) or mechanical means (e.g., catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 1 day
62280	*INJECTION OF NEUROLYTIC SUBSTANCE (e.g., ALCOHOL, PHENOL, ICED SALINE
62281	*INJECTION OF NEUROLYTIC SUBSTANCE(e.g., ALCOHOL, PHENOL, ICEDSALINE SOLUTION
62282	*INJECTION OF NEUROLYTIC SUBSTANCE (e.g., ALCOHOL, PHENOL, ICED SALINE
62292	INJECTION PROCEDURE FOR CHEMONUCLEOLYSIS, INCLUDING DISKOGRAPHY, INTERVERTE
62310	INJECTION, SINGLE, NOT INCLUDING NEUROLYTIC SUBSTANCES, WITH OR WITHOUT CON
62311	INJECTION, SINGLE, NOT INCLUDING NEUROLYTIC SUBSTANCES, WITH OR WITHOUT CON
62318	INJECTION, INCLUDING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTEN
62319	INJECTION, DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S), EPIDURAL OR SUBARACHNOID
62350	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy
62351	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; with laminectomy

62360	Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir
62361	Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump
62362	Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming
62367	ELECTRONIC ANALYSIS OF PROGRAMMABLE,IMPLANTED PUMP FOR INTRATHECAL OR
62368	ELECTRONIC ANALYSIS OF PROGRAMMABLE IMPLANTED PUMP FOR INTRATHECAL OR
62369	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTREPIDURAL DRUG I
62370	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPID
63005	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina
63082	Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord
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), INCLUDIN
63662	REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PLATE/PADDLE(S) PLACED VIA LAMI
63664	REVISION INCL REPLACE, WHEN PERFORMED, OF SPINAL NEUROSTIMULATOR ELECTRODE
63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling
63688	REVISION OR REMOVAL OF IMPLANTED SPINAL NEUROSTIMULATOR PULSE GENERATOR OR
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
64412	*INJECTION, ANESTHETIC AGENT; SPINAL ACCESSORY NERVE
64413	*INJECTION, ANESTHETIC AGENT; CERVICAL PLEXUS
64415	*INJECTION, ANESTHETIC AGENT; BRACHIAL PLEXUS, SINGLE
64416	INJECTION, ANESTHETIC AGENT; BRACHIAL PLEXUS, CONTINUOUS INFUSION BY CATHET
64417	*INJECTION, ANESTHETIC AGENT; AXILLARY NERVE
64418	*INJECTION, ANESTHETIC AGENT; SUPRASCAPULAR NERVE
64420	*INJECTION, ANESTHETIC AGENT; INTERCOSTAL NERVE, SINGLE
64421	*INJECTION, ANESTHETIC AGENT; INTERCOSTAL NERVES, MULTIPLE, Re.g.,IONAL BLOCK

64425	*INJECTION, ANESTHETIC AGENT; ILIOINGUINAL, ILIOHYPOGASTRIC NERVES
64430	*INJECTION, ANESTHETIC AGENT; PUDENDAL NERVE
64435	*INJECTION, ANESTHETIC AGENT; PARACERVICAL (UTERINE) NERVE
64445	*INJECTION, ANESTHETIC AGENT; SCIATIC NERVE, SINGLE
64446	INJECTION, ANESTHETIC AGENT; SCIATIC NERVE, CONTINUOUS INFUS BY CATHETER,IN
64447	INJECTION, ANESTHETIC AGENT; FEMORAL NERVE, SINGLE
64448	INJECTION, ANESTHETIC AGENT; FEMORAL NERVE, CONTINUOUS INFUSION BY CAT
64449	INJECTION, ANESTHETIC AGENT; LUMBAR PLEXUS, POSTERIOR APPROACH, CONTINUOUS
64450	*INJECTION, ANESTHETIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH
64455	INJECTION(S), ANESTHETIC AGENT AND/OR STERIOD, PLANTAR COMMON DIGITAL NERVE
64479	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WIT
64480	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, W/I
64483	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WIT
64484	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, W/I
64490	INJECTION(S), DX OR TX AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR
64491	INJECTION(S), DX OR TX AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR
64492	INJECTION(S), DX OR TX AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR
64493	INJECTION(S), DX OR TX AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR
64494	INJECTION(S), DX OR TX AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR
64495	INJECTION(S), DX OR TX AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR
64550	APPLICATION OF SURFACE (TRANSCUTANEOUS) NEUROSTIMULATOR
64553	Percutaneous implantation of neurostimulator electrodes; cranial nerve
64555	Percutaneous implantation of neurostimulator electrodes; peripheral nerve (excludes sacral nerve)
64561	Percutaneous implantation of neurostimulator electrodes; sacral nerve (transforaminal placement)
64565	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; NEUROMUSCULAR
64568	Incision for implantation of cranial nerve (e.g., vagus nerve) neurostimulator electrode array and pulse generator
64569	Revision or replacement of cranial nerve (e.g., vagus nerve) neurostimulator electrode array, including connection to existing pulse generator
64570	REMOVAL OF CRANIAL NERVE (e.g., VAGUS NERVE) NEUROSTIMULATOR ELECTRODE ARRAY
64575	Incision for implantation of neurostimulator electrodes; peripheral nerve (excludes sacral nerve)

64580	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; NEUROMUSCULAR
64581	Incision for implantation of neurostimulator electrodes; sacral nerve (transforaminal placement)
64585	REVISION OR REMOVAL OF PERIPHERAL NEUROSTIMULATOR ELECTRODES
64590	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling
64595	Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver
64611	Chemodenervation of parotid and submandibular salivary glands, bilateral
64612	Chemodenervation of muscle(s); muscle(s) innervated by facial nerve (e.g., for blepharospasm, hemifacial spasm)
64613	Chemodenervation of muscle(s); neck muscle(s) (e.g., for spasmodic torticollis, spasmodic dysphonia)
64614	Chemodenervation of muscle(s); extremity(s) and/or trunk muscle(s) (e.g., for dystonia, cerebral palsy, multiple sclerosis)
65756	Keratoplasty (corneal transplant); endothelial
65757	Backbench preparation of corneal endothelial allograft prior to transplantation (List separately in addition to code for primary procedure)
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material (e.g., banked fascia)
67902	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)
67903	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach
67904	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach
67906	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)
67908	Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (e.g., Fasanella-Servat type)
69300	Otoplasty, protruding ear, with or without size reduction
69714	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy
69715	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy

69717	Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy
69718	Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy
69930	Cochlear device implantation, with or without mastoidectomy
70336	MAGNETIC RESONANCE (e.g., PROTON) IMAGING, TEMPOROMANDIBULAR JOINTS
70450	Computed tomography, head or brain; without contrast material
70460	Computed tomography, head or brain; with contrast material(s)
70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL,
70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE,
70481	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER,
70482	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER,
70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL
70487	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATERIAL(S)
70488	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL
70490	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; W/O CONTRAST MATERIAL
70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITH CONTRAST MATERIAL(S)
70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL
70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD W/O CONTRAST, FOLLOWED BY CONTRAST, IN
70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK W/O CONTRAST, FOLLOWED BY CONTRAST, IN
70540	MAGNETIC RESONANCE (e.g., PROTON) IMAGING; ORBIT, FACE, AND NECK
70542	MAGNETIC RESONANCE IMAGING, ORBIT, FACE AND NECK; WITH CONTRAST MATERIAL
70543	MAGNETIC RESONANCE IMAGING, ORBIT, FACE AND NECK; W/O CONTRAST MATERIAL
70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; W/O CONTRAST MATERIALS
70545	MAGNETIC RESONANCE ANGIOGRAPHY; HEAD; W/CONTRAST MATERIALS
70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; W/O CONTRAST MATERIALS FOLLOWED BY CONTRAST
70547	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; W/O CONTRAST MATERIALS
70548	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; W/CONTRAST MATERIALS
70549	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; W/O CONTRAST MATERIALS FOLLOWED BY CONTRAST
70551	MAGNETIC RESONANCE (e.g., PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM);
70552	MAGNETIC RESONANCE (e.g., PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITH
70553	MAGNETIC RESONANCE (e.g., PROTON) IMAGING BRAIN; W/O CONTRAST MATERIAL, FOLLOWED BY

70554	Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration
70555	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing
71250	Computed tomography, thorax; without contrast material
71260	Computed tomography, thorax; with contrast material(s)
71270	Computed tomography, thorax; without contrast material, followed by contrast material(s) and further sections
71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST, W/O CONTRAST FOLLOWBY CONTRAST,FUR
71550	MAGNETIC RESONANCE (e.g., PROTON) IMAGING, CHEST (e.g., FOR EVALUATION OF HILAR
71551	MAGNETIC RESONANCE IMAGING, CHEST, WITH CONTRAST MATERIALS
71552	MAGNETIC RESONANCE IMAGING,CHEST,W/O CONTRAST MATERIALS FOLLOWED BY CON
71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHEST, WITH OR WITHOUT CONTRAST MATERIAL
72125	Computed tomography, cervical spine; without contrast material
72126	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITH CONTRAST MATERIAL
72127	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL,
72128	COMPUTED TOMOGRAPHY, THORACIC SPINE; W/O CONTRAST MATERIAL
72129	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITH CONTRAST MATERIAL
72130	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL,
72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; W/O CONTRAST MATERIAL
72132	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITH CONTRAST MATERIAL
72133	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL,
72141	MAGNETIC RESONANCE (e.g., PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICA
72142	MAGNETIC RESONANCE (e.g., PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICA
72146	MAGNETIC RESONANCE (e.g., PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACI
72147	MAGNETIC RESONANCE (e.g., PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACI
72148	MAGNETIC RESONANCE (e.g., PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR;
72149	MAGNETIC RESONANCE (e.g., PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR;
72156	MAGNETIC RESONANCE(e.g., PROTON)IMAGING,SPINAL CANAL AND CONTENTS, W/O C
72157	MAGNETIC RESONANCE IMAGING,SPINAL CANAL AND CONTENTS,W/O CONTRAST MATERI
72158	Magnetic resonance (e.g., proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar

72159	Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)
72191	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, PELVIS, W/O CONTRAST FOLLOW BY CONTRAST, AND
72192	COMPUTED TOMOGRAPHY, PELVIS; W/O CONTRAST MATERIAL
72193	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)
72194	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL, FOLLOWED
72195	MAGNETIC RESONANCE IMAGING, PELVIS; W/O CONTRAST MATERIALS
72196	MAGNETIC RESONANCE (e.g., PROTON) IMAGING, PELVIS WITH CONTRAST MATERIAL
72197	MAGNETIC RESONANCE IMAGING, PELVIS; W/O CONTRAST, FOLLOWED BY CONTRAST, AND F
72198	MAGNETIC RESONANCE ANGIOGRAPHY, PELVIS, WITH OR WITHOUT CONTRAST MATERIAL
72292	RADIOLOGICAL SUPERVISION & INTERPRETATION, PERCUTANEOUS VERTEBROPLASTY, VER
73200	Computed tomography, upper extremity; without contrast material
73201	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITH CONTRAST MATERIAL(S)
73202	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL,
73206	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, UPPER EXTREMITY, WITHOUT CONTRAST, FOLLOW
73218	MAGNETIC RESONANCE IMAGING, UPPER EXTREMITY, OTHER THAN JOINT W/O CONTRAST MA
73219	MAGNETIC RESONANCE IMAGING, UPPER EXTREMITY, OTHER THAN JOINT WITH CONTRAST M
73220	MAGNETIC RESONANCE IMAGING, UPPER EXTREMITY, OTHER THAN JOINT W/O THEN FOLLOW
73220	Magnetic resonance (e.g., proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences
73221	Magnetic resonance (e.g., proton) imaging, any joint of upper extremity; without contrast material(s)
73222	Magnetic resonance (e.g., proton) imaging, any joint of upper extremity; with contrast material(s)
73223	Magnetic resonance (e.g., proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences
73225	MAGNETIC RESONANCE ANGIOGRAPHY, UPPER EXTREMITY, WITH OR WITHOUT CONTRAS
73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; W/O CONTRAST MATERIAL
73701	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)
73702	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL,
73706	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, LOWER EXTREMITY, W/O CONTRAS FOLLOW CONTRAST
73718	MAGNETIC RESONANCE IMAGING, LOWER EXTREMITY; OTHER THAN JOINT W/O CONTRAST MA
73719	MAGNETIC RESONANCE IMAGING, LOWER EXTREMITY, OTHER THAN JOINT WITH CONTRAST M
73720	MAGNETIC RESONANCE IMAGING, LOWER EXTREMITY, OTHER THAN JOINT W/O THEN WITH C

73721	Magnetic resonance (e.g., proton) imaging, any joint of lower extremity; without contrast material
73722	Magnetic resonance (e.g., proton) imaging, any joint of lower extremity; with contrast material(s)
73723	Magnetic resonance (e.g., proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences
73725	MAGNETIC RESONANCE ANGIOGRAPHY, LOWER EXTREMITY, WITH OR WITHOUT CONTRAST
74150	COMPUTED TOMOGRAPHY, ABDOMEN; W/O CONTRAST MATERIAL
74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)
74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED
74174	Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing
74175	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN, W/O CONTRAST FOLLOW CONTRAST
74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL
74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)
74178	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL IN ONE O
74181	MAGNETIC RESONANCE (e.g., PROTON) IMAGING, ABDOMEN; WITHOUT CONTRAST MATER
74182	MAGNETIC RESONANCE IMGAING, ABDOMEN; WITH CONTRAST MATERIALS
74183	MAGNETIC RESONANCE IMAGING, ABDOMEN ; W/O CONTRAST FOLLOWED CONTRAST, AND F
74185	MAGNETIC RESONANCE ANGIOGRAPHY, ABDOMEN, WITH OR WITHOUT CONTRAST MATERI
74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material
74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed
74263	Computed tomographic (CT) colonography, screening, including image postprocessing
75557	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION W/O CONTRAST
75559	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION W/O CONTRAST
75561	CARDIAC MAGNET RESONANCE IMAGING FOR MORPHOLOGY AND FUNCITON W/O CONTRAST M
75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging
75565	Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)

75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)
75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of LV cardiac function, RV structure and function and evaluation of venous structures, if performed)
75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)
75635	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMINAL AORTA,BILATERAL ILIOFEMOAL LOWE
75952	ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECTION,
75953	PLACEMENT OF PROXIMAL OR DISTAL EXTENSION PROSTHESIS, RADIO SUPV & INTERP,
75956	RADIOLOGICAL SUPERVISION AND INTERPRETATION FOR ENDOVASCULAR REPAIR OF DESC
75957	RADIOLOGICAL SUPERVISION AND INTERPRETATION FOR ENDOVASCULAR REPAIR OF DES
75958	RADIOLOGICAL SUPERVISION AND INTERPRETATION FOR THE PLACEMENT OF PROXIMAL
75959	RADIOLOGICAL SUPERVISION AND INTERPRETATION FOR THE PLACEMENT OF DISTAL EX
76125	CINERADIOGRAPHY TO COMPLEMENT ROUTINE EXAMINATION
76390	Magnetic resonance spectroscopy
76873	ECHOGRAPHY, TRANSRECTAL; PROSTATE VOLUME STUDY FOR BRACHYTHERAPY TREATMENT
76940	ULTRASOUND GUIDANCE FOR, AND MONITORING OF, VISCERAL TISSUEABLATION
76977	ULTRASOUND BONE DENSITY MEASUREMENT AND INTERPRERATION, PERIPHERAL SITE
77022	MAGNETIC RESONANCE GUIDANCE FOR, AND MONITORING OF , PARENCHYMAL TISSUE ABL
77058	Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral
77059	Magnetic resonance imaging, breast, without and/or with contrast material(s); bilateral
77078	COMPUTED TOMOGRAPHY , BONE MINERAL DENSITY STUDY, 1 OR MORE SITES; AXIAL SK
77084	Magnetic resonance (e.g., proton) imaging, bone marrow blood supply
77326	BRACHYTHERAPY ISODOSE PLAN; SIMPLE (CALC MADE FROM SINGLE PLANE, 1-4 SOUR
77327	BRACHYTHERAPY ISODOSE CALCULATION; INTERMEDIATE (MULTIPLANE DOSAGE
77328	BRACHYTHERAPY ISODOSE CALCULATION; COMPLEX (MULTIPLANE ISODOSE PLAN, VOLUME
77372	RADIATION TX DELIVERY, STEREOTACTIC RADIOSURGERY, COMPLETE COURSE OF TX OF
77422	HIGH ENERGY NEUTRON RADIATION TREATMENT DELIVERY; SINGLE TREATMENT AREA US
77423	HIGH ENERGY NEUTRON RADIATION TREATMENT DELIVERY; ONE OR MORE ISOCENTER(S)

77424	INTRAOPERATIVE RADIATION TREATMENT DELIVERY, X-RAY, SINGLE TREATMENT SESSIO
77425	INTRAOPERATIVE RADIATION TREATMENT DELIVERY, ELECTRONS, SINGLE TREATMENT SE
77469	INTRAOPERATIVE RADIATION TREATMENT MANAGEMENT
77522	PROTON TREATMENT DELIVERY; SIMPLE WITH COMPENSATION
77525	PROTON TREATMENT DELIVERY; COMPLEX
77600	HYPERTHERMIA, EXTERNALLY GENERATED; SUPERFICIAL (IE, HEATING TO A DEPTH OF
77605	HYPERTHERMIA, EXTERNALLY GENERATED; DEEP (IE, HEATING TO DEPTHS GREATER THA
77610	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); 5 OR FEWER INTERSTITIAL
77615	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); MORE THAN 5 INTERSTITIAL
77620	HYPERTHERMIA GENERATED BY INTRACAVITARY PROBE(S)
77761	INTRACAVITARY RADIOELEMENT RADIATION SOURCE APPLICATION; SIMPLE
77762	INTRACAVITARY RADIOELEMENT APPLICATION; INTERMEDIATE
77763	INTRACAVITARY RADIOELEMENT APPLICATION; COMPLEX
77776	INTERSTITIAL RADIOELEMENTRADIATION SOURCE APPLICATION; SIMPLE
77777	INTERSTITIAL RADIOELEMENT APPLICATION; INTERMEDIATE
77778	INTERSTITIAL RADIOELEMENT APPLICATION; COMPLEX
77785	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE BRACHYTHERAPY; 1 CHANNEL
77786	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE BRACHYTHERAPY; 2-12 CHANNE
77787	REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE BRACHYTHERAPY; OVER 12 CHAN
77790	SUPERVISION, HANDLING, LOADING OF RADIOELEMENT
78206	LIVER IMAGING (SPECT); WITH VASCULAR FLOW
78451	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)
78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection
78453	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection

78454	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection
78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation
78466	MYOCARDIAL IMAGING, INFARCT AVID, AT REST; QUALITATIVE
78468	MYOCARDIAL IMAGING, INFARCT AVID, AT REST; WITH FIRST PASS TECHNIQUE
78469	Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification
78472	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, AT REST; WALL MOTION STUDY
78473	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, AT REST;WALL MULTIPLE STUDIE
78481	CARDIAC BLOOD POOL IMAGING, FIRST PASS TECHNIQUE, AT REST; WALL MOTION STUD
78483	CARDIAC BLOOD POOL IMAGING,FIRST PASS TECHNIQUE, AT REST; MULTIPLE STUDIE
78491	Myocardial imaging, positron emission tomography (PET), perfusion; single study at rest or stress
78492	Myocardial imaging, positron emission tomography (PET), perfusion; multiple studies at rest and/or stress
78494	Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing
78496	CARDIAC BLOOD POOL IMAGING,GATED EQUILIBRIUM,SINGLE STUDY AT REST WITH RI
78607	Brain imaging, tomographic (SPECT)
78608	Brain imaging, positron emission tomography (PET); metabolic evaluation
78609	Brain imaging, positron emission tomography (PET); perfusion evaluation
78647	CERBROSPINAL FLUID FLOW, IMAGING; TOMOGRAPHIC
78710	KIDNEY IMAGING (SPECT)
78811	Positron emission tomography (PET) imaging; limited area (e.g., chest, head/neck)
78812	Positron emission tomography (PET) imaging; skull base to mid-thigh
78813	Positron emission tomography (PET) imaging; whole body
78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (e.g., chest, head/neck)
78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh
78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body

79403	RADIOPHARMACEUTICAL THERAPY, RADIOLABELED MONOCLONAL ANTIBODBY INTRAVENOUS
81200	ASPA (aspartoacylase) (e.g., Canavan disease) gene analysis, common variants (e.g., E285A, Y231X)
81209	BLM (Bloom syndrome, RecQ helicase-like) (e.g., Bloom syndrome) gene analysis, 2281del6ins7 variant
81220	CFTR (cystic fibrosis transmembrane conductance re.g.,ulator) (e.g., cystic fibrosis) gene analysis; common variants (e.g., ACMG/ACOG guidelines)
81221	CFTR (cystic fibrosis transmembrane conductance re.g.,ulator) (e.g., cystic fibrosis) gene analysis; known familial variants
81222	CFTR (cystic fibrosis transmembrane conductance re.g.,ulator) (e.g., cystic fibrosis) gene analysis; duplication/deletion variants
81223	CFTR (cystic fibrosis transmembrane conductance re.g.,ulator) (e.g., cystic fibrosis) gene analysis; full gene sequence
81224	CFTR (cystic fibrosis transmembrane conductance re.g.,ulator) (e.g., cystic fibrosis) gene analysis; intron 8 poly-T analysis (e.g., male infertility)
81241	F5 (coagulation Factor V) (e.g., hereditary hypercoagulability) gene analysis, Leiden variant
81242	FANCC (Fanconi anemia, complementation group C) (e.g., Fanconi anemia, type C) gene analysis, common variant (e.g., IVS4+4A>T)
81243	FMR1 (Fragile X mental retardation 1) (e.g., fragile X mental retardation) gene analysis; evaluation to detect abnormal (e.g., expanded) alleles
81244	FMR1 (Fragile X mental retardation 1) (e.g., fragile X mental retardation) gene analysis; characterization of alleles (e.g., expanded size and methylation status)
81251	GBA (glucosidase, beta, acid) (e.g., Gaucher disease) gene analysis, common variants (e.g., N370S, 84GG, L444P, IVS2+1G>A)
81255	HEXA (hexosaminidase A [alpha polypeptide]) (e.g., Tay-Sachs disease) gene analysis, common variants (e.g., 1278insTATC, 1421+1G>C, G269S)
81256	HFE (hemochromatosis) (e.g., hereditary hemochromatosis) gene analysis, common variants (e.g., C282Y, H63D)
81257	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (e.g., alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis, for common deletions or variant (e.g., Southeast Asian, Thai, Filipino, Mediterranean, alpha3.7, alpha4.2, alpha20.5, and Co
81290	MCOLN1 (mucolipin 1) (e.g., Mucopolipidosis, type IV) gene analysis, common variants (e.g., IVS3-2A>G, del6.4kb)

81330	SMPD1(sphingomyelin phosphodiesterase 1, acid lysosomal) (e.g., Niemann-Pick disease, Type A) gene analysis, common variants (e.g., R496L, L302P, fsP330)
81381	HLA Class I typing, high resolution (ie, alleles or allele groups); one allele or allele group (e.g., B*57:01P), each
81407	Molecular pathology procedure, Level 8 (e.g., analysis of 26-50 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of >50 exons, sequence analysis of multiple genes on one platform) SCN1A (sodium channel, voltage-gated, type 1, alpha subunit) (e.g., generalized epilepsy with febrile seizures), full gene sequence
81408	Molecular pathology procedure, Level 9 (e.g., analysis of >50 exons in a single gene by DNA sequence analysis) FBN1 (fibrillin 1) (e.g., Marfan syndrome), full gene sequence NF1 (neurofibromin 1) (e.g., neurofibromatosis, type 1), full gene sequence RYR1 (ryanodine receptor 1, skeletal) (e.g., malignant hyperthermia), full gene sequence VWF (von Willebrand factor) (e.g., von Willebrand disease types 1 and 3), full gene sequence
84999	Unlisted chemistry procedure
90281	Immune globulin (Ig), human, for intramuscular use
90283	Immune globulin (IgIV), human, for intravenous use
90378	Respiratory syncytial virus immune globulin (RSV-IgIM), for intramuscular use, 50 mg, each
90399	Unlisted immune globulin
90867	Therapeutic repetitive transcranial magnetic stimulation treatment
90868	Therapeutic repetitive transcranial magnetic stimulation treatment
91111	Gastrointestinal tract imaging, intraluminal (e.g., capsule endoscopy), esophagus with physician interpretation and report
93656	Comprehensive Electrophysiologic Evaluation, W Treatment Of Atrial Fibrillation By Ablation By Pulmonary Vein Isolation
93657	Additional Intracardiac Catheter Ablation Of Left Or Rt Atrium For Persistent Atrial Fib After Pulmonary Vein Isolation
95782	Polysomnography; Pt < 6 Yrs, Sleep Staging With 4 Or More Additional Parameters Of
95783	Polysomnography; Pt < 6 Yrs, Sleep Staging With 4 Or More Additional Parameters Of Sleep,
95805	Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness

95980	Electronic analysis of implanted neurostimulator pulse generator system (e.g., rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; intraoperative, with programming
95981	Electronic analysis of implanted neurostimulator pulse generator system (e.g., rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, without reprogramming
95982	Electronic analysis of implanted neurostimulator pulse generator system (e.g., rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, with reprogramming
97033	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes
97532	Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact by the provider, each 15 minutes
97605	Ne.g.,ative pressure wound therapy (e.g., vacuum assisted drainage collection), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters
97606	Ne.g.,ative pressure wound therapy (e.g., vacuum assisted drainage collection), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters
99183	Physician attendance and supervision of hyperbaric oxygen therapy, per session
99500	Home visit for prenatal monitoring and assessment to include fetal heart rate, non-stress test, uterine monitoring, and gestational diabetes monitoring
A0430	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT ONE WAY (FIXED WING
A0431	AMBULANCE SERVICE,CONVENTIONAL AIR SERVICES,TRANSPORT ONE WAY (ROTARY WIN
A0435	Fixed wing air mileage, per statute mile
A0436	ROTARY WING AIR MILEAGE, PER STATUTE MILE
A4290	SACRAL NERVE STIMULATION TEST LEAD, EACH
A4306	DISPOSABLE DRUG DELIVERY SYSTEM, FLOW RATE OF LESS THAN 50 ML PER HOUR
A4575	TOPICAL HYPERBARIC OXYGEN CHAMBER, DISPOSABLE
A4638	REPLACEMENT BATTERY FOR PATIENT-OWNED EAR PULSE GENERATOR, EACH
A6550	DRESSING SET FOR Ne.g.,ATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONAR

A7025	High frequency chest wall oscillation system vest, replacement for use with patient-owned equipment, each
A9272	MECHANICAL WOUND SUCTION, DISPOSABLE, INCLUDES DRESSING, ALL ACCESSORIES
A9274	External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories
A9279	MONITORING FEATURE/DEVICE, STAND-ALONE/INTe.g.,RATED, ANY TYPE, INCL ALL ACCES
A9507	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT INDIUM IN 111 C
A9542	INDIUM IN-111 IBRITUMOMAB TIUXETAN, DIAGNOSTIC, PER STUDY DOSE, UP TO 5 MIL
A9543	YTTRIUM Y-90 IBRITUMOMAB TIUXETAN, THERAPEUTIC, PER TREATMENT DOSE, UP TO
A9544	IODINE I-131 TOSITUMOMAB, DIAGNOSTIC, PER STUDY DOSE
A9545	IODINE I-131 TOSITUMOMAB, THERAPEUTIC, PER TREATMENT DOSE
A9580	SODIUM FLUORIDE F-18, DIAGNOSTIC, PER STUDY DOSE, UP TO 30 MILLICURIES
C1300	Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval
C1721	CARDIOVERTER-DEFIBRILLATOR, DUAL CHAMBER (IMPLANTABLE)
C1722	CARDIOVERTER-DEFIBRILLATOR, SINGLE CHAMBER (IMPLANTABLE)
C1767	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE)
C1772	INFUSION PUMP, PROGRAMMABLE (IMPLANTABLE)
C1777	LEAD, CARDIOVERTER-DEFIBRILLATOR, ENDOCARDIAL SINGLE COIL (IMPLANTABLE)
C1778	LEAD, NEUROSTIMULATOR (IMPLANTABLE)
C1780	LENS, INTRAOCULAR (NEW TECHNOLOGY)
C1789	PROSTHESIS, BREAST (IMPLANTABLE)
C1813	PROSTHESIS, PENILE, INFLATABLE
C1818	INTe.g.,RATED KERATOPROSTHESIS
C1821	INTERSPINOUS PROCESS DISTRACTION DEVICE (IMPLANTABLE)
C1882	CARDIOVERTER-DEFIBRILLATOR, OTHER THAN SINGLE OR DUAL CHAMBER (IMPLANTABLE)
C1891	INFUSION PUMP, NON-PROGRAMMABLE, PERMANENT (IMPLANTABLE)
C1895	LEAD, CARDIOVERTER-DEFIBRILLATOR, ENDOCARDIAL DUAL COIL (IMPLANTABLE)
C1896	LEAD, CARDIOVERTER-DEFIBRILLATOR, OTHER THAN ENDOCARDIAL SINGLE OR DUAL COI
C2622	PROSTHESIS, PENILE, NON-INFLATABLE
C2626	INFUSION PUMP, NON-PROGRAMMABLE, TEMPORARY (IMPLANTABLE)
C8903	MAGNETIC RESONANCE IMAGING WITH CONTRAST, BREAST; UNIILATERAL
C8904	MAGNETIC RESONANCE IMAGING WITHOUT CONTRAST, BREAST; UNILATERAL
C8905	MAGNETIC RESONANCE IMAGING WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST,
C8906	MAGNETIC RESONANCE IMAGING WITH CONTRAST, BREAST; BILATERAL

C8907	MAGNETIC RESONANCE IMAGING WITHOUT CONTRAST, BREAST; BILATERAL
C8908	MAGNETIC RESONANCE IMAGING WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, BREA
C8931	Magnetic resonance angiography with contrast, spinal canal and contents
C8932	Magnetic resonance angiography without contrast, spinal canal and contents
C8933	Magnetic resonance angiography without contrast followed by with contrast, spinal canal and contents
C8934	MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTAST, UPPER EXTREMITY
C8935	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, UPPER EXTREMITY
C8936	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST,
C9257	INJECTION, BEVACIZUMAB, 0.25 MG
C9286	INJECTION, BELATACEPT, 1 MG
C9287	Injection, Brentuximab Vedotin, 1 Mg
C9354	ACELLULAR PERICARDIAL TISSUE MATRIX OF NON-HUMAN ORIGIN (VERITAS), PER SQUA
C9356	TENDON, POROUS MATRIX OF CROSS-LINKED COLLAGEN & GLYCOSAMINOGLYCAN MATRIX,
C9358	DERMAL SUBSTITUTE, NATIVE, NON-DENATURED COLLAGEN (SURGIMEND COLLAGEN MATRI
C9360	DERMAL SUBSTITUTE, NATIVE, NON-DENATURED COLLAGEN, NEONATAL BOVINE ORIGIN (
C9363	SKIN SUBSTITUTE, INTEGRA MESHED BILAYER WOUND MATRIX, PER SQ CM
C9364	PORCINE IMPLANT, PERMACOL, PER SQ CM
C9366	EPIFIX, PER SQUARE CENTIMETER
C9367	Skin substitute, Endoform Dermal Template, per square centimeter
C9368	GRAFIX CORE, PER SQUARE CENTIMETER
C9369	GRAFIX PRIME, PER SQUARE CENTIMETER
C9724	ENDOSCOPIC FULL-THICKNESS PLICATION IN THE GASTRIC CARDIA USING ENDOSCOPIC
C9727	INSERTION OF IMPLANTS INTO THE SOFT PALATE; MINIMUM OF THREE IMPLANTS
C9800	Dermal injection procedure(s) for facial lipodystrophy syndrome (LDS) and provision of Radiesse or Sculptra dermal filler, including all items and supplies
D7940	OSTEOPLASTY - FOR ORTHOGNATHIC DEFORMITIES
D7941	OSTEOTOMY - MANDIBULAR RAMI
D7943	OSTEOTOMY - MANDIBULAR RAMI WITH BONE GRAFT; INCL OBTAINING THE GRAFT
D7944	OSTEOTOMY - Se.g.,MENTED OR SUBAPICAL - PER SEXTANT OR QUADRANT
D7945	OSTEOTOMY - BODY OF MANDIBLE
D7946	LEFORT I (MAXILLA - TOTAL)
D7947	LEFORT I (MAXILLA - SEGMENTED)
D7948	LEFORT II OR LEFORT III - (OSTEOPLASTY OF FACIAL BONES FOR MIDFACE HYPOPLA

D7949	LEFORT II OR LEFORT III - WITH BONE GRAFT
D7950	OSSEOUS, OSTEOPERIOSTEAL, OR CARTILAGE GRAFT OF THE MANDIBLE OR MAXILLA -
D7995	SYNTHETIC GRAFT - MANDIBLE OR FACIAL BONES, BY REPORT
D7996	IMPLANT - MANDIBLE FOR AUGMENTATION PURPOSES (EXCLUDING ALVEOLAR RIDGE)
E0100	CANE, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIP
E0105	CANE, QUAD OR THREE PRONG, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR
E0114	CRUTCHES, UNDERARM, ALUMINUM, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS AN
E0143	FOLDING WALKER, WHEELED, WITHOUT SEAT
E0144	ENCLOSED, FRAMED FOLDING WALKER, WHEELED, WITH POSTERIOR SEAT
E0147	HEAVY DUTY, MULTIPLE BREAKING SYSTEM, VARIABLE WHEEL RESISTANCE WALKER
E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE, EACH
E0156	SEAT ATTACHMENT, WALKER
E0162	SITZ BATH CHAIR
E0163	COMMUNE CHAIR, MOBILE OR STATIONARY, WITH FIXED ARMS
E0171	COMMUNE CHAIR WITH INTEGRATED SEAT LIFT MECHANISM, NON-ELECTRIC, ANY TYPE
E0172	SEAT LIFT MECHANISM PLACED OVER OR ON TOP OF TOILET, ANY TYPE
E0175	FOOT REST, FOR USE WITH COMMUNE CHAIR, EACH
E0200	HEAT LAMP, WITHOUT STAND (TABLE MODEL), INCLUDES BULB, OR INFRARED ELEMENT
E0202	PHOTOTHERAPY (BILIRUBIN) LIGHT WITH PHOTOMETER
E0203	THERAPEUTIC LIGHTBOX, MINIMUM 10,000 LUX, TABLE TOP MODEL
E0205	HEAT LAMP, WITH STAND, INCLUDES BULB, OR INFRARED ELEMENT
E0242	BATH TUB RAIL, FLOOR BASE
E0243	TOILET RAIL, EACH
E0246	TRANSFER TUB RAIL ATTACHMENT
E0275	BED PAN, STANDARD, METAL OR PLASTIC
E0276	BED PAN, FRACTURE, METAL OR PLASTIC
E0280	BED, CRADLE, ANY TYPE
E0305	BED SIDE RAILS, HALF LENGTH
E0310	BED SIDE RAILS, FULL LENGTH
E0316	SAFTY ENCLOSURE FRAM/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE
E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL
E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL
E0350	CONTROL UNIT FOR ELECTRONIC BOWEL IRRIGATION/EVACUATION SYSTEM
E0352	DISPOSABLE PACK FOR USE WITH THE ELECTRONIC BOWEL/EVACUATIONSYSTEM

E0446	TOPICAL OXYGEN DELIVERY SYSTEM, NOT OTHERWISE SPECIFIED, INCLUDES ALL SUPPL
E0481	INTRAPULMONARY PERCUSSIVE VENTILATION SYSTEM AND RELATED ACCESSORIES
E0483	High frequency chest wall oscillation air-pulse generator system, (includes hoses and vest), each
E0550	HUMIDIFIER, DURABLE FOR EXTENSIVE SUPPLEMENTAL HUMIDIFICATION DURING IPPB
E0555	HUMIDIFIER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC BOTTLE TYPE, FOR USE WIT
E0560	HUMIDIFIER, DURABLE FOR SUPPLEMENTAL HUMIDIFICATION DURING IPPB TREATMENT O
E0561	HUMIDIFIER, NON-HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE
E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE
E0565	COMPRESSOR, AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT SELF CONTAINED OR
E0570	NEBULIZER, WITH COMPRESSOR E.G., DEVILBISS PULMO-AID
E0572	AREROSOL COMPRESSOR ADJUSTABLE PRESSURE, LIGHT DUTY FOR INTERMITTENT USE
E0574	ULTRASONIC/ELECTRONIC AEROSOL GENERATOR WITH SMALL VOLUME NEBULIZER
E0575	NEBULIZER,ULTRASONIC, LARGE VOLUME
E0580	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, FOR USE WIT
E0585	NEBULIZER, WITH COMPRESSOR AND HEATER
E0600	SUCTION PUMP, HOME MODEL, PORTABLE
E0605	VAPORIZER, ROOM TYPE
E0607	HOME BLOOD GLUCOSE MONITOR
E0617	External defibrillator with inte.g.,rated electrocardiogram analysis
E0637	Combination sit to stand system, any size including pediatric, with seatlift feature, with or without wheels
E0638	Standing frame system, one position (e.g., upright, supine, or prone stander), any size including pediatric, with or without wheels.
E0641	Standing frame system, multi-position (e.g., 3-way stander), any size including pediatric, with or without wheels. ALERT:Covered under Medicaid Crossover, Auth required
E0642	Standing frame system, mobile (dynamic stander), any size including pediatric
E0691	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, treatment area 2 sq ft or less
E0692	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 4 ft panel

E0693	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 6 ft panel
E0694	Ultraviolet multidirectional light therapy system in 6 ft cabinet, includes bulbs/lamps, timer, and eye protection
E0700	SAFETY EQUIPMENT (E.G., BELT, HARNESS OR VEST)
E0705	TRANSFER BOARD OR DEVICE, ANY TYPE, EACH
E0710	RESTRAINTS, ANY TYPE (BODY, CHEST, WRIST OR ANKLE)
E0740	Incontinence treatment system, pelvic floor stimulator, monitor, sensor, and/or trainer
E0745	Neuromuscular stimulator, electronic shock unit
E0747	Osteogenesis stimulator, electrical, noninvasive, other than spinal applications
E0748	Osteogenesis stimulator, electrical, noninvasive, spinal applications
E0749	Osteogenesis stimulator, electrical, surgically implanted
E0760	Osteogenesis stimulator, low intensity ultrasound, noninvasive
E0761	NON-THERMAL PULSED HIGH FREQUENCY RADIOWAVES, HGH PEAK POWERELECTROMAGNETIC
E0762	Transcutaneous electrical joint stimulation device system, includes all accessories
E0764	Functional neuromuscular stimulation, transcutaneous stimulation of sequential muscle groups of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program
E0769	Electrical stimulation or electromagnetic wound treatment device, not otherwise classified
E0770	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified
E0776	IV POLE
E0782	Infusion pump, implantable, nonprogrammable (includes all components, e.g., pump, catheter, connectors, etc.)
E0783	Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.)
E0784	External ambulatory infusion pump, insulin
E0830	AMBULATORY TRACTION DEVICE, ALL TYPES, EACH
E0840	TRACTION FRAME, ATTACHED TO HEADBOARD, SIMPLE CERVICAL TRACTION
E0849	TRACTION EQUIPMENT, CERVICAL, FREE-STANDING STAND/FRAME, PNEUMATIC, APPL
E0850	TRACTION STAND, FREE STANDING, SIMPLE CERVICAL TRACTION
E0855	CERVICAL TRACTION EQUIPMENT NOT REQUIRING ADDITIONAL STAND OR FRAME
E0860	TRACTION EQUIPMENT, OVERDOOR, CERVICAL
E0870	TRACTION FRAME, ATTACHED TO FOOTBOARD, SIMPLE EXTREMITY TRACTION, (E.G.,

E0880	TRACTION STAND, FREE STANDING, SIMPLE EXTREMITY TRACTION, (E.G., BUCK'S)
E0890	TRACTION FRAME, ATTACHED TO FOOTBOARD, SIMPLE PELVIC TRACTION
E0900	TRACTION STAND, FREE STANDING, SIMPLE PELVIC TRACTION, (E.G., BUCK'S)
E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BARS
E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUN
E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUN
E0920	FRACTURE FRAME, ATTACHED TO BED, INCLUDES WEIGHTS
E0930	FRACTURE FRAME, FREE STANDING, INCLUDES WEIGHTS
E0935	CONTINUOUS PASSIVE MOTION EXERCISE DEVICE FOR USE ON KNEE ONLY
E0936	CONTINUOUS PASSIVE MOTION EXERCISE DEVICE FOR USE OTHER THAN KNEE
E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR
E0941	GRAVITY ASSISTED TRACTION DEVICE, ANY TYPE
E0942	CERVICAL HEAD HARNESS/ HALTER
E0944	PELVIC BELT/ HARNESS/ BOOT
E0945	EXTREMITY BELT/ HARNESS
E0946	FRACTURE FRAME, DUAL WITH CROSS BARS, ATTACHED TO BED, (E.G., BALKEN, 4
E0947	FRACTURE FRAME, ATTACHMENTS FOR COMPLEX PELVIC TRACTION
E0948	FRACTURE FRAME, ATTACHMENTS FOR COMPLEX CERVICAL TRACTION
E1002	Wheelchair accessory, power seating system, tilt only
E1003	Wheelchair accessory, power seating system, recline only, without shear reduction
E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction
E1005	Wheelchair accessory, power seating system, recline only, with power shear reduction
E1006	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction
E1007	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction
E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction
E1229	WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED
E1230	Power operated vehicle (3- or 4-wheel nonhighway, specify brand name and model number
E1239	Power wheelchair, pediatric size, not otherwise specified
E1372	IMMERSION EXTERNAL HEATER FOR NEBULIZER
E1500	CENTRIFUGE, FOR DIALYSIS
E1510	KIDNEY DIALYSATE DELIVERY SYSTEM KIDNEY MACHINE, PUMP RECIRCULATING, AIR

E1520	HEPARIN INFUSION PUMP FOR DIALYSIS
E1530	AIR BUBBLE DETECTOR FOR DIALYSIS
E1540	PRESSURE ALARM FOR DIALYSIS
E1550	BATH CONDUCTIVITY METER FOR DIALYSIS
E1560	BLOOD LEAK DETECTOR FOR DIALYSIS
E1570	ADJUSTABLE CHAIR FOR ESRD PATIENTS
E1580	UNIPUNCTURE CONTROL SYSTEM FOR DIALYSIS
E1590	HEMODIALYSIS MACHINE
E1592	AUTOMATIC INTERMITTENT PERITONEAL DIALYSIS SYSTEM
E1594	CYCLER DIALYSIS MACHINE FOR PERITONEAL DIALYSIS
E1600	DELIVERY AND/OR INSTALLATION CHARGES FOR RENAL DIALYSIS EQUIPMENT
E1610	REVERSE OSMOSIS WATER PURIFICATION SYSTEM
E1615	DEIONIZER WATER PURIFICATION SYSTEM
E1620	BLOOD PUMP FOR DIALYSIS
E1625	WATER SOFTENING SYSTEM
E1632	WEARABLE ARTIFICIAL KIDNEY
E1634	PERITONEAL DIALYSIS CLAMPS, EACH
E1635	COMPACT (PORTABLE) TRAVEL HEMODIALYZER SYSTEM
E1639	SCALE, EACH
E1902	Communication board, nonelectronic augmentative or alternative communication device
E2000	GASTRIC SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY ELECTRIC
E2100	BLOOD GLUCOSE MONITOR WITH INTEGRATED VOICE SYNTHESIZER
E2101	BLOOD GLUCOSE MONITOR WITH INTEGRATED LANCING/BLOOD SAMPLE
E2120	Pulse generator system for tympanic treatment of inner ear endolymphatic fluid
E2402	Negative pressure wound therapy electrical pump, stationary or portable
E2500	Speech generating device, digitized speech, using pre-recorded messages, less than or equal to eight minutes recording time
E2502	Speech generating device, digitized speech, using prerecorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time
E2504	Speech generating device, digitized speech, using prerecorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time
E2506	Speech generating device, digitized speech, using prerecorded messages, greater than 40 minutes recording time

E2508	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device
E2510	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access
E2511	SPEECH GENERATING SOFTWARE PROGRAM, FOR PERSONAL COMPUTER OR PERSONAL DIGITA
E2512	Accessory for speech generating device, mounting system
G0130	SINGLE ENERGY X-RAY ABSORPTIOMETRY (SEX A) BONE DENSITY STUDY, ONE OR M
G0157	Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 minutes
G0158	Services performed by a qualified occupational therapist assistant in the home health or hospice setting, each 15 minutes
G0159	Services performed by a qualified physical therapist, in the home health setting, in the establishment or delivery of a safe and effective therapy maintenance program, each 15 minutes
G0160	Services performed by a qualified occupational therapist, in the home health setting, in the establishment or delivery of a safe and effective therapy maintenance program, each 15 minutes
G0161	Services performed by a qualified speech-language pathologist, in the home health setting, in the establishment or delivery of a safe and effective therapy maintenance program, each 15 minutes
G0162	Skilled services by a registered nurse (rn) in the delivery of management & evaluation of the plan of care; each 15 minutes (the patient's underlying condition or complication requires an rn to ensure that essential non-skilled care achieve its purpose in the home health or hospice setting)
G0163	Skilled services of a licensed nurse (lpn or rn) in the delivery of observation & assessment of the patient's condition, each 15 minutes (when the likelihood of change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment in the home health or hospice setting)
G0164	Skilled services of a licensed nurse, in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 minutes
G0173	LINEAR ACCELERATOR BASED STEREOTACTIC RADIOSURGERY, COMPLETE COURSE OF THER
G0176	ACTIVITY THERAPY, SUCH AS MUSIC, DANCE, ART OR PLAY THERAPIES
G0219	PET IMAGING WHOLE BODY; MELANOMA FOR NON-COVERED INDICATIONS
G0235	PET IMAGING, ANY SITE, NOT OTHERWISE SPECIFIED

G0251	LINEAR ACCELERATOR BASED STEREOTACTIC RADIOSURGERY, DELIVERY INCLUDING COLLI
G0252	PET IMAGING, FULL AND PARTIAL-RING PET SCANNERS ONLY, FOR INDIAGNOSIS OF BR
G0255	CURRENT PERCEPTION THRESHOLD/SENSORY NERVE CONDUCTION TEST, PER LIMB, ANY N
G0282	ELECTRICAL STIMULATION, (UNATTENDED), TO ONE OR MORE AREAS, FOR WOUND CARE
G0295	ELECTROMAGNETIC STIMULATION, ONE OR MORE AREAS, FOR WOUND CARE OTHER THAN D
G0302	PRE-OPERATIVE PULMONARY SURGERY SERVICES FOR PREPARATION FOR LVRS, COMPLETE
G0303	PRE-OPERATIVE PULMONARY SURGERY SERVICES FOR PREPARATION FOR LVRS, 10 TO 15
G0304	PRE-OPERATIVE PULMONARY SURGERY SERVICES FOR PREPARATION FOR LVRS, 1 TO 9 DA
G0305	POST-DISCHARGE PULMONARY SURGERY SERVICES AFTER LVRS, MINIMUM OF 6 DAYS
G0339	IMAGE-GUIDED ROBOTIC LINEAR ACCELERATOR-BASED STEREOTACTIC RADIOSURGERY,
G0340	IMAGE-GUIDED ROBOTIC LINEAR ACCELERATOR-BASED STEROTACTIC RADIOSURGERY,
G0341	PERCUTANEOUS ISLET CELL TRANSPLANT, INCLUDES PORTAL VEIN CATHETERIZATION AN
G0342	LAPAROSCOPY FOR ISLET CELL TRANSPLANT, INCLUDES PORTAL VEIN CATHETERIZATION
G0343	LAPAROTOMY FOR ISLET CELL TRANSPLANT, INCLUDES PORTAL VEIN CATHETERIZATION
G0416	SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION FOR PROSTATE NEEDLE S
G0417	SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION FOR PROSTATE NEEDLE S
G0418	SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION FOR PROSTATE NEEDLE S
G0419	SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION FOR PROSTATE NEEDLE S
G0428	COLLAGEN MENISCUS IMPLANT PROCEDURE FOR FILLING MENISCAL DEFECTS (E.G., CM
G0429	Dermal filler injection(s) for the treatment of facial lipodystrophy syndrome (LDS) (e.g., as a result of highly active antiretroviral therapy)
G0448	INSERTION OR REPLACEMENT OF A PERMANENT PACING CARDIOVERTER-DEFIBRILLATOR
G0456	Negative pressure wound therapy, (e.g. Vacuum assisted drainage collection) using a
G0457	Ne.g.,ative pressure wound therapy, (e. G. Vacuum assisted drainage collection) using a mechanically-
G3001	ADMINISTRATION AND SUPPLY OF TOSITUMOMAB, 450 MG
G9143	WARFARIN RESPONSIVENESS TESTING BY GENETIC TECHNIQUE USING ANY METHOD, ANY
G9143	Warfarin responsiveness testing by genetic technique using any method, any number of specimen(s)
G9147	OUTPAT INTRVENOUS INSULIN TRTMNT (OIVIT) PULSTILE OR CONTINUS, BY ANY MEAN
K0005	Ultralightweight wheelchair
K0010	Standard-weight frame motorized/power wheelchair
K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking
K0012	Lightweight portable motorized/power wheelchair

K0014	Other motorized/power wheelchair base
K0455	Infusion pump used for uninterrupted parenteral administration of medication, (e.g., epoprostenol or treprostinol)
K0606	Automatic external defibrillator, with inte.g.,rated electrocardiogram analysis, garment type
K0800	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds
K0801	Power operated vehicle, group 1 heavy-duty, patient weight capacity 301 to 450 pounds
K0802	Power operated vehicle, group 1 very heavy-duty, patient weight capacity 451 to 600 pounds
K0806	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds
K0807	Power operated vehicle, group 2 heavy-duty, patient weight capacity 301 to 450 pounds
K0808	Power operated vehicle, group 2 very heavy-duty, patient weight capacity 451 to 600 pounds
K0812	Power operated vehicle, not otherwise classified
K0813	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds
K0814	Power wheelchair, group 1 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds
K0815	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds
K0816	Power wheelchair, group 1 standard, captain's chair, patient weight capacity up to and including 300 pounds
K0820	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0821	Power wheelchair, group 2 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds
K0822	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0823	Power wheelchair, group 2 standard, captain's chair, patient weight capacity up to and including 300 pounds
K0824	Power wheelchair, group 2 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0825	Power wheelchair, group 2 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds

K0826	Power wheelchair, group 2 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds
K0827	Power wheelchair, group 2 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds
K0828	Power wheelchair, group 2 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more
K0829	Power wheelchair, group 2 extra heavy-duty, captain's chair, patient weight 601 pounds or more
K0830	Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0831	Power wheelchair, group 2 standard, seat elevator, captain's chair, patient weight capacity up to and including 300 pounds
K0835	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0836	Power wheelchair, group 2 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds
K0837	Power wheelchair, group 2 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0838	Power wheelchair, group 2 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds
K0839	Power wheelchair, group 2 very heavy-duty, single power option sling/solid seat/back, patient weight capacity 451 to 600 pounds
K0840	Power wheelchair, group 2 extra heavy-duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more
K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0842	Power wheelchair, group 2 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds
K0843	Power wheelchair, group 2 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0848	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0849	Power wheelchair, group 3 standard, captain's chair, patient weight capacity up to and including 300 pounds

K0850	Power wheelchair, group 3 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0851	Power wheelchair, group 3 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds
K0852	Power wheelchair, group 3 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds
K0853	Power wheelchair, group 3 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds
K0854	Power wheelchair, group 3 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more
K0855	Power wheelchair, group 3 extra heavy duty, captain's chair, patient weight capacity 601 pounds or more
K0856	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0857	Power wheelchair, group 3 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds
K0858	Power wheelchair, group 3 heavy-duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds
K0859	Power wheelchair, group 3 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds
K0860	Power wheelchair, group 3 very heavy-duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds
K0861	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0862	Power wheelchair, group 3 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0863	Power wheelchair, group 3 very heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds
K0864	Power wheelchair, group 3 extra heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more
K0868	Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0869	Power wheelchair, group 4 standard, captain's chair, patient weight capacity up to and including 300 pounds

K0870	Power wheelchair, group 4 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0871	Power wheelchair, group 4 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds
K0877	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0878	Power wheelchair, group 4 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds
K0879	Power wheelchair, group 4 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0880	Power wheelchair, group 4 very heavy-duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds
K0884	Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
K0885	Power wheelchair, group 4 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds
K0886	Power wheelchair, group 4 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
K0890	Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds
K0891	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds
K0898	Power wheelchair, not otherwise classified
K0899	POWER MOBILITY DEVICE, NOT CODED BY DME PDAC OR DOES NOT MEET CRITERIA
L0113	Cranial cervical orthotic, torticollis type, with or without joint, with or without soft interface material, prefabricated, includes fitting and adjustment
L4631	Ankle foot orthosis, walking boot type, varus/valgus correction, rocker bottom, anterior tibial shell, soft interface, custom arch support, plastic or other material, includes straps and closures, custom fabricated
L5856	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type
L5857	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type

L5858	Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type
L5859	Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s)
L5961	Addition, endoskeletal system, polycentric hip joint, pneumatic or hydraulic control, rotation control, with or without flexion and/or extension control
L5973	ENDOSKELETAL ANKLE FOOT SYSTEM, MICROPROCESSOR CONTROLLED FEATURE, DORSIFLEXION
L6025	Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, 2 batteries, charger, myoelectric control of terminal device
L6611	Addition to upper extremity prosthesis, external powered, additional switch, any type
L6628	UPPER EXTREMITY ADDITION, QUICK DISCONNECT HOOK ADAPTER, OTTO BOCK OR EQUAL
L6629	UPPER EXTREMITY ADDITION, QUICK DISCONNECT LAMINATION COLLAR WITH COUPLING
L6677	Upper extremity addition, harness, triple control, simultaneous operation of terminal device and elbow
L6880	Electric Hand, Switch Or Myoelectric Controlled, Independently Articulating Digits, Any Grasp Pattern Or Combination Of Grasp Patterns, Includes Motor(S)
L6881	Automatic grasp feature, addition to upper limb electric prosthetic terminal device
L6882	MICROPROCESSOR CONTROL FEATURE, ADDITION TO UPPER LIMB PROSTHETIC TERM
L6920	WRIST DISARTICULATION, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVAB
L6925	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal device
L6930	BELOW ELBOW, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM
L6935	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal device
L6940	ELBOW DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMER
L6945	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal device
L6950	ABOVE ELBOW, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL,

L6955	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal device
L6965	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal device
L6975	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal device
L7007	Electric hand, switch or myoelectric controlled, adult
L7008	Electric hand, switch or myoelectric, controlled, pediatric
L7009	Electric hook, switch or myoelectric controlled, adult
L7045	Electric hook, switch or myoelectric controlled, pediatric
L7170	ELECTRONIC ELBOW, HOSMER OR EQUAL, SWITCH CONTROLLED
L7180	Electronic elbow, microprocessor sequential control of elbow and terminal device
L7181	Electronic elbow, microprocessor simultaneous control of elbow and terminal device
L7185	ELECTRONIC ELBOW, ADOLESCENT, VARIETY VILLAGE OR EQUAL, SWITCH CONTROLLED
L7186	ELECTRONIC ELBOW, CHILD, VARIETY VILLAGE OR EQUAL, SWITCH CONTROLLED
L7190	Electronic elbow, adolescent, Variety Village or equal, myoelectronically controlled
L7191	Electronic elbow, child, Variety Village or equal, myoelectronically controlled
L7260	ELECTRONIC WRIST ROTATOR, OTTO BOCK OR EQUAL
L8600	IMPLANTABLE BREAST PROSTHESIS, SILICONE OR EQUAL
L8603	Injectable bulking agent, collagen implant, urinary tract, 2.5 ml syringe, includes shipping and necessary supplies
L8614	Cochlear device, includes all internal and external components
L8619	COCHLEAR IMPLANT EXTERNAL SPEECH PROCESSOR REPLACEMENT
L8627	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR, COMPONENT, REPLACEMENT
L8628	COCHLEAR IMPLANT, EXTERNAL CONTROLLER COMPONENT, REPLACEMENT
L8629	TRANSMITTING COIL AND CABLE, INTe.g.,RATED, FOR USE WITH COCHLEAR IMPLANT DEVICE,
L8680	Implantable neuostimulator electrode, each
L8681	PATIENT PROGRAMMER (EXTERNAL) FOR USE WITH IMPLANTABLE PROGRAMMABLE NEUROS
L8682	IMPLANTABLE NEUROSTIMULATOR RADIOFREQUENCY RECEIVER
L8683	RADIOFREQUENCY TRANSMITTER (EXTERNAL) FOR USE WITH IMPLANTABLE NEUROSTIMUL
L8684	RADIOFREQUENCY TRANSMITTER (EXTERNAL) FOR USE WITH IMPLANTABLE SACRAL ROOT

L8685	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, SINGLE ARRAY, RECHARGEABLE, I
L8686	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, SINGLE ARRAY, NON-RECHARGEABL
L8687	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, DUAL ARRAY, RECHARGEABLE, INC
L8688	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, DUAL ARRAY, NON-RECHARGEABLE,
L8690	AUDITORY OSSEOINTEGRATED DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONE
L8691	AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, REPLACEMENT
L8692	AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, USED WITHOUT OSS
L8693	AUDITORY OSSEOINTEGRATED DEVICE ABUTMENT, ANY LENGTH, REPLACEMENT ONLY
M0075	CELLULAR THERAPY
M0076	PROLOTHERAPY
M0300	IV CHELATION THERAPY (CHEMICAL ENDARTERECTOMY)
Q0515	INJECTION, SERMORELIN ACETATE, 1 MICROGRAM
Q1004	NEW TECHNOLOGY INTRAOCULAR LENSE CATE.g.,ORY 4 AS DEFINED IN FEDERAL Re.g.,ISTER
Q1005	NEW TECHNOLOGY INTRAOCULAR LENSE CATE.g.,ORY 5 AS DEFINED IN FEDERAL Re.g.,ISTER
Q2026	Injection, Radiesse, 0.1ML
Q2027	Injection, Sculptra, 0.1ML
Q2043	Sipuleucel-t, minimum of 50 million autologous cd54+ cells activated with pap-gm-csf, including leukapheresis and all other preparatory procedures, per infusion
Q2045	INJECTION, HUMAN FIBRINOGEN CONCENTRATE, 1 MG
Q2046	INJECTION, AFLIBERCEPT, 1 MG
Q3001	RADIOELEMENTS FOR BRACHYTHERAPY, ANY TYPE, EACH
Q3025	INJECTION, INTERFERON BETA-1A, 11 MCG FOR INTRAMUSCULAR USE
Q3026	INJECTION, INTERFERON BETA-1A, 11 MCG FOR SUBCUTANEOUS USE
Q4074	ILOPROST, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED,
Q4081	INJECTION, EPOETIN ALFA, 100 UNITS (FOR ESRD ON DIALYSIS)
Q4100	Skin substitute, not otherwise specified
Q4101	Skin substitute, Apligraf, per sq cm
Q4102	Skin substitute, Oasis wound matrix, per sq cm
Q4103	Skin substitute, Oasis burn matrix, per sq cm
Q4104	Skin substitute, Integra bilayer matrix wound dressing (BMWD), per sq cm
Q4105	Skin substitute, Integra dermal re.g.,eneration template (DRT), per sq cm
Q4106	Skin substitute, Dermagraft, per sq cm
Q4107	Skin substitute, GRAFTJACKET, per sq cm
Q4108	Skin substitute, Integra matrix, per sq cm

Q4110	Skin substitute, PriMatrix, per sq cm
Q4111	Skin substitute, GammaGraft, per sq cm
Q4112	Allograft, Cymetra, injectable, 1 cc
Q4113	Allograft, GRAFTJACKET express, injectable, 1cc
Q4114	Inte.g.,ra flowable wound matrix, injectable, 1 cc
Q4116	AlloDerm, per sq cm
Q4122	Dermacell, Per Square Centimeter
Q4123	Alloskin Rt, Per Square Centimeter
Q4124	Oasis Ultra Tri-Layer Wound Matrix, Per Square Centimeter
Q4125	Arthroflex, Per Square Centimeter
Q4126	Memoderm, Per Square Centimeter
Q4127	Talymed, Per Square Centimeter
Q4128	Flexhd Or Allopatch Hd, Per Square Centimeter
Q4129	Unite Biomatrix, Per Square Centimeter
Q4130	Strattice Tm, Per Square Centimeter
Q4131	Epifix, per square centimeter
Q4132	Grafix core, per square centimeter
Q4133	Grafix prime, per square centimeter
Q4134	Hmatrix, per square centimeter
Q4135	Mediskin, per square centimeter
Q4136	Ez-derm, per square centimeter
S0145	Injection, pegylated interferon alfa-2a, 180 mcg per ml
S0148	Injection, pegylated interferon alfa-2B, 10 mcg
S0155	STERILE DILUTANT FOR EPOPROSTENOL 50 ML
S0157	Becaplermin gel 0.01%, 0.5 gm
S0189	TESTOSTERONE PELLETT, 75MG
S0800	LASER IN SITU KERATOMILEUSIS (LASIK)
S0810	PHOTOREFRAC KERATECTOMY (PRK)
S1090	MOMETASONE FUROATE SINUS IMPLANT, 370 MICROGRAMS
S2053	Transplantation of small intestine and liver allografts
S2054	TRANSPLANTATION OF MULTIVISCERAL ORGANS
S2055	Harvesting of donor multivisceral organs, with preparation and maintenance of allografts; from cadaver donor
S2060	Lobar lung transplantation

S2061	Donor lobectomy (lung) for transplantation, living donor
S2065	Simultaneous pancreas kidney transplantation
S2066	BREAST RECONSTR W/GLUTEAL ARTERY PERFORATOR (GAP) FLAP, INCL HARVEST OF FLA
S2067	BREAST RECONSTR OF SINGLE BREAST W/"STACKED" DIEP FLAP(S) AND/OR GAP FLAP(S)
S2068	Breast reconstruction with deep inferior epigastric perforator (DIEP) flap or superficial inferior epigastric artery (SIEA) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilateral
S2080	LASER-ASSISTED UVULOPALATOPLASTY (LAUP)
S2095	TRANSCATHETER OCCLUSION OR EMBOLIZATION FOR TUMOR DESTRUCTIOPERCUTANEOUS, A
S2102	Islet cell tissue transplant from pancreas; allogeneic
S2103	Adrenal tissue transplant to brain
S2107	ADOPTIVE IMMUNOTHERAPY, IE DEVELOPMENT OF SPECIFIC ANTI-TUMOR REAC
S2112	ARTHROSCOPY, KNEE, SURGICAL FOR HARVESTING OF CARTILAGE
S2117	ARTHROEREISIS, SUBTALAR
S2118	METAL-ON-METAL TOTAL HIP RESURFACING, INCL ACETABULAR AND FEMORAL COMPONENT
S2140	Cord blood harvesting for transplantation, allogeneic
S2142	Cord blood-derived stem-cell transplantation, allogeneic
S2150	Bone marrow or blood-derived stem cells (peripheral or umbilical), allogeneic or autologous, harvesting,
S2202	ECHOSCLEROTHERAPY
S2230	Implantation of magnetic component of semi-implantable hearing device on ossicles in middle ear
S2235	IMPLANTATION OF AUDITORY BRAIN STEM IMPLANT
S2300	ARTHROSCOPY, SHOULDER, SURGICAL; WITH THERMALLY-INDUCED CAPSULORRHAPHY
S2340	CHEMODENERVATION OF ABDUCTOR MUSCLE(S) OF VOCAL CORD
S2341	CHEMODENERVATION OF ABDUCTOR MUSCLE(S) OF VOCAL CORD
S2342	NASAL ENDOSCOPY FOR POST-OP DEBRIDEMENT FOLLOWING FUNCTIONAL ENDOSCOPIC SIN
S2348	DECOMPRESSION PROCEDURE, PERCUTANEOUS, OF NUCLEUS PULPOSUS OF INTERVERTEBRA
S2360	PERCUTANEOUS VERTEBROPLASTY, ONE VEREBRAL BODY, UNILATERAL OR BILATERAL INJ
S2361	EACH ADDITIONAL CERVICAL VEREBRAL BODY (LIST SEPARATELY IN ADDITION TO CO
S2400	REPAIR, CONGENITAL HERNIA IN THE FETUS, USING TEMPORARY TRACHEAL OCCLUSION,
S2401	REPAIR, URINARY TRACT OBSTRUCTION IN THE FETUS, PROCEDURE PERFORMED IN UTER
S2402	REPAIR, CONGENITAL CYSTIC ADENOMATOID MALFORMATION IN THE FETUS, PROCEDURE
S2403	REPAIR, EXTRALOBAR PULMONARY SEQUESTRATION IN THE FETUS, PROCEDURE PERFORME

S2404	REPAIR, MYELOMENINGOCELE IN THE FETUS, PROCEDURE PERFORMED IN UTERO
S2405	REPAIR OF SACROCOCCYGEAL TERATOMA IN THE FETUS, PROCEDURE PERFORMED IN UTER
S2409	REPAIR, CONGENITAL MALFORMATION OF FETUS, PROCEDURE PERFORMED IN UTERO, NOT
S3652	SALIVA TEST, HORMONE LEVEL, TO ASSESS PRETERM LABOR RISK
S3721	Prostate cancer antigen 3 (PCA3) testing
S3800	Genetic testing for amyotrophic lateral sclerosis (ALS)
S3833	Complete APC gene sequence analysis for susceptibility to familial adenomatous polyposis (FAP) and attenuated fap
S3834	Single-mutation analysis (in individual with a known APC mutation in the family) for susceptibility to familial adenomatous polyposis (FAP) and attenuated FAP
S3840	DNA ANALYSIS FOR GERMLINE MUTATIONS OF THE RET PROTO-ONCOGENFOR SUSCEPTIBIL
S3841	Genetic testing for retinoblastoma
S3842	Genetic testing for Von Hippel-Lindau disease
S3844	DNA analysis of the connexin 26 gene (GJB2) for susceptibility to congenital, profound deafness
S3845	Genetic testing for alpha-thalassemia
S3846	Genetic testing for hemoglobin E beta-thalassemia
S3849	Genetic testing for Niemann-Pick disease
S3850	Genetic testing for sickle cell anemia
S3852	NNA ANALYSIS FOR APOE EPSILON 4 ALLEL FOR SUSCEPTIBILITY TO ALZHEIMER'S DIS
S3853	Genetic testing for myotonic muscular dystrophy
S3854	Gene expression profiling panel for use in the management of breast cancer treatment
S3855	GENETIC TESTING FOR DETECTION OF MUTATIONS IN THE PRESENILIN - 1 GENE
S3861	Genetic testing, sodium channel, voltage-gated, type V, alpha subunit (SCN5A) and variants for suspected Brugada Syndrome
S3865	Comprehensive gene sequence analysis for hypertrophic cardiomyopathy
S3866	Genetic analysis for a specific gene mutation for hypertrophic cardiomyopathy (HCM) in an individual with a known HCM mutation in the family
S3870	COMPARATIVE GENOMIC HYBRIZATION MICROARRAY TESTING FOR DEVELOPMENTAL DELAY,
S3890	DNA ANALYSIS, FECAL, FOR COLORECTAL CANCER SCREENING
S8030	SCLERAL APPLICATION OF TANTALUM RING(S) FOR LOCALIZATION OF LESIONS FOR PRO
S8035	MAGNETIC SOURCE IMAGING
S8037	MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY (MRCP)
S8040	TOPOGRAPHIC BRAIN MAPPING

S8042	MAGNETIC RESONANCE IMAGING (MRI), LOW-FIELD
S8080	SCINTIMAMMOGRAPHY (RADIOIMMUNOSCINTIGRAPHY OF THE BREAST), UNILATERAL, INCL
S8085	FLUORINE-18 FLUORODEOXYGLUCOSE (F-18 FDG) IMAGING USING DUAL-HEAD COINCIDEN
S8092	ELECTRON BEAM COMPUTED TOMOGRAPHY (ALSO KNOWN AS ULTRAFAST CT, CINE CT)
S9024	PARANASAL SINUS ULTRASOUND
S9055	PROCUREN OR OTHER GROWTH FACTOR PREPARATION TO PROMOTE WOUND HEALING.
S9056	COMA STIMULATION PER DIEM
S9090	VERTEBRAL AXIAL DECOMPRESSION, PER SESSION
S9123	Nursing care, in the home; by re.g.,istered nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be used)
S9208	Home management of preterm labor, including administrative services, professional pharmacy services, care coordination, and all necessary supplies or equipment (drugs and nursing visits coded separately), per diem (do not use this code with any home infusion per diem code)
S9211	Home management of gestational hypertension, includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately); per diem (do not use this code with any home infusion per diem code)
S9212	Home management of postpartum hypertension, includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with any home infusion per diem code)
S9213	Home management of preeclampsia, includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing services coded separately); per diem (do not use this code with any home infusion per diem code)
S9214	Home management of gestational diabetes, includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately); per diem (do not use this code with any home infusion per diem code)
S9336	Home infusion therapy, continuous anticoagulant infusion therapy (e.g., Heparin), administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem

S9338	Home infusion therapy, immunotherapy, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9347	Home infusion therapy, uninterrupted, long-term, controlled rate intravenous or subcutaneous infusion therapy (e.g., epoprostenol); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9349	Home infusion therapy, tocolytic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9351	Home infusion therapy, continuous or intermittent antiemetic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and visits coded separately), per diem
S9353	Home infusion therapy, continuous insulin infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9355	Home infusion therapy, chelation therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9359	Home infusion therapy, antitumor necrosis factor intravenous therapy; (e.g., Infliximab); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9365	Home infusion therapy, total parenteral nutrition (TPN); 1 liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem
S9366	Home infusion therapy, total parenteral nutrition (TPN); more than 1 liter but no more than 2 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem

S9367	Home infusion therapy, total parenteral nutrition (TPN); more than 2 liters but no more than 3 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem
S9368	Home infusion therapy, total parenteral nutrition (TPN); more than 3 liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem
S9373	Home infusion therapy, hydration therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use with hydration therapy codes S9374–S9377 using daily volume scales)
S9379	Home infusion therapy, infusion therapy, not otherwise classified; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9494	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately, per diem) (do not use this code with home infusion codes for hourly dosing schedules S9497-S9504)
S9497	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 3 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9500	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 24 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9501	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 12 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9502	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 8 hours, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem

S9503	Home infusion therapy, antibiotic, antiviral, or antifungal; once every 6 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9504	Home infusion therapy, antibiotic, antiviral, or antifungal; once every 4 hours; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9542	Home injectable therapy, not otherwise classified, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9558	Home injectable therapy; growth hormone, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9560	Home injectable therapy; hormonal therapy (e.g., leuprolide, goserelin), including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9562	Home injectable therapy, palivizumab, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
V2630	ANTERIOR CHAMBER INTRAOCULAR LENS
V2631	IRIS SUPPORTED INTRAOCULAR LENS
V2632	POSTERIOR CHAMBER INTRAOCULAR LENS
V2787	ASTIGMATISM CORRECTING FUNCTION OF INTRAOCULAR LENS
V2788	PRESBYOPIA CORRECTING FUNCTION OF INTRAOCULAR LENS
V5095	SEMI-IMPLANTABLE MIDDLE EAR HEARING PROSTHESIS