

Illinois Medicaid Authorization Lookup

Please review the [Prior Authorization \(PA\) Requirements Page](#) for additional authorization guidelines and submission.

[Illinois Prior Authorization Requirements](#)

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Codes that are not listed on the Medicaid Fee Schedule may not be payable by MeridianHealth (Meridian).

Codes will be reviewed on a quarterly basis and provider notifications will be sent with updates.

Any newly created codes added to the Medicaid Fee Schedule require PA; however, replacement codes maintain PA requirements for the code it is replacing.

Any newly added pharmacy codes to the Medicaid Fee Schedule require PA.

For code limitations, please refer to the HFS Medicaid Fee Schedule.

Any durable medical equipment (DME) purchase item(s) single or combined, over \$1000 per the Medicaid Fee Schedule requires PA.

Any DME rental or rent to purchase item(s) single or combined, over \$1000 per the Medicaid Fee Schedule requires PA.

All requests for non-emergent out-of-state ambulance transportation requires PA.

Last revised: 7/30/2021

Code	Definition	Primary Category	Secondary Category	PA Required	Provider PA Notes
00100	Anesthesia for procedure on salivary gland with biopsy	Anesthesia	Head	No	None
00102	Anesthesia for procedure to repair lip defect present at birth	Anesthesia	Head	No	None
00103	Anesthesia for procedure on eyelid	Anesthesia	Head	No	None
00104	Anesthesia for electric shock treatment	Anesthesia	Head	No	None
00120	Anesthesia for biopsy of external middle and inner ear	Anesthesia	Head	No	None
00124	Anesthesia for examination and biopsy of external middle and inner ear using an endoscope	Anesthesia	Head	No	None
00126	Anesthesia for incision of ear drum	Anesthesia	Head	No	None
00140	Anesthesia for procedure on eye	Anesthesia	Head	No	None
00142	Anesthesia for lens surgery	Anesthesia	Head	No	None
00144	Anesthesia for procedure on eye for corneal transplant	Anesthesia	Head	No	None
00145	Anesthesia for retinal surgery	Anesthesia	Head	No	None
00147	Anesthesia for procedure on eye for removal of iris	Anesthesia	Head	No	None
00148	Anesthesia for eye examination using an endoscope	Anesthesia	Head	No	None
00160	Anesthesia for procedure on nose and sinus	Anesthesia	Head	No	None
00162	Anesthesia for surgery of nose and sinus	Anesthesia	Head	No	None
00164	Anesthesia for soft tissue biopsy on nose and sinus	Anesthesia	Head	No	None
00170	Anesthesia for procedure on mouth including biopsy	Anesthesia	Head	Yes	None
00172	Anesthesia for procedure on mouth to repair palate deformity	Anesthesia	Head	No	None
00174	Anesthesia for procedure on throat for removal of tumor	Anesthesia	Head	No	None
00176	Anesthesia for surgery on mouth	Anesthesia	Head	No	None
00190	Anesthesia for procedure on facial bones or skull	Anesthesia	Head	No	None
00192	Anesthesia for surgery of facial bones or skull	Anesthesia	Head	No	None
00210	Anesthesia for procedure on brain	Anesthesia	Head	No	None
00211	Anesthesia for procedure to remove blood collection in brain	Anesthesia	Head	No	None
00212	Anesthesia for procedure to remove fluid in brain	Anesthesia	Head	No	None

00214	Anesthesia for procedure to create holes in skull including X-ray imaging	Anesthesia	Head	No	None
00215	Anesthesia for procedure to repair skull or skull fracture	Anesthesia	Head	No	None
00216	Anesthesia for procedure on blood vessel in brain	Anesthesia	Head	No	None
00218	Anesthesia for procedure on brain patient in sitting position	Anesthesia	Head	No	None
00220	Anesthesia for procedure to drain brain and spinal cord fluid	Anesthesia	Head	No	None
00222	Anesthesia for procedure on nerve in brain	Anesthesia	Head	No	None
00300	Anesthesia for procedure on esophagus and neck	Anesthesia	Neck	No	None
00320	Anesthesia for procedure on esophagus and neck, age 1 year or older	Anesthesia	Neck	No	None
00322	Anesthesia for needle biopsy of thyroid	Anesthesia	Neck	No	None
00326	Anesthesia for procedure on voice box and windpipe, children younger than 1 year of age	Anesthesia	Neck	No	None
00350	Anesthesia for procedure on major blood vessels of neck	Anesthesia	Neck	No	None
00352	Anesthesia for tying procedure on major blood vessels of neck	Anesthesia	Neck	No	None
00400	Anesthesia for procedure on skin of arms, legs, or trunk	Anesthesia	Thorax	No	None
00402	Anesthesia for breast reconstruction	Anesthesia	Thorax	No	None
00404	Anesthesia for removal of breast	Anesthesia	Thorax	No	None
00406	Anesthesia for removal of breast and lymph nodes	Anesthesia	Thorax	No	None
00410	Anesthesia for procedure to correct abnormal heart rhythm	Anesthesia	Thorax	No	None
00450	Anesthesia for procedure on collar bone and shoulder blade	Anesthesia	Thorax	No	None
00454	Anesthesia for biopsy of collar bone	Anesthesia	Thorax	No	None
00470	Anesthesia for partial removal of rib	Anesthesia	Thorax	No	None
00472	Anesthesia for partial removal of rib and chest wall repair	Anesthesia	Thorax	No	None
00474	Anesthesia for partial removal of rib and chest wall reconstruction	Anesthesia	Thorax	No	None
00500	Anesthesia for procedure on esophagus	Anesthesia	Intrathoracic	No	None
00520	Anesthesia for closed procedure in chest	Anesthesia	Intrathoracic	No	None
00522	Anesthesia for closed needle biopsy of lung	Anesthesia	Intrathoracic	No	None
00524	Anesthesia for closed drainage of lung fluid	Anesthesia	Intrathoracic	No	None
00528	Anesthesia for closed diagnostic examination of chest using an endoscope	Anesthesia	Intrathoracic	No	None
00529	Anesthesia for closed diagnostic examination of chest using an endoscope with 1 lung ventilation	Anesthesia	Intrathoracic	No	None
00530	Anesthesia for insertion of permanent heart pacemaker	Anesthesia	Intrathoracic	No	None
00532	Anesthesia for central vein access	Anesthesia	Intrathoracic	No	None
00534	Anesthesia for insertion or replace of pacing heart defibrillator	Anesthesia	Intrathoracic	No	None
00537	Anesthesia for procedure on heart to correct abnormal rhythm	Anesthesia	Intrathoracic	No	None

00539	Anesthesia for reconstruction of windpipe and lung airway	Anesthesia	Intrathoracic	No	None
00540	Anesthesia for procedure in chest	Anesthesia	Intrathoracic	No	None
00541	Anesthesia for procedure in chest with 1 lung ventilation	Anesthesia	Intrathoracic	No	None
00542	Anesthesia for removal of lung lining	Anesthesia	Intrathoracic	No	None
00546	Anesthesia for lung removal and chest wall repair	Anesthesia	Intrathoracic	No	None
00548	Anesthesia for procedure on windpipe and lung airway	Anesthesia	Intrathoracic	No	None
00550	Anesthesia for removal of breast bone tissue	Anesthesia	Intrathoracic	No	None
00560	Anesthesia for procedure on heart and great blood vessels	Anesthesia	Intrathoracic	No	None
00561	Anesthesia for procedure on heart and great blood vessels on heart-lung machine, younger than 1 year of age	Anesthesia	Intrathoracic	No	None
00562	Anesthesia for procedure on heart and great blood vessels on heart-lung machine, age 1 year or older, or re-operation more than 1 month after original procedure	Anesthesia	Intrathoracic	No	None
00563	Anesthesia for procedure on heart and great blood vessels on heart-lung machine	Anesthesia	Intrathoracic	No	None
00566	Anesthesia for heart artery bypass grafting	Anesthesia	Intrathoracic	No	None
00567	Anesthesia for heart artery bypass grafting on heart-lung machine	Anesthesia	Intrathoracic	No	None
00580	Anesthesia for heart or heart-lung transplant	Anesthesia	Intrathoracic	No	None
00600	Anesthesia for procedure on upper spine and spinal cord	Anesthesia	Spine and Spinal Cord	No	None
00604	Anesthesia for procedure on spine and spinal cord, patient in sitting position	Anesthesia	Spine and Spinal Cord	No	None
00620	Anesthesia for procedure on middle spine and spinal cord	Anesthesia	Spine and Spinal Cord	No	None
00625	Anesthesia for procedure on middle spine and spinal cord	Anesthesia	Spine and Spinal Cord	No	None
00626	Anesthesia for procedure on middle spine and spinal cord with 1 lung ventilation	Anesthesia	Spine and Spinal Cord	No	None
00630	Anesthesia for procedure on lower spine	Anesthesia	Spine and Spinal Cord	No	None
00632	Anesthesia for removal of nerves in lower spine	Anesthesia	Spine and Spinal Cord	No	None
00635	Anesthesia for spinal tap	Anesthesia	Spine and Spinal Cord	No	None
00640	Anesthesia for closed manipulation of spine	Anesthesia	Spine and Spinal Cord	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
00670	Anesthesia for procedure on spine and spinal cord	Anesthesia	Spine and Spinal Cord	No	None
00700	Anesthesia for procedure on upper front abdominal wall	Anesthesia	Upper Abdomen	No	None

00702	Anesthesia for liver biopsy (accessed through the skin)	Anesthesia	Upper Abdomen	No	None
00730	Anesthesia for procedure on upper rear abdominal wall	Anesthesia	Upper Abdomen	No	None
00731	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; not otherwise specified	Anesthesia	Upper Abdomen	No	None
00732	Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; endoscopic retrograde cholangiopancreatography (ERCP)	Anesthesia	Upper Abdomen	No	None
00740	Anesthesia for procedure on gastrointestinal tract using an endoscope	Anesthesia	Upper Abdomen	No	AMA Termed Code 1/01/2018
00750	Anesthesia for procedure to repair upper abdominal hernia	Anesthesia	Upper Abdomen	No	None
00752	Anesthesia for procedure to repair upper abdominal incisional hernia and/or wound opening	Anesthesia	Upper Abdomen	No	None
00754	Anesthesia for procedure to repair upper abdominal hernia present at birth	Anesthesia	Upper Abdomen	No	None
00756	Anesthesia for procedure to repair abdominal hernia	Anesthesia	Upper Abdomen	No	None
00770	Anesthesia for procedure on major abdominal blood vessels	Anesthesia	Upper Abdomen	No	None
00790	Anesthesia for procedure in upper abdomen including use of an endoscope	Anesthesia	Upper Abdomen	No	None
00792	Anesthesia for partial removal of liver or management of bleeding including use of an endoscope	Anesthesia	Upper Abdomen	No	None
00794	Anesthesia for removal of pancreas including use of an endoscope	Anesthesia	Upper Abdomen	No	None
00796	Anesthesia for liver transplant recipient including use of an endoscope	Anesthesia	Upper Abdomen	No	None
00797	Anesthesia for procedure on stomach for obesity including use of an endoscope	Anesthesia	Upper Abdomen	No	None
00800	Anesthesia for procedure on lower front abdominal wall	Anesthesia	Lower Abdomen	No	None
00802	Anesthesia for removal of excess tissue on lower abdominal wall	Anesthesia	Lower Abdomen	No	None
00810	Anesthesia for procedure on lower intestine using an endoscope	Anesthesia	Lower Abdomen	No	AMA Termed Code 1/01/2018
00811	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified	Anesthesia	Lower Abdomen	No	None
00812	Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy	Anesthesia	Lower Abdomen	No	None
00813	Anesthesia for combined upper and lower gastrointestinal endoscopic procedures, endoscope introduced both proximal to and distal to the duodenum	Anesthesia	Lower Abdomen	No	None
00820	Anesthesia for procedure on lower rear abdominal wall	Anesthesia	Lower Abdomen	No	None
00830	Anesthesia for lower abdominal hernia repair	Anesthesia	Lower Abdomen	No	None

00832	Anesthesia for middle or incisional abdominal hernia repair	Anesthesia	Lower Abdomen	No	None
00834	Anesthesia for lower abdominal hernia repair, child younger than 1 year of age	Anesthesia	Lower Abdomen	No	None
00836	Anesthesia for lower abdominal hernia repair, infants younger than 37 weeks gestational age at birth and younger than 50 weeks gestational age at time of surgery	Anesthesia	Lower Abdomen	No	None
00840	Anesthesia for procedure in lower abdominal cavity including use of an endoscope	Anesthesia	Lower Abdomen	No	None
00842	Anesthesia for removal of amniotic fluid in uterus including use of an endoscope	Anesthesia	Lower Abdomen	No	None
00844	Anesthesia for procedure in lower abdominal cavity and rectum including use of an endoscope	Anesthesia	Lower Abdomen	No	None
00846	Anesthesia for removal of uterus including use of an endoscope	Anesthesia	Lower Abdomen	No	None
00848	Anesthesia for removal of pelvic organs including use of an endoscope	Anesthesia	Lower Abdomen	No	None
00851	Anesthesia for tying or incision of fallopian tubes using an endoscope	Anesthesia	Lower Abdomen	No	None
00860	Anesthesia for procedure in lower abdomen including urinary tract	Anesthesia	Lower Abdomen	No	None
00862	Anesthesia for procedure on upper urinary duct (ureter) or removal of kidney for transplant	Anesthesia	Lower Abdomen	No	None
00864	Anesthesia for removal of urinary bladder	Anesthesia	Lower Abdomen	No	None
00865	Anesthesia for removal of prostate	Anesthesia	Lower Abdomen	No	None
00866	Anesthesia for removal of adrenal gland	Anesthesia	Lower Abdomen	No	None
00868	Anesthesia for kidney transplant	Anesthesia	Lower Abdomen	No	None
00870	Anesthesia for removal of urinary bladder stone	Anesthesia	Lower Abdomen	No	None
00872	Anesthesia for shock wave therapy for urinary system stones	Anesthesia	Lower Abdomen	No	None
00873	Anesthesia for shock wave therapy for urinary system stones	Anesthesia	Lower Abdomen	No	None
00880	Anesthesia for procedure on major lower abdominal wall blood vessels	Anesthesia	Lower Abdomen	No	None
00882	Anesthesia for tying of major vein in lower abdomen	Anesthesia	Lower Abdomen	No	None
00902	Anesthesia for procedure on anus and rectum	Anesthesia	Perineum	No	None
00904	Anesthesia for procedure on perineum	Anesthesia	Perineum	No	None
00906	Anesthesia for removal of external female genitalia	Anesthesia	Perineum	No	None
00908	Anesthesia for removal of prostate	Anesthesia	Perineum	No	None
00910	Anesthesia for procedure on urinary system including use of an endoscope	Anesthesia	Perineum	No	None
00912	Anesthesia for removal of urinary bladder tumors including use of an endoscope	Anesthesia	Perineum	No	None
00914	Anesthesia for removal of prostate including use of an endoscope	Anesthesia	Perineum	No	None

00916	Anesthesia for procedure to control urinary system bleeding including use of an endoscope	Anesthesia	Perineum	No	None
00918	Anesthesia for fragmenting, manipulation and/or removal of kidney stone including use of an endoscope	Anesthesia	Perineum	No	None
00920	Anesthesia for procedure on male genitalia	Anesthesia	Perineum	No	None
00921	Anesthesia for vasectomy	Anesthesia	Perineum	No	None
00922	Anesthesia for procedure on male genitalia glands	Anesthesia	Perineum	No	None
00924	Anesthesia for repair of undescended testicle	Anesthesia	Perineum	No	None
00926	Anesthesia for removal of testicle through groin	Anesthesia	Perineum	No	None
00928	Anesthesia for removal of testicle through abdomen	Anesthesia	Perineum	No	None
00930	Anesthesia for relocation of undescended testicle into scrotum	Anesthesia	Perineum	No	None
00932	Anesthesia for removal of penis	Anesthesia	Perineum	No	None
00934	Anesthesia for removal of penis and lymph nodes on both sides of groin	Anesthesia	Perineum	No	None
00936	Anesthesia for removal of penis and lymph nodes on both sides of groin	Anesthesia	Perineum	No	None
00938	Anesthesia for insertion of penile prosthesis	Anesthesia	Perineum	No	None
00940	Anesthesia for vaginal biopsy of cervix, uterine lining, or external genitalia	Anesthesia	Perineum	No	None
00942	Anesthesia for repair or removal of vagina and urinary procedure	Anesthesia	Perineum	No	None
00944	Anesthesia for vaginal removal of uterus	Anesthesia	Perineum	No	None
00948	Anesthesia for suture closure of cervix	Anesthesia	Perineum	No	None
00950	Anesthesia for examination of cervix using an endoscope	Anesthesia	Perineum	No	None
00952	Anesthesia for examination of uterus using an endoscope	Anesthesia	Perineum	No	None
01112	Anesthesia for bone marrow aspiration and/or biopsy at pelvic bone	Anesthesia	Pelvis (except hip)	No	None
01120	Anesthesia for procedure on pelvic bone	Anesthesia	Pelvis (except hip)	No	None
01130	Anesthesia for application or revision of body cast	Anesthesia	Pelvis (except hip)	No	None
01140	Anesthesia for amputation of leg including pelvic bone	Anesthesia	Pelvis (except hip)	No	None
01150	Anesthesia for removal of pelvic bone tumor	Anesthesia	Pelvis (except hip)	No	None
01160	Anesthesia for procedure on pubic bone or sacroiliac joint	Anesthesia	Pelvis (except hip)	No	None
01170	Anesthesia for open procedure on pubic bone or sacroiliac joint	Anesthesia	Pelvis (except hip)	No	None
01173	Anesthesia for open repair of pelvic fracture	Anesthesia	Pelvis (except hip)	No	None
01180	Anesthesia for removal of external pelvic nerve	Anesthesia	Pelvis (except hip)	No	AMA Termed Code 1/01/2018
01190	Anesthesia for removal of internal pelvic nerve	Anesthesia	Pelvis (except hip)	No	AMA Termed Code 1/01/2018
01200	Anesthesia for closed procedure on hip joint	Anesthesia	Upper Leg (except knee)	No	None
01202	Anesthesia for procedure on hip joint using an endoscope	Anesthesia	Upper Leg (except knee)	No	None

01210	Anesthesia for open surgical procedure on hip joint	Anesthesia	Upper Leg (except knee)	No	None
01212	Anesthesia for open hip joint dislocation	Anesthesia	Upper Leg (except knee)	No	None
01214	Anesthesia for open total hip joint replacement	Anesthesia	Upper Leg (except knee)	No	None
01215	Anesthesia for open revision of total hip joint replacement	Anesthesia	Upper Leg (except knee)	No	None
01220	Anesthesia for closed procedure on upper two-thirds of thigh bone	Anesthesia	Upper Leg (except knee)	No	None
01230	Anesthesia for open procedure on upper two-thirds of thigh bone	Anesthesia	Upper Leg (except knee)	No	None
01232	Anesthesia for open amputation at upper two-thirds of thigh bone	Anesthesia	Upper Leg (except knee)	No	None
01234	Anesthesia for open removal of muscle or tissue at upper two-thirds of thigh bone	Anesthesia	Upper Leg (except knee)	No	None
01250	Anesthesia for procedure on nerves, muscles, tendons, fascia, and bursae of upper leg	Anesthesia	Upper Leg (except knee)	No	None
01260	Anesthesia for procedure on veins of upper leg	Anesthesia	Upper Leg (except knee)	No	None
01270	Anesthesia for procedure on arteries of upper leg	Anesthesia	Upper Leg (except knee)	No	None
01272	Anesthesia for groin artery bypass graft and tying of upper leg artery	Anesthesia	Upper Leg (except knee)	No	None
01274	Anesthesia for removal of groin artery blood clot	Anesthesia	Upper Leg (except knee)	No	None
01320	Anesthesia for procedure on nerves, muscles, tendons, fascia, and/or bursae of knee	Anesthesia	Knee and Popliteal Area	No	None
01340	Anesthesia for closed procedure on lower one-third of thigh bone	Anesthesia	Knee and Popliteal Area	No	None
01360	Anesthesia for open procedure on lower one-third of thigh bone	Anesthesia	Knee and Popliteal Area	No	None
01380	Anesthesia for closed procedure on knee joint	Anesthesia	Knee and Popliteal Area	No	None
01382	Anesthesia for diagnostic examination of knee joint using an endoscope	Anesthesia	Knee and Popliteal Area	No	None
01390	Anesthesia for closed procedure at kneecap and/or upper foreleg bones	Anesthesia	Knee and Popliteal Area	No	None
01392	Anesthesia for open procedure at kneecap and upper foreleg bones	Anesthesia	Knee and Popliteal Area	No	None
01400	Anesthesia for open or endoscopic procedure on knee including	Anesthesia	Knee and Popliteal Area	No	None
01402	Anesthesia for open or endoscopic total knee joint replacement	Anesthesia	Knee and Popliteal Area	No	None
01404	Anesthesia for open or endoscopic procedure of dislocated knee	Anesthesia	Knee and Popliteal Area	No	None
01420	Anesthesia for knee joint cast application, removal, or repair	Anesthesia	Knee and Popliteal Area	No	None
01430	Anesthesia for procedure on knee veins	Anesthesia	Knee and Popliteal Area	No	None
01432	Anesthesia for repair of abnormal artery-vein formation of knee	Anesthesia	Knee and Popliteal Area	No	None
01440	Anesthesia for procedure on knee arteries	Anesthesia	Knee and Popliteal Area	No	None
01442	Anesthesia for removal of blood clot in artery behind knee	Anesthesia	Knee and Popliteal Area	No	None

01444	Anesthesia for repair of bulging (aneurysm) defect in knee artery	Anesthesia	Knee and Popliteal Area	No	None
01462	Anesthesia for closed procedure on lower leg, ankle, and foot	Anesthesia	Lower Leg (below knee)	No	None
01464	Anesthesia for procedure on ankle and/or foot using an endoscope	Anesthesia	Lower Extremity Procedures	No	None
01470	Anesthesia for procedure on nerves, muscles, tendons, and fascia of lower leg, ankle, and foot	Anesthesia	Lower Extremity Procedures	No	None
01472	Anesthesia for procedure to repair calf muscle tendon	Anesthesia	Lower Extremity Procedures	No	None
01474	Anesthesia for procedure to repair calf muscle	Anesthesia	Lower Extremity Procedures	No	None
01480	Anesthesia for open procedure on bones of lower leg, ankle and foot	Anesthesia	Lower Extremity Procedures	No	None
01482	Anesthesia for open amputation below the knee	Anesthesia	Lower Extremity Procedures	No	None
01484	Anesthesia for open reconstruction of lower leg, ankle, and/or foot bone	Anesthesia	Lower Extremity Procedures	No	None
01486	Anesthesia for open total ankle joint replacement	Anesthesia	Lower Extremity Procedures	No	None
01490	Anesthesia for lower leg cast application, removal, or repair	Anesthesia	Lower Extremity Procedures	No	None
01500	Anesthesia for procedure on arteries of lower leg including bypass graft	Anesthesia	Lower Extremity Procedures	No	None
01502	Anesthesia for lower leg artery bypass graft or blood clot removal	Anesthesia	Lower Extremity Procedures	No	None
01520	Anesthesia for procedure on veins of lower leg	Anesthesia	Lower Extremity Procedures	No	None
01522	Anesthesia for removal of lower leg vein obstruction	Anesthesia	Lower Extremity Procedures	No	None
01610	Anesthesia for procedure on nerves, muscles, tendons, fascia, and bursae of shoulder and underarm	Anesthesia	Shoulder and Axillary	No	None
01620	Anesthesia for closed procedure on upper arm bone and shoulder joint	Anesthesia	Shoulder and Axillary	No	None
01622	Anesthesia for diagnostic examination of shoulder joint using an endoscope	Anesthesia	Shoulder and Axillary	No	None
01630	Anesthesia for open or endoscopic procedure at upper arm and shoulder joint including	Anesthesia	Shoulder and Axillary	No	None
01634	Anesthesia for open or endoscopic procedure of dislocated shoulder joint	Anesthesia	Shoulder and Axillary	No	None
01636	Anesthesia for open or endoscopic amputation of arm, shoulder blade, and collar bone	Anesthesia	Shoulder and Axillary	No	None
01638	Anesthesia for open or endoscopic total shoulder joint replacement	Anesthesia	Shoulder and Axillary	No	None

01650	Anesthesia for procedure on arteries of shoulder and underarm	Anesthesia	Shoulder and Axillary	No	None
01652	Anesthesia for repair of bulging (aneurysm) defect in upper arm artery	Anesthesia	Shoulder and Axillary	No	None
01654	Anesthesia for bypass graft in shoulder or underarm artery	Anesthesia	Shoulder and Axillary	No	None
01656	Anesthesia for bypass graft from groin artery to shoulder or underarm artery	Anesthesia	Shoulder and Axillary	No	None
01670	Anesthesia for procedure on veins of shoulder and underarm	Anesthesia	Shoulder and Axillary	No	None
01680	Anesthesia for cast application, removal or repair	Anesthesia	Shoulder and Axillary	No	None
01682	Anesthesia for shoulder spica cast application, removal or repair	Anesthesia	Shoulder and Axillary	No	AMA Termed Code 1/01/2018
01710	Anesthesia for procedure on nerves, muscles, tendons, fascia, and bursae of upper arm and elbow	Anesthesia	Upper Arm and Elbow	No	None
01712	Anesthesia for open incision of elbow to shoulder tendon	Anesthesia	Upper Arm and Elbow	No	None
01714	Anesthesia for repair of elbow to shoulder tendon	Anesthesia	Upper Arm and Elbow	No	None
01716	Anesthesia for suture of upper arm and elbow tendon to bone	Anesthesia	Upper Arm and Elbow	No	None
01730	Anesthesia for closed procedure on upper arm and elbow	Anesthesia	Upper Arm and Elbow	No	None
01732	Anesthesia for diagnostic examination of elbow joint using an endoscope	Anesthesia	Upper Arm and Elbow	No	None
01740	Anesthesia for open or endoscopic procedure on elbow	Anesthesia	Upper Arm and Elbow	No	None
01742	Anesthesia for open or endoscopic procedure at upper arm bone	Anesthesia	Upper Arm and Elbow	No	None
01744	Anesthesia for open or endoscopic repair of non-healed fracture of upper arm bone	Anesthesia	Upper Arm and Elbow	No	None
01756	Anesthesia for open or endoscopic surgical procedure on elbow	Anesthesia	Upper Arm and Elbow	No	None
01758	Anesthesia for open or endoscopic removal cyst or tumor of upper arm	Anesthesia	Upper Arm and Elbow	No	None
01760	Anesthesia for open or endoscopic total elbow joint replacement	Anesthesia	Upper Arm and Elbow	No	None
01770	Anesthesia for procedure on arteries of upper arm and elbow	Anesthesia	Upper Arm and Elbow	No	None
01772	Anesthesia for removal of blood clot from upper arm or elbow artery	Anesthesia	Upper Arm and Elbow	No	None
01780	Anesthesia for procedure on veins of upper arm and elbow	Anesthesia	Upper Arm and Elbow	No	None
01782	Anesthesia for suture of upper arm or elbow vein	Anesthesia	Upper Arm and Elbow	No	None
01810	Anesthesia for procedure on nerves, muscles, tendons, fascia, and bursae of forearm, wrist, and hand	Anesthesia	Forearm, Wrist and Hand	No	None
01820	Anesthesia for closed procedure on bones of forearm, wrist, or hand	Anesthesia	Forearm, Wrist and Hand	No	None
01829	Anesthesia for diagnostic examination of the wrist using an endoscope	Anesthesia	Forearm, Wrist and Hand	No	None
01830	Anesthesia for open or endoscopic procedure on bones of forearm, wrist, or hand	Anesthesia	Forearm, Wrist and Hand	No	None

01832	Anesthesia for open or endoscopic total wrist joint replacement	Anesthesia	Forearm, Wrist and Hand	No	None
01840	Anesthesia for procedure on arteries of forearm, wrist, and hand	Anesthesia	Forearm, Wrist and Hand	No	None
01842	Anesthesia for removal of blood clot from forearm, wrist, or hand artery	Anesthesia	Forearm, Wrist and Hand	No	None
01844	Anesthesia for placement or revision of blood flow shunt	Anesthesia	Forearm, Wrist and Hand	No	None
01850	Anesthesia for procedure on veins of forearm, wrist, and hand	Anesthesia	Forearm, Wrist and Hand	No	None
01852	Anesthesia for suture of forearm, wrist, or hand vein	Anesthesia	Forearm, Wrist and Hand	No	None
01860	Anesthesia for forearm, wrist, or hand cast application, removal or repair	Anesthesia	Forearm, Wrist and Hand	No	None
01916	Anesthesia for diagnostic X-ray procedure on arteries or veins	Anesthesia	Radiological Procedures	No	None
01920	Anesthesia for procedure on heart vessels and chambers	Anesthesia	Radiological Procedures	No	None
01922	Anesthesia for X-ray or radiation therapy	Anesthesia	Radiological Procedures	No	None
01924	Anesthesia for X-ray procedure on arteries	Anesthesia	Radiological Procedures	No	None
01925	Anesthesia for X-ray procedure on neck or heart artery	Anesthesia	Radiological Procedures	No	None
01926	Anesthesia for X-ray procedure on artery in brain, heart, or major vessel of chest (aorta)	Anesthesia	Radiological Procedures	No	None
01930	Anesthesia for X-ray procedure on vein or lymph system	Anesthesia	Radiological Procedures	No	None
01931	Anesthesia for X-ray procedure on liver vein	Anesthesia	Radiological Procedures	No	None
01932	Anesthesia for X-ray procedure on chest or neck vein	Anesthesia	Radiological Procedures	No	None
01933	Anesthesia for X-ray procedure on brain vein	Anesthesia	Radiological Procedures	No	None
01935	Anesthesia for diagnostic X-ray procedure (accessed through the skin) on spine and spinal cord	Anesthesia	Radiological Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
01936	Anesthesia for X-ray procedure (accessed through the skin) on spine and spinal cord	Anesthesia	Radiological Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
01951	Anesthesia for treatment of second and third-degree burn, less than 4% total body surface	Anesthesia	Burn Excisions or Debridement	No	None

01952	Anesthesia for treatment of second and third-degree burn, between 4% and 9% total body surface area	Anesthesia	Burn Excisions or Debridement	No	None
01953	Anesthesia for treatment of second and third-degree burn	Anesthesia	Burn Excisions or Debridement	No	Add-On Code - This code must be billed with the appropriate primary procedure code
01958	Anesthesia for procedure to turn the position of fetus in uterus	Anesthesia	Obstetric Procedures	No	None
01960	Anesthesia for vaginal delivery	Anesthesia	Obstetric Procedures	No	None
01961	Anesthesia for cesarean delivery	Anesthesia	Obstetric Procedures	No	None
01962	Anesthesia for procedure to remove uterus following delivery	Anesthesia	Obstetric Procedures	No	None
01963	Anesthesia for cesarean removal of uterus	Anesthesia	Obstetric Procedures	No	None
01965	Anesthesia for incomplete or missed abortion	Anesthesia	Obstetric Procedures	No	None
01966	Anesthesia for induced abortion	Anesthesia	Obstetric Procedures	No	None
01967	Anesthesia for labor during planned vaginal delivery	Anesthesia	Obstetric Procedures	No	None
01968	Anesthesia for cesarean delivery following labor	Anesthesia	Obstetric Procedures	No	Add-On Code - This code must be billed with the appropriate primary procedure code
01969	Anesthesia for cesarean removal of uterus following labor	Anesthesia	Obstetric Procedures	No	Add-On Code - This code must be billed with the appropriate primary procedure code
01990	Physiological support for harvesting of organs	Anesthesia	Miscellaneous	No	None
01991	Anesthesia for nerve block and injection procedure	Anesthesia	Miscellaneous	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
01992	Anesthesia for nerve block and injection procedure, prone position	Anesthesia	Miscellaneous	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
01996	Daily hospital management of continuous spinal drug administration	Anesthesia	Miscellaneous	No	None
01999	Anesthesia procedure	Anesthesia	Miscellaneous	Yes	PA Effective 9/17/2019
10004	Fine needle aspiration of additional lesion	Integumentary	General	Yes	None
10005	Fine needle aspiration of first lesion using ultrasound guidance	Integumentary	General	Yes	None
10006	Fine needle aspiration of additional lesion using ultrasound guidance	Integumentary	General	Yes	None
10007	Fine needle aspiration of first lesion using fluoroscopice guidance	Integumentary	General	Yes	None
10008	Fine needle aspiration of additional lesion using fluoroscopice guidance	Integumentary	General	Yes	None
10009	Fine needle aspiration of first lesion using CT guidance	Integumentary	General	Yes	None

10010	Fine needle aspiration of additional lesion using CT guidance	Integumentary	General	Yes	None
10011	Fine needle aspiration of first lesion using MR guidance	Integumentary	General	No	None
10012	Fine needle aspiration of additional lesion using MR guidance	Integumentary	General	No	None
10021	Fine needle aspiration	General Surgery	Fine Needle Aspiration Surgical Procedures	No	None
10022	Fine needle aspiration using imaging guidance	General Surgery	Fine Needle Aspiration Surgical Procedures	No	AMA CodeTermed 01/01/2019 To Report See 10005-10012
10030	Fluid collection drainage by catheter using imaging guidance, accessed through the skin	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	No	None
10035	Placement of soft tissue localization device accessed through the skin with imaging guidance, first lesion	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	No	None
10036	Placement of soft tissue localization device accessed through the skin with imaging guidance	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	No	Add-On Code - This code must be billed with the appropriate primary procedure code
10040	Acne surgery	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	Yes	PA Effective 9/17/2019
10060	Drainage of abscess	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	No	None
10061	Drainage of multiple abscess	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	No	None
10080	Drainage of tailbone cyst	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	No	None

10081	Drainage of tailbone cyst	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	No	None
10120	Removal of foreign body from tissue, accessed beneath the skin	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	No	None
10121	Removal of foreign body from tissue, accessed beneath the skin	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	No	None
10140	Drainage of blood or fluid accumulation	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	No	None
10160	Aspiration of abscess, blood accumulation, blister, or cyst	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	No	None
10180	Drainage of wound infection after surgery	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	No	None
11000	Removal of inflamed or infected skin, up to 10% of body surface	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	No	None
11001	Removal of inflamed or infected skin	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	No	Add-On Code - This code must be billed with the appropriate primary procedure code
11004	Removal of infected skin, tissue or muscle of genitals	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	Yes	None
11005	Removal of infected skin, tissue or muscle of abdomen	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	Yes	None

11006	Removal of infected skin, tissue or muscle of genitals, perineum, or abdomen	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	Yes	None
11008	Removal of infected artificial material or mesh from abdomen	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	No	Add-On Code - This code must be billed with the appropriate primary procedure code
11010	Removal of foreign material from skin and tissue at open fracture and/or dislocation	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	No	None
11011	Removal of foreign material from skin, tissue, and muscle at open fracture and/or dislocation	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	No	None
11012	Removal of foreign material from skin, tissue, muscle, and bone at open fracture and/or dislocation	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	No	None
11042	Removal of skin and tissue first 20 sq cm or less	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	Yes	PA Effective 9/17/2019
11043	Removal of skin and/or muscle first 20 sq cm or less	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	Yes	PA Effective 9/17/2019
11044	Removal of skin and bone first 20 sq cm or less	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	Yes	PA Effective 9/17/2019
11045	Removal of skin and tissue	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	No	Add-On Code - This code must be billed with the appropriate primary procedure code. Wound care
11046	Removal of skin and/or muscle	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	No	Add-On Code - This code must be billed with the appropriate primary procedure code. Wound care

11047	Removal of skin and bone	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	No	Add-On Code - This code must be billed with the appropriate primary procedure code. Wound care
11055	Removal of single thickened skin growth	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	No	None
11056	Removal of 2 to 4 thickened skin growths	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	No	None
11057	Removal of more than 4 thickened skin growths	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	No	None
11100	Biopsy of single growth of skin and/or tissue	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	No	AMA CodeTermed 01/01/2019 To Report See 11102, 11104, 11106
11101	Biopsy of each additional growth of skin and/or tissue	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	No	AMA Code Termed 01/01/2019 To Report See 11103, 11105, 11107
11102	Tangential biopsy of single skin lesion	Integumentary	Biopsy	No	None
11103	Tangential biopsy of additional skin lesion	Integumentary	Biopsy	no	None
11104	Punch biopsy of single skin lesion	Integumentary	Biopsy	no	None
11105	Punch biopsy of additional skin lesion	Integumentary	Biopsy	no	None
11106	Incisional biopsy of single skin lesion	Integumentary	Biopsy	no	None
11107	Incisional biopsy of additional skin lesion	Integumentary	Biopsy	no	None
11200	Removal of up to and including 15 skin tags	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	No	None
11201	Removal of skin tags	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	No	Add-On Code - This code must be billed with the appropriate primary procedure code
11300	Shaving of 0.5 centimeters or less skin growth of the trunk, arms, or legs	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	No	None

11301	Shaving of 0.6 centimeters to 1.0 centimeters skin growth of the trunk, arms, or legs	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	No	None
11302	Shaving of 1.1 to 2.0 centimeters skin growth of the trunk, arms, or legs	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	No	None
11303	Shaving of over 2.0 centimeters skin growth of the trunk, arms, or legs	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	No	None
11305	Shaving of 0.5 centimeters or less skin growth of scalp, neck, hands, feet, or genitals	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	No	None
11306	Shaving of 0.6 centimeters to 1.0 centimeters skin growth of scalp, neck, hands, feet, or genitals	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	No	None
11307	Shaving of 1.1 to 2.0 centimeters skin growth of scalp, neck, hands, feet, or genitals	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	No	None
11308	Shaving of over 2.0 centimeters skin growth of scalp, neck, hands, feet, or genitals	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	No	None
11310	Shaving of 0.5 centimeters or less skin growth of face, ears, eyelids, nose, lips, or mouth	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	No	None
11311	Shaving of 0.6 centimeters to 1.0 centimeters skin growth of face, ears, eyelids, nose, lips, or mouth	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	No	None
11312	Shaving of 1.1 to 2.0 centimeters skin growth of face, ears, eyelids, nose, lips, or mouth	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	No	None

11313	Shaving of over 2.0 centimeters skin growth of face, ears, eyelids, nose, lips, or mouth	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	No	None
11400	Removal of growth (0.5 centimeters or less) of the trunk, arms or legs	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	No	None
11401	Removal of growth (0.6 to 1.0 centimeters) of the trunk, arms, or legs	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	No	None
11402	Removal of growth (1.1 to 2.0 centimeters) of the trunk, arms, or legs	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	No	None
11403	Removal of growth (2.1 to 3.0 centimeters) of the trunk, arms, or legs	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	No	None
11404	Removal of growth (3.1 to 4.0 centimeters) of the trunk, arms, or legs	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	No	None
11406	Removal of growth (4.0 centimeters) of the trunk, arms, or legs	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	No	None
11420	Removal of growth (0.5 centimeters or less) of the scalp, neck, hands, feet, or genitals	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	No	None
11421	Removal of growth (0.6 to 1.0 centimeters) of the scalp, neck, hands, feet, or genitals	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	No	None
11422	Removal of growth (1.1 to 2.0 centimeters) of the scalp, neck, hands, feet, or genitals	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	No	None

11423	Removal of growth (2.1 to 3.0 centimeters) of the scalp, neck, hands, feet, or genitals	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	No	None
11424	Removal of growth (3.1 to 4.0 centimeters) of the scalp, neck, hands, feet, or genitals	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	No	None
11426	Removal of growth (over 4.0 centimeters) of the scalp, neck, hands, feet, or genitals	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	No	None
11440	Removal of growth (0.5 centimeters or less) of the face, ears, eyelids, nose, lips, or mouth	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	No	None
11441	Removal of growth (0.6 to 1.0 centimeters) of the face, ears, eyelids, nose, lips, or mouth	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	No	None
11442	Removal of growth (1.1 to 2.0 centimeters) of the face, ears, eyelids, nose, lips, or mouth	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	No	None
11443	Removal of growth (2.1 to 3.0 centimeters) of face, ears, eyelids, nose, lips, or mouth	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	Yes	None
11444	Removal (3.1 to 4.0 centimeters) growth of face, ears, eyelids, nose, lips, or mouth	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	No	None
11446	Removal (over 4.0 centimeters) growth of the face, ears, eyelids, nose, lips, or mouth	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	No	None
11450	Removal of skin and tissue beneath the skin of underarms for excessive sweating	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	No	None

11451	Removal of skin and tissue beneath the skin of underarms for excessive sweating	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	No	None
11462	Removal of skin and tissue beneath the skin of groin for excessive sweating	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	No	None
11463	Removal of skin and tissue beneath the skin of groin for excessive sweating	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	No	None
11470	Removal of skin and tissue beneath the skin of anus or navel for excessive sweating	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	No	None
11471	Removal of skin and tissue beneath the skin of anus or navel for excessive sweating	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	No	None
11600	Removal of malignant growth (0.5 centimeters or less) of the trunk, arms, or legs	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	No	None
11601	Removal of malignant growth (0.6 to 1.0 centimeters) of the trunk, arms, or legs	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	No	None
11602	Removal of malignant growth (1.1 to 2.0 centimeters) of the trunk, arms, or legs	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	No	None
11603	Removal of malignant growth (2.1 to 3.0 centimeters) of the trunk, arms, or legs	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	No	None
11604	Removal of malignant growth (3.1 to 4 centimeters) of the trunk, arms, or legs	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	No	None

11606	Removal of malignant growth (over 4.0 centimeters) of the trunk, arms, or legs	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	No	None
11620	Removal of malignant growth (0.5 centimeters or less) of the scalp, neck, hands, feet, or genitals	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	No	None
11621	Removal of malignant growth (0.6 to 1.0 centimeters) of the scalp, neck, hands, feet, or genitals	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	No	None
11622	Removal of malignant growth (1.1 to 2.0 centimeters) of the scalp, neck, hands, feet, or genitals	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	No	None
11623	Removal of malignant growth (2.1 to 3.0 centimeters) of the scalp, neck, hands, feet, or genitals	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	No	None
11624	Removal of malignant growth (3.1 to 4 centimeters) of the scalp, neck, hands, feet, or genitals	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	No	None
11626	Removal of malignant growth (over 4.0 centimeters) of the scalp, neck, hands, feet, or genitals	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	No	None
11640	Removal of malignant growth (0.5 centimeters or less) of the face, ears, eyelids, nose, or lips	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	No	None
11641	Removal of malignant growth (0.6 to 1.0 centimeters) of the face, ears, eyelids, nose, or lips	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	No	None
11642	Removal of malignant growth (1.1 to 2.0 centimeters) of the face, ears, eyelids, nose, or lips	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	No	None

11643	Removal of malignant growth (2.1 to 3.0 centimeters) of the face, ears, eyelids, nose, or lips	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	No	None
11644	Removal of malignant growth (3.1 to 4.0 centimeters) of the face, ears, eyelids, nose, or lips	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	No	None
11646	Removal of malignant growth (over 4.0 centimeters) of the face, ears, eyelids, nose, or lips	Integumentary	Surgical Procedures on the Skin, Subcutaneous and Accessory Structures	No	None
11719	Trimming of fingernails or toenails	Integumentary	Surgical Procedures on the Nails	No	None
11720	Removal of tissue from 1 to 5 finger or toe nails	Integumentary	Surgical Procedures on the Nails	No	None
11721	Removal of tissue from 6 or more finger or toe nails	Integumentary	Surgical Procedures on the Nails	No	None
11730	Separation of nail plate from nail bed	Integumentary	Surgical Procedures on the Nails	No	None
11732	Separation of nail plate from nail bed	Integumentary	Surgical Procedures on the Nails	No	Add-On Code - This code must be billed with the appropriate primary procedure code
11740	Removal of blood accumulation between nail and nail bed	Integumentary	Surgical Procedures on the Nails	No	None
11750	Removal of nail	Integumentary	Surgical Procedures on the Nails	No	None
11752	REMOVE NAIL BED/TIP	Integumentary	Surgical Procedures on the Nails	No	AMA Deleted code Code invalid as of 1/1/2017 Check for Replacement code
11755	Biopsy of finger or toe nail	Integumentary	Surgical Procedures on the Nails	No	None
11760	Repair of finger or toe nail bed	Integumentary	Surgical Procedures on the Nails	No	None
11762	Repair of finger or toe nail bed with graft	Integumentary	Surgical Procedures on the Nails	No	None
11765	Removal of skin of finger or toe nail	Integumentary	Surgical Procedures on the Nails	No	None
11770	Removal of tailbone cyst	Integumentary	Surgical Procedures on the Pilonidal Cyst	No	None

11771	Removal of tailbone cyst	Integumentary	Surgical Procedures on the Pilonidal Cyst	No	None
11772	Removal of tailbone cyst	Integumentary	Surgical Procedures on the Pilonidal Cyst	No	None
11900	Injection of up to 7 skin growths	Integumentary	Introduction or Removal Procedures on the Integumentary System	No	None
11901	Injection of more than 7 skin growths	Integumentary	Introduction or Removal Procedures on the Integumentary System	No	None
11920	Introduction of pigment into skin (6.0 sq cm or less) to correct color defect	Integumentary	Introduction or Removal Procedures on the Integumentary System	Yes	PA required only for conditions unrelated to breast cancer
11921	Introduction of pigment into skin (6.1 to 20.0 sq cm) to correct color defect	Integumentary	Introduction or Removal Procedures on the Integumentary System	Yes	PA required only for conditions unrelated to breast cancer
11922	Introduction of pigment into skin to correct color defect	Integumentary	Introduction or Removal Procedures on the Integumentary System	Yes	None
11950	Injection of 1 cc or less filling material into tissue	Integumentary	Introduction or Removal Procedures on the Integumentary System	No	Covered benefit only for Qualified Medicare Beneficiaries
11951	Injection of 1.1 to 5.0 cc filling material, beneath the skin	Integumentary	Introduction or Removal Procedures on the Integumentary System	No	Covered benefit only for Qualified Medicare Beneficiaries
11952	Injection of 5.1 to 10.0 cc filling material into tissue	Integumentary	Introduction or Removal Procedures on the Integumentary System	No	Covered benefit only for Qualified Medicare Beneficiaries
11954	Injection of over 10.0 cc filling material, beneath the skin	Integumentary	Introduction or Removal Procedures on the Integumentary System	No	Covered benefit only for Qualified Medicare Beneficiaries

11960	Insertion of tissue expanders	Integumentary	Introduction or Removal Procedures on the Integumentary System	Yes	None
11970	Replacement of tissue expander with permanent prosthesis	Integumentary	Introduction or Removal Procedures on the Integumentary System	Yes	None
11971	Removal of tissue expanders	Integumentary	Introduction or Removal Procedures on the Integumentary System	Yes	None
11976	Removal of implantable contraceptive capsules	Integumentary	Introduction or Removal Procedures on the Integumentary System	No	None
11980	Insertion of hormone pellets beneath the skin	Integumentary	Introduction or Removal Procedures on the Integumentary System	Yes	PA Effective 9/17/2019
11981	Insertion of drug delivery implant into tissue	Integumentary	Introduction or Removal Procedures on the Integumentary System	No	None
11982	Removal of drug delivery implant from tissue	Integumentary	Introduction or Removal Procedures on the Integumentary System	No	None
11983	Removal with reinsertion of drug delivery implant into tissue	Integumentary	Introduction or Removal Procedures on the Integumentary System	No	None
12001	Repair of wound (2.5 centimeters or less) of the scalp, neck, underarms, trunk, arms and/or legs	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None
12002	Repair of wound (2.6 to 7.5 centimeters) of the scalp, neck, underarms, genitals, trunk, arms and/or legs	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None

12004	Repair of wound (7.6 to 12.5 centimeters) of the scalp, neck, underarms, genitals, trunk, arms and/or legs	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None
12005	Repair of wound (12.6 to 20.0 centimeters) of the scalp, neck, underarms, genitals, trunk, arms and/or legs	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None
12006	Repair of wound (20.1 to 30.0 centimeters) of the scalp, neck, underarms, genitals, trunk, arms and/or legs	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None
12007	Repair of wound (over 30.0 centimeters) of the scalp, neck, underarms, genitals, trunk, arms and/or legs	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None
12011	Repair of wound (2.5 centimeters or less) of the face, ears, eyelids, nose, lips, and/or mucous membranes	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None
12013	Repair of wound (2.6 to 5.0 centimeters) of the face, ears, eyelids, nose, lips, and/or mucous membranes	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None
12014	Repair of wound (5.1 to 7.5 centimeters) of the face, ears, eyelids, nose, lips, and/or mucous membranes	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None
12015	Repair of wound (7.6 to 12.5 centimeters) of the face, ears, eyelids, nose, lips, and/or mucous membranes	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None
12016	Repair of wound (12.6 to 20.0 centimeters) of the face, ears, eyelids, nose, lips, and/or mucous membranes	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None
12017	Repair of wound (20.1 to 30.0 centimeters) of the face, ears, eyelids, nose, lips, and/or mucous membranes	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None

12018	Repair of wound (over 30.0 centimeters) of the face, ears, eyelids, nose, lips, and/or mucous membranes	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None
12020	Repair of separation of wound closure	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None
12021	Repair of separation of wound closure with insertion of packing	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None
12031	Repair of wound (2.5 centimeters or less) of the scalp, underarms, trunk, arms, and/or legs	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None
12032	Repair of wound (2.6 to 7.5 centimeters) of the scalp, underarms, trunk, arms, and/or legs	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None
12034	Repair of wound (7.6 to 12.5 centimeters) of the scalp, underarms, trunk, arms, and/or legs	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None
12035	Repair of wound (12.6 to 20.0 centimeters) of the scalp, underarms, trunk, arms, and/or legs	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None
12036	Repair of wound (20.1 to 30.0 centimeters) of the scalp, underarms, trunk, arms, and/or legs	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None
12037	Repair of wound (over 30.0 centimeters) of the scalp, underarms, trunk, arms, and/or legs	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None
12041	Repair of wound (2.5 centimeters or less) of neck, hands, feet, and/or genitals	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None

12042	Repair of wound (2.6 to 7.5 centimeters) of neck, hands, feet, and/or genitals	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None
12044	Repair of wound (7.6 to 12.5 centimeters) of neck, hands, feet, and/or genitals	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None
12045	Repair of wound (12.6 to 20.0 centimeters) of neck, hands, feet, and/or genitals	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None
12046	Repair of wound (20.1 to 30.0 centimeters) of neck, hands, feet, and/or genitals	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None
12047	Repair of wound (over 30.0 centimeters) of neck, hands, feet, and/or genitals	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None
12051	Repair of wound (2.5 centimeters or less) of face, ears, eyelids, nose, lips, and/or mouth	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None
12052	Repair of wound (2.6 to 5.0 centimeters) of face, ears, eyelids, nose, lips, and/or mouth	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None
12053	Repair of wound (5.1 to 7.5 centimeters) of face, ears, eyelids, nose, lips, and/or mouth	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None
12054	Repair of wound (7.6 to 12.5 centimeters) of face, ears, eyelids, nose, lips, and/or mouth	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None
12055	Repair of wound (12.6 to 20.0 centimeters) of face, ears, eyelids, nose, lips, and/or mouth	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None

12056	Repair of wound (20.1 to 30.0 centimeters) of face, ears, eyelids, nose, lips, and/or mouth	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None
12057	Repair of wound (over 30.0 centimeters) of face, ears, eyelids, nose, lips, and/or mouth	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None
13100	Repair of wound (1.1 to 2.5 centimeters) of trunk	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None
13101	Repair of wound (2.6 to 7.5 centimeters) of trunk	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	Not covered for Gender Reassignment or services related to Gender Reassignment
13102	Repair of wound of trunk	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	<ul style="list-style-type: none"> • Add-On Code - This code must be billed with the appropriate primary procedure code. • Not covered for Gender Reassignment or services related to Gender Reassignment
13120	Repair of wound (1.1 to 2.5 centimeters) of scalp, arms, and/or legs	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None
13121	Repair of wound (2.6 to 7.5 centimeters) of scalp, arms, and/or legs	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None
13122	Repair of wound of scalp, arms, and/or legs	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	Add-On Code - This code must be billed with the appropriate primary procedure code
13131	Repair of wound (1.1 to 2.5 centimeters) of forehead, cheeks, chin, mouth, neck, underarms, genitals, hands, and/or feet	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None
13132	Repair of wound (2.6 to 7.5 centimeters) of forehead, cheeks, chin, mouth, neck, underarms, genitals, hands, and/or feet	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None

13133	Repair of wound of forehead, cheeks, chin, mouth, neck, underarms, genitals, hands, and/or feet	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	Add-On Code - This code must be billed with the appropriate primary procedure code
13151	Repair of wound (1.1 to 2.5 centimeters) of eyelids, nose, ears, and/or lips	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None
13152	Repair of wound (2.6 to 7.5 centimeters) of eyelids, nose, ears, and/or lips	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None
13153	Repair of wound of eyelids, nose, ears, and/or lips	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	Add-On Code - This code must be billed with the appropriate primary procedure code
13160	Second repair of surgical wound	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None
14000	Tissue transfer repair of wound (10 sq centimeters or less) of the trunk	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	Yes	PA Effective 9/17/2019
14001	Tissue transfer repair of wound (10.1 to 30.0 sq centimeters) of the trunk	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	Yes	PA Effective 9/17/2019
14020	Tissue transfer repair of wound (10 sq centimeters or less) of the scalp, arms, and/or legs	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	Yes	PA Effective 9/17/2019
14021	Tissue transfer repair of wound (10.1 to 30.0 sq centimeters) of the scalp, arms, and/or legs	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	Yes	PA Effective 9/17/2019
14040	Tissue transfer repair of wound (10 sq centimeters or less) of the forehead, cheeks, chin, mouth, neck, underarms, genitals, hands, and/or feet	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	Yes	PA Effective 9/17/2019

14041	Tissue transfer repair of wound (10.1 to 30.0 sq centimeters) of the forehead, cheeks, chin, mouth, neck, underarms, genitals, hands, and/or feet	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	Yes	None
14060	Tissue transfer repair of wound (10 sq centimeters or less) of eyelids, nose, ears, and/or lips	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	Yes	None
14061	Tissue transfer repair of wound (10.1 to 30.0 sq centimeters) of eyelids, nose, ears, and/or lips	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	Yes	PA Effective 9/17/2019
14301	Tissue transfer repair of wound (30.1 to 60.0 sq centimeters)	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	Yes	Not covered for Gender Reassignment or services related to Gender Reassignment. PA Effective 9/17/2019.
14302	Tissue transfer repair of wound (30.0 sq centimeters)	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	Add-On Code - This code must be billed with the appropriate primary procedure code. Not covered for Gender Reassignment or services related to Gender Reassignment. Gender Reassignment Diagnosis Codes: F64.0, F64.1, F64.2, F64.8, F64.9
14350	Repair of tissue loss of finger or toe	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None
15002	Preparation of graft site at trunk, arms, or legs (first 100 sq cm or 1% body area infants and children)	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None
15003	Preparation of graft site at trunk, arms, or legs	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	Add-On Code - This code must be billed with the appropriate primary procedure code
15004	Preparation of graft site of face, scalp, eyelids, mouth, neck, ears, eye region, genitals, hands, feet, and/or multiple fingers or toes (first 100 sq cm or 1% body area of infants and children)	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None

15005	Preparation of graft site of face, scalp, eyelids, mouth, neck, ears, eye region, genitals, hands, feet, and/or multiple fingers or toes	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	Add-On Code - This code must be billed with the appropriate primary procedure code
15040	Relocation of skin (100 sq cm or less) for tissue cultured graft	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None
15050	Skin graft (2 centimeters) to tip of finger or toe	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None
15100	Skin graft at trunk, arms, or legs (first 100 sq cm or less, or 1% body are of infants and children)	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	Yes	PA Effective 9/17/2019
15101	Skin graft at trunk, arms, or legs	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	Add-On Code - This code must be billed with the appropriate primary procedure code
15110	Skin graft at trunk, arms, or legs (first 100 sq cm or less, or 1% body area of infants and children)	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None
15111	Skin graft at trunk, arms, or legs	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	Add-On Code - This code must be billed with the appropriate primary procedure code
15115	Skin graft of face, scalp, eyelids, mouth, neck, ears, eye region, genitals, hands, feet, and/or multiple fingers or toes (first 100 sq cm or less, or 1% body area of infants and children)	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None
15116	Skin graft of face, scalp, eyelids, mouth, neck, ears, eye region, genitals, hands, feet, and/or multiple fingers or toes	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	Add-On Code - This code must be billed with the appropriate primary procedure code
15120	Skin graft of face, scalp, eyelids, mouth, neck, ears, eye region, genitals, hands, feet, and/or multiple fingers or toes (first 100 sq cm or less, or 1% body area of infants and children)	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	Yes	PA Effective 9/17/2019

15121	Skin graft of face, scalp, eyelids, mouth, neck, ears, eye region, genitals, hands, feet, and/or multiple fingers or toes	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	Add-On Code - This code must be billed with the appropriate primary procedure code
15130	Skin graft at trunk, arms, or legs (first 100 sq cm or less, or 1% body area of infants and children)	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None
15131	Skin graft at trunk, arms, or legs	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	Add-On Code - This code must be billed with the appropriate primary procedure code
15135	Skin graft of face, scalp, eyelids, mouth, neck, ears, eye region, genitals, hands, feet, and/or multiple fingers or toes (first 100 sq cm or less, or 1% body area of infants and children)	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None
15136	Skin graft of face, scalp, eyelids, mouth, neck, ears, eye region, genitals, hands, feet, and/or multiple fingers or toes	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	Add-On Code - This code must be billed with the appropriate primary procedure code
15150	Skin graft at trunk, arms, or legs (first 25 sq centimeters or less)	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None
15151	Skin graft at trunk, arms, or legs	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	Add-On Code - This code must be billed with the appropriate primary procedure code
15152	Skin graft at trunk, arms, or legs	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	Add-On Code - This code must be billed with the appropriate primary procedure code
15155	Skin graft of face, scalp, eyelids, mouth, neck, ears, eye region, genitals, hands, feet, and/or multiple fingers or toes (first 25 sq centimeters or less)	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None
15156	Skin graft of face, scalp, eyelids, mouth, neck, ears, eye region, genitals, hands, feet, and/or multiple fingers or toes	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	Add-On Code - This code must be billed with the appropriate primary procedure code

15157	Skin graft of face, scalp, eyelids, mouth, neck, ears, eye region, genitals, hands, feet, and/or multiple fingers or toes	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	Add-On Code - This code must be billed with the appropriate primary procedure code
15200	Relocation of patient skin (20 sq centimeters or less) to trunk	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	Yes	Not covered for Gender Reassignment or services related to Gender Reassignment. PA Effective 9/17/2019.
15201	Relocation of patient skin to trunk	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	Add-On Code - This code must be billed with the appropriate primary procedure code
15220	Relocation of patient skin (20 sq centimeters or less) to scalp, arms, and/or legs	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	Yes	PA Effective 9/17/2019
15221	Relocation of patient skin to scalp, arms, and/or legs	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	Add-On Code - This code must be billed with the appropriate primary procedure code
15240	Relocation of patient skin to forehead, cheeks, chin, mouth, neck, underarms, genitals, hands, and/or feet (20 sq centimeters or less)	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	Yes	PA Effective 9/17/2019
15241	Relocation of patient skin to forehead, cheeks, chin, mouth, neck, underarms, genitals, hands, and/or feet	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	Add-On Code - This code must be billed with the appropriate primary procedure code
15260	Relocation of patient skin to nose, ears, eyelids, and/or lips (20 sq centimeters or less)	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	Yes	PA Effective 9/17/2019
15261	Relocation of patient skin to nose, ears, eyelids, and/or lips	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	Add-On Code - This code must be billed with the appropriate primary procedure code
15271	Application of skin substitute (wound surface up to 100 sq cm) to trunk, arms, or legs (first 25 sq cm or less)	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	Yes	PA Effective 9/17/2019

15272	Application of skin substitute (wound surface up to 100 sq cm) to trunk, arms, or legs	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	Add-On Code - This code must be billed with the appropriate primary procedure code. Skin Substitute Grafts over \$50 per sq cm Require PA
15273	Application of skin substitute (wound surface greater or equal to 100 sq cm) to trunk, arms, or legs (first 100 sq cm or 1% body area of infants and children)	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	Yes	None
15274	Application of skin substitute (wound surface greater or equal to 100 sq cm) to trunk, arms, or legs	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	Add-On Code - This code must be billed with the appropriate primary procedure code. Skin Substitute Grafts over \$50 per sq cm Require PA
15275	Application of skin substitute (wound surface up to 100 sq cm) to face, scalp, eyelids, mouth, neck, ears, eye region, genitals, hands, feet, and/or multiple fingers or toes (first 25 sq cm or less)	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	Yes	None
15276	Application of skin substitute (wound surface up to 100 sq cm) to face, scalp, eyelids, mouth, neck, ears, eye region, genitals, hands, feet, and/or multiple fingers or toes	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	Add-On Code - This code must be billed with the appropriate primary procedure code. Skin Substitute Grafts over \$50 per sq cm Require PA
15277	Application of skin substitute (wound surface great than or equal to 100 sq cm) to face, scalp, eyelids, mouth, neck, ears, eye region, genitals, hands, feet, and/or multiple fingers or toes (first 100 sq cm or 1% body area of infants and children)	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	Yes	None
15278	Application of skin substitute (wound surface great than or equal to 100 sq cm) to face, scalp, eyelids, mouth, neck, ears, eye region, genitals, hands, feet, and/or multiple fingers or toes	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	Add-On Code - This code must be billed with the appropriate primary procedure code. Skin Substitute Grafts over \$50 per sq cm Require PA
15570	Creation of flap graft to trunk	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	Yes	None
15572	Creation of flap graft to scalp, arms, or legs	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	Yes	PA Effective 9/17/2019
15574	Creation of flap graft to forehead, cheeks, chin, mouth, neck, underarms, genitals, hands, or feet	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	Yes	PA Effective 9/17/2019

15576	Creation of flap graft to eyelids, nose, ears, lips, or mouth	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	Yes	PA Effective 9/17/2019
15600	Transfer of skin flap to trunk	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None
15610	Transfer of skin flap to scalp, arms, or legs	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None
15620	Transfer of skin flap to forehead, cheeks, chin, neck, underarms, genitals, hands, or feet	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	Yes	PA Effective 9/17/2019
15630	Transfer of skin flap to eyelids, nose, ears, or lips	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	Yes	PA Effective 9/17/2019
15650	Transfer of skin flap	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	Yes	PA Effective 9/17/2019
15730	Midface flap (ie, zygomaticofacial flap) with preservation of vascular pedicle(s)	Integumentary	Flaps (Skin and/or Deep Tissue)	Yes	None
15731	Creation of flap graft to nose, forehead, temple, or scalp	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	Yes	None
15732	Muscle flap wound repair at head and neck	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	AMA Code Termed 1/1/2018 To Report See 15733
15733	Muscle, myocutaneous, or fasciocutaneous flap; head and neck with named vascular pedicle (ie, buccinators, genioglossus, temporalis, masseter, sternocleidomastoid, levator scapulae)	Integumentary	Flaps (Skin and/or Deep Tissue)	Yes	None

15734	Muscle flap wound repair at trunk	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	Yes	None
15736	Muscle flap wound repair of arm	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	Yes	None
15738	Muscle flap wound repair of leg	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	Yes	None
15740	Creation of skin and tissue graft	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	Yes	None
15750	Creation of nerve and blood vessel skin graft	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	Yes	None
15756	Creation of muscle and blood vessel skin graft	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	Yes	None
15757	Creation of muscle and blood vessel skin graft	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	Yes	None
15758	Creation of muscle and blood vessel skin graft	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	Yes	None
15760	Creation of multiple tissue skin graft	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	Yes	None
15770	Creation of skin, fat and muscle graft	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	Yes	None

15775	Hair transplant (1 to 15 punch grafts)	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	Covered benefit only for Qualified Medicare Beneficiaries
15776	Hair transplant (more than 15 punch grafts)	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	Covered benefit only for Qualified Medicare Beneficiaries
15777	Implantation of biologic implant to soft tissue	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	Add-On Code - This code must be billed with the appropriate primary procedure code
15780	Scraping of skin of face	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	Covered benefit only for Qualified Medicare Beneficiaries
15781	Scraping of skin of face	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	Covered benefit only for Qualified Medicare Beneficiaries
15782	Scraping of skin	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	Covered benefit only for Qualified Medicare Beneficiaries
15783	Scraping of skin	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	Covered benefit only for Qualified Medicare Beneficiaries
15786	Scraping of skin growth	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	Covered benefit only for Qualified Medicare Beneficiaries
15787	Scraping of multiple skin growths	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	Covered benefit only for Qualified Medicare Beneficiaries
15788	Chemical peel of skin of face	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None

15789	Chemical peel of skin of face	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None
15792	Chemical peel of skin of face	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None
15793	Chemical peel of skin	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None
15819	Removal of excessive skin of neck	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	Yes	None
15820	Removal of excessive skin of lower eyelid	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	Yes	None
15821	Removal of excessive skin of lower eyelid and fat around eye	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	Yes	None
15822	Removal of excessive skin of upper eyelid	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	Yes	None
15823	Removal of excessive skin and fat of upper eyelid	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	Yes	None
15824	Incision, stretching, and suture of forehead skin	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None
15825	Incision, stretching, and suture of neck skin	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None

15826	Incision, stretching, and suture of skin between eyebrows	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None
15828	Incision, stretching, and suture of skin	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None
15829	Removal of excessive skin at cheek, chin, or neck	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None
15830	Removal of excessive skin and tissue beneath the skin of abdomen	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	Yes	None
15832	Removal of excessive skin and tissue beneath the skin of thigh	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	Yes	None
15833	Removal of excessive skin and tissue beneath the skin of leg	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	Yes	None
15834	Removal of excessive skin and tissue beneath the skin of hip	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	Yes	None
15835	Removal of excessive skin and tissue beneath the skin of buttock	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	Yes	None
15836	Removal of excessive skin and tissue beneath the skin of arm	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	Yes	None
15837	Removal of excessive skin and tissue beneath the skin of lower arm or hand	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	Yes	None

15838	Removal of excessive skin and tissue beneath the skin under chin	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	Yes	None
15839	Removal of excessive skin and tissue beneath the skin	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	Yes	None
15840	Graft to relieve or reactivate facial paralysis	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None
15841	Graft to relieve or reactivate facial paralysis	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None
15842	Graft to relieve or reactivate facial paralysis	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None
15845	Graft to relieve or reactivate facial paralysis	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None
15847	Removal of additional excessive skin and tissue beneath the skin of abdomen	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	Add-On Code - This code must be billed with the appropriate primary procedure code
15850	Removal of sutures under anesthesia by same surgeon	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None
15851	Removal of sutures under anesthesia by other surgeon	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None
15852	Dressing change under anesthesia	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None

15860	Injection of agent into vein to assess blood flow of skin graft or flap	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None
15876	Suction assisted removal of fat from head and neck	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	Yes	None
15877	Suction assisted removal of fat from trunk	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	Yes	None
15878	Suction assisted removal of fat from arm	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	Yes	None
15879	Suction assisted removal of fat from leg	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	Yes	None
15920	Removal of pressure sore and bone at tailbone	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None
15922	Removal of pressure sore and bone at tailbone with skin graft	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None
15931	Removal of pressure sore of sacrum	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None
15933	Removal of pressure sore and bone at sacrum	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None
15934	Removal of pressure sore at sacrum with skin graft	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None

15935	Removal of pressure sore and bone at sacrum with skin graft	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None
15936	Removal of pressure sore at sacrum in preparation of muscle flap or skin graft	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None
15937	Removal of pressure sore and bone at sacrum in preparation of muscle flap or skin graft	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None
15940	Removal of pressure sore at lower pelvic bone	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None
15941	Removal of pressure sore and lower pelvic bone	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None
15944	Removal of pressure sore with skin graft at lower pelvic bone	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None
15945	Removal of pressure sore and lower pelvic bone with skin graft	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None
15946	Removal of pressure sore and lower pelvic bone in preparation of muscle flap or skin graft closure	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None
15950	Removal of pressure sore at hip bone	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None
15951	Removal of pressure sore and bone at hip bone	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None

15952	Removal of pressure sore at hip bone with skin graft	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None
15953	Removal of pressure sore and bone at hip bone with skin graft	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None
15956	Removal of pressure sore at hip bone in preparation of muscle flap or skin graft	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None
15958	Removal of pressure sore and bone at hip bone in preparation of muscle flap or skin graft	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None
15999	Removal of pressure sore	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	Yes	None
16000	First degree burn treatment	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None
16020	Dressing change and/or removal of burn tissue (less than 5% total body surface)	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None
16025	Dressing change and/or removal of burn tissue (5% to 10% total body surface)	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None
16030	Dressing change and/or removal of burn tissue (greater than 10% total body surface)	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None
16035	Incision of burn tissue	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None

16036	Incision of burn tissue	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	Add-On Code - This code must be billed with the appropriate primary procedure code
17000	Destruction of skin growth	Integumentary	Destruction Procedures on the Integumentary System	No	None
17003	Destruction of 2-14 skin growths	Integumentary	Destruction Procedures on the Integumentary System	No	Add-On Code - This code must be billed with the appropriate primary procedure code
17004	Destruction of 15 or more skin growths	Integumentary	Destruction Procedures on the Integumentary System	No	None
17106	Destruction of skin growth (less than 10 sq centimeters)	Integumentary	Destruction Procedures on the Integumentary System	Yes	None
17107	Destruction of skin growth (10.0 to 50.0 sq centimeters)	Integumentary	Destruction Procedures on the Integumentary System	Yes	None
17108	Destruction of skin growth (over 50.0 sq centimeters)	Integumentary	Destruction Procedures on the Integumentary System	Yes	None
17110	Destruction of up to 14 skin growths	Integumentary	Destruction Procedures on the Integumentary System	No	None
17111	Destruction of 15 or more skin growths	Integumentary	Destruction Procedures on the Integumentary System	No	None
17250	Application of chemical agent to excessive wound tissue	Integumentary	Destruction Procedures on the Integumentary System	No	None
17260	Destruction of malignant growth (0.5 centimeters or less) of trunk, arms, or legs	Integumentary	Destruction Procedures on the Integumentary System	No	None
17261	Destruction of malignant growth (0.6 to 1.0 centimeters) of trunk, arms, or legs	Integumentary	Destruction Procedures on the Integumentary System	No	None

17262	Destruction of malignant growth (1.1 to 2.0 centimeters) of trunk, arms, or legs	Integumentary	Destruction Procedures on the Integumentary System	No	None
17263	Destruction of malignant growth (2.1 to 3.0 centimeters) of trunk, arms, or legs	Integumentary	Destruction Procedures on the Integumentary System	No	None
17264	Destruction of malignant growth (3.1 to 4.0 centimeters) of trunk, arms, or legs	Integumentary	Destruction Procedures on the Integumentary System	No	None
17266	Destruction of malignant growth (over 4.0 centimeters) of trunk, arms, or legs	Integumentary	Destruction Procedures on the Integumentary System	No	None
17270	Destruction of malignant growth (0.5 centimeters) of scalp, neck, hands, feet, or genitals	Integumentary	Destruction Procedures on the Integumentary System	No	None
17271	Destruction of malignant growth (0.6 to 1.0 centimeters) of scalp, neck, hands, feet, or genitals	Integumentary	Destruction Procedures on the Integumentary System	No	None
17272	Destruction of malignant growth (1.1 to 2.0 centimeters) of scalp, neck, hands, feet, or genitals	Integumentary	Destruction Procedures on the Integumentary System	No	None
17273	Destruction of malignant growth (2.1 to 3.0 centimeters) of scalp, neck, hands, feet, or genitals	Integumentary	Destruction Procedures on the Integumentary System	No	None
17274	Destruction of malignant growth (3.1 to 4.0 centimeters) of scalp, neck, hands, feet, or genitals	Integumentary	Destruction Procedures on the Integumentary System	No	None
17276	Destruction of malignant growth (over 4.0 centimeters) of scalp, neck, hands, feet, or genitals	Integumentary	Destruction Procedures on the Integumentary System	No	None
17280	Destruction of malignant growth (0.5 centimeters or less) of face, ears, eyelids, nose, lips, or mouth	Integumentary	Destruction Procedures on the Integumentary System	No	None
17281	Destruction of malignant growth (0.6 to 1.0 centimeters) of face, ears, eyelids, nose, lips, or mouth	Integumentary	Destruction Procedures on the Integumentary System	No	None

17282	Destruction of malignant growth (1.1 to 2.0 centimeters) of face, ears, eyelids, nose, lips, or mouth	Integumentary	Destruction Procedures on the Integumentary System	No	None
17283	Destruction of malignant growth (2.1 to 3.0 centimeters) of face, ears, eyelids, nose, lips, or mouth	Integumentary	Destruction Procedures on the Integumentary System	No	None
17284	Destruction of malignant growth (3.1 to 4.0 centimeters) of face, ears, eyelids, nose, lips, or mouth	Integumentary	Destruction Procedures on the Integumentary System	No	None
17286	Destruction of malignant growth (over 4.0 centimeters) of face, ears, eyelids, nose, lips, or mouth	Integumentary	Destruction Procedures on the Integumentary System	No	None
17311	Removal and microscopic examination of growth of the head, neck, hands, feet, or genitals (first stage, up to 5 tissue blocks)	Integumentary	Destruction Procedures on the Integumentary System	No	None
17312	Removal and microscopic examination of growth of the head, neck, hands, feet, or genitals	Integumentary	Destruction Procedures on the Integumentary System	No	Add-On Code - This code must be billed with the appropriate primary procedure code
17313	Removal and microscopic examination of growth of the trunk, arms, or legs (first stage, up to 5 tissue blocks)	Integumentary	Destruction Procedures on the Integumentary System	No	None
17314	Removal and microscopic examination of growth of the trunk, arms, or legs	Integumentary	Destruction Procedures on the Integumentary System	No	Add-On Code - This code must be billed with the appropriate primary procedure code
17315	Removal and microscopic examination of growth of the trunk, arms, or legs	Integumentary	Destruction Procedures on the Integumentary System	No	Add-On Code - This code must be billed with the appropriate primary procedure code
17340	Chemical treatment of acne	Integumentary	Destruction Procedures on the Integumentary System	Yes	None
17360	Chemical treatment of acne	Integumentary	Destruction Procedures on the Integumentary System	Yes	None
17380	Hair removal by electrolysis, each 30 minutes	Integumentary	Destruction Procedures on the Integumentary System	No	None

17999	Skin, mucus membrane and beneath the skin procedure	Integumentary	Destruction Procedures on the Integumentary System	Yes	None
19000	Aspiration of breast cyst	Integumentary	Surgical Procedures on the Breast	No	None
19001	Puncture aspiration of breast cyst	Integumentary	Surgical Procedures on the Breast	No	Add-On Code - This code must be billed with the appropriate primary procedure code
19020	Drainage of breast abscess	Integumentary	Surgical Procedures on the Breast	No	None
19030	Injection for X-ray imaging of breast duct	Integumentary	Surgical Procedures on the Breast	No	None
19081	Biopsy of breast accessed through the skin with stereotactic guidance	Integumentary	Surgical Procedures on the Breast	No	None
19082	Biopsy of breast accessed through the skin with stereotactic guidance	Integumentary	Surgical Procedures on the Breast	No	Add-On Code - This code must be billed with the appropriate primary procedure code
19083	Biopsy of breast accessed through the skin with ultrasound guidance	Integumentary	Surgical Procedures on the Breast	No	None
19084	Biopsy of breast accessed through the skin with ultrasound guidance	Integumentary	Surgical Procedures on the Breast	No	Add-On Code - This code must be billed with the appropriate primary procedure code
19085	Biopsy of breast accessed through the skin with MRI guidance	Integumentary	Surgical Procedures on the Breast	No	None
19086	Biopsy of breast accessed through the skin with MRI guidance	Integumentary	Surgical Procedures on the Breast	No	Add-On Code - This code must be billed with the appropriate primary procedure code
19100	Needle biopsy of breast	Integumentary	Surgical Procedures on the Breast	No	None
19101	Biopsy of breast, open procedure	Integumentary	Surgical Procedures on the Breast	No	None
19105	Freezing of breast growth using ultrasound guidance	Integumentary	Surgical Procedures on the Breast	No	None
19110	Exploration of breast nipple	Integumentary	Surgical Procedures on the Breast	No	None
19112	Removal of abnormal drainage of breast duct	Integumentary	Surgical Procedures on the Breast	No	None
19120	Removal of 1 or more breast growth, open procedure	Integumentary	Surgical Procedures on the Breast	No	None
19125	Removal of breast growth, open procedure	Integumentary	Surgical Procedures on the Breast	No	None
19126	Removal of growth of chest wall and ribs, open procedure	Integumentary	Surgical Procedures on the Breast	No	Add-On Code - This code must be billed with the appropriate primary procedure code

19260	Removal of growth of chest wall and ribs	Integumentary	Surgical Procedures on the Breast	No	AMA CodeTermed 1/1/2020, to report see 21601
19271	Removal of growth of chest wall and ribs	Integumentary	Surgical Procedures on the Breast	No	AMA CodeTermed 1/1/2020, to report see 21602
19272	Removal of growth and lymph nodes of chest wall and ribs	Integumentary	Surgical Procedures on the Breast	No	AMA CodeTermed 1/1/2020, to report see 21603
19281	Placement of breast localization devices accessed through the skin with mammographic guidance	Integumentary	Surgical Procedures on the Breast	No	None
19282	Placement of breast localization devices accessed through the skin with mammographic guidance	Integumentary	Surgical Procedures on the Breast	No	Add-On Code - This code must be billed with the appropriate primary procedure code
19283	Placement of breast localization devices accessed through the skin with stereotactic guidance	Integumentary	Surgical Procedures on the Breast	No	None
19284	Placement of breast localization devices accessed through the skin with stereotactic guidance	Integumentary	Surgical Procedures on the Breast	No	Add-On Code - This code must be billed with the appropriate primary procedure code
19285	Placement of breast localization devices accessed through the skin with ultrasound guidance	Integumentary	Surgical Procedures on the Breast	No	None
19286	Placement of breast localization devices accessed through the skin with ultrasound guidance	Integumentary	Surgical Procedures on the Breast	No	Add-On Code - This code must be billed with the appropriate primary procedure code
19287	Placement of breast localization devices accessed through the skin with MRI guidance	Integumentary	Surgical Procedures on the Breast	No	None
19288	Placement of breast localization devices accessed through the skin with MRI guidance	Integumentary	Surgical Procedures on the Breast	No	Add-On Code - This code must be billed with the appropriate primary procedure code
19294	Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (IORT) concurrent with partial mastectomy (List separately in addition to code for primary procedure)	Integumentary	Intoduction	No	None
19296	Insertion of catheter into breast for radiation therapy using imaging guidance	Integumentary	Surgical Procedures on the Breast	No	None
19297	Insertion of catheter into breast for radiation therapy concurrent with partial breast removal using imaging guidance	Integumentary	Surgical Procedures on the Breast	No	Add-On Code - This code must be billed with the appropriate primary procedure code
19298	Insertion of catheters into breast for radiation therapy with or after breast removal using imaging guidance	Integumentary	Surgical Procedures on the Breast	No	None
19300	Removal of extra breast tissue	Integumentary	Surgical Procedures on the Breast	Yes	No PA required for breast cancer related diagnoses
19301	Partial removal of breast	Integumentary	Surgical Procedures on the Breast	Yes	PA Effective 9/17/2019
19302	Partial removal of breast and underarm lymph nodes	Integumentary	Surgical Procedures on the Breast	Yes	No PA required for breast cancer related diagnoses PA Effective 9/17/2019

19303	Total removal of breast	Integumentary	Surgical Procedures on the Breast	Yes	Not covered for Gender Reassignment or services related to Gender Reassignment PA Effective 9/17/2019
19304	Removal of tumor and breast tissue, accessed beneath the skin	Integumentary	Surgical Procedures on the Breast	No	AMA CodeTermed 1/1/2020
19305	Removal of breast, lymph nodes, and muscle	Integumentary	Surgical Procedures on the Breast	Yes	No PA required for breast cancer related diagnoses PA Effective 9/17/2019
19306	Removal of breast, skin, lymph nodes, and chest muscles	Integumentary	Surgical Procedures on the Breast	Yes	No PA required for breast cancer related diagnoses
19307	Removal of breast and underarm lymph nodes	Integumentary	Surgical Procedures on the Breast	Yes	No PA required for breast cancer related diagnoses PA Effective 9/17/2019
19316	Enlargement of breast	Integumentary	Surgical Procedures on the Breast	Yes	PA required only for conditions unrelated to breast cancer
19318	Repositioning of breast on chest	Integumentary	Surgical Procedures on the Breast	Yes	PA required only for conditions unrelated to breast cancer
19324	Enlargement of breast	Integumentary	Surgical Procedures on the Breast	No	Code Termed 01/01/2021: see codes 15771-15772 - PA Effective 9/17/2019.
19325	Enlargement of breast with insertion of prosthetic implant	Integumentary	Surgical Procedures on the Breast	Yes	PA required only for conditions unrelated to breast cancer
19328	Removal of intact breast implant	Integumentary	Surgical Procedures on the Breast	Yes	PA Effective 9/17/2019
19330	Removal of mammary implant material	Integumentary	Surgical Procedures on the Breast	Yes	PA Effective 9/17/2019
19340	Insertion of breast prosthesis at time of breast repositioning, removal or reconstruction	Integumentary	Surgical Procedures on the Breast	Yes	PA Effective 9/17/2019
19342	Insertion of breast prosthesis following breast repositioning, removal or reconstruction	Integumentary	Surgical Procedures on the Breast	Yes	PA Effective 9/17/2019
19350	Reconstruction of nipple or area around nipple	Integumentary	Surgical Procedures on the Breast	Yes	Not covered for Gender Reassignment or services related to Gender Reassignment. PA Effective 9/17/2019.
19355	Correction of inverted nipples of breast	Integumentary	Surgical Procedures on the Breast	No	None
19357	Insertion of tissue expander in breast	Integumentary	Surgical Procedures on the Breast	Yes	PA Effective 9/17/2019
19361	Plastic surgery to reconstruct breast	Integumentary	Surgical Procedures on the Breast	Yes	PA Effective 9/17/2019
19364	Plastic surgery to reconstruct breast with muscle flap	Integumentary	Surgical Procedures on the Breast	Yes	None
19366	Plastic surgery to reconstruct breast	Integumentary	Surgical Procedures on the Breast	No	Code Termed 01/01/2021 - PA Effective 9/17/2019

19367	Plastic surgery to reconstruct breast with abdominal muscle flap	Integumentary	Surgical Procedures on the Breast	Yes	None
19368	Plastic surgery to reconstruct breast with muscle and blood vessel flap	Integumentary	Surgical Procedures on the Breast	Yes	None
19369	Plastic surgery to reconstruct breast with double abdominal muscle flap	Integumentary	Surgical Procedures on the Breast	Yes	None
19370	Incision of capsule surrounding breast with freeing of scar tissue, open procedure	Integumentary	Surgical Procedures on the Breast	Yes	PA Effective 9/17/2019
19371	Removal of capsule surrounding breast	Integumentary	Surgical Procedures on the Breast	Yes	PA Effective 9/17/2019
19380	Revision of reconstructed breast	Integumentary	Surgical Procedures on the Breast	Yes	PA Effective 9/17/2019
19396	Preparation of mold for custom breast implant	Integumentary	Surgical Procedures on the Breast	No	None
19499	Breast procedure	Integumentary	Surgical Procedures on the Breast	Yes	None
20005	Incision and drainage of soft tissue abscess	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	No	AMA Termed Code 1/01/2019
20100	Exploration of penetrating wound of neck	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	No	None
20101	Exploration of penetrating wound of chest	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	No	None
20102	Exploration of penetrating wound of abdomen, flank, or back	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	No	None
20103	Exploration of penetrating wound of arm or leg	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	No	None
20150	Removal of growth plate	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	No	None

20200	Biopsy of muscle	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	No	None
20205	Deep biopsy of muscle	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	No	None
20206	Needle biopsy of muscle, accessed through the skin	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	No	None
20220	Biopsy of bone using needle or trocar	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	No	None
20225	Deep biopsy of bone using needle or trocar	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	No	None
20240	Biopsy of bone, open procedure	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	No	None
20245	Biopsy of bone, open procedure	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	No	None
20250	Biopsy of spine bone at middle spinal column, open procedure	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	No	None
20251	Biopsy of spine bone at upper or lower spinal column, open procedure	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	No	None
20500	Injection for repair of abnormal muscle drainage tract	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	No	None

20501	Injection of abnormal muscle drainage tract for X-ray study	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	No	None
20520	Removal of foreign body in muscle or tendon	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	No	None
20525	Removal of deep foreign body in muscle or tendon	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	No	None
20526	Injection of carpal tunnel	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	No	None
20527	Injection of enzyme in palm tissue	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	No	None
20550	Injections of tendon sheath, ligament, or muscle membrane	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	No	None
20551	Injections of tendon attachment to bone	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	No	None
20552	Injections of trigger points in 1 or 2 muscles	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
20553	Injections of trigger points in 3 or more muscles	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)

20555	Insertion of needles or catheters into muscle and/or tissue for radiation therapy	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	No	None
20600	Aspiration and/or injection of small joint or joint capsule	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	No	None
20604	Aspiration and/or injection of small joint or joint capsule with recording and reporting using ultrasound guidance	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	No	None
20605	Aspiration and/or injection of medium joint or joint capsule	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	No	None
20606	Aspiration and/or injection of intermediate joint or joint capsule with recording and reporting using ultrasound guidance	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	No	None
20610	Aspiration and/or injection of large joint or joint capsule	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	No	None
20611	Aspiration and/or injection of major joint or joint capsule with recording and reporting using ultrasound guidance	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	No	None
20612	Aspiration and/or injection of cysts	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	No	None
20615	Aspiration and injection treatment of bone cyst	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	No	None
20650	Insertion and removal of wire or pin with bone traction	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	No	None

20660	Application of cranial tongs (stabilization device for skull)	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	No	None
20661	Application of cranial halo device (stabilization device for skull)	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	Yes	None
20662	Application of pelvic halo device (stabilization device for pelvis)	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	No	None
20663	Application of groin halo device (stabilization device for groin)	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	No	None
20664	Application of cranial halo (stabilization device for skull)	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	Yes	None
20665	Removal of cranial tongs or halo (stabilization device for skull)	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	No	None
20670	Removal of bone implant	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	Yes	PA Effective 9/17/2019
20680	Removal of deep bone implant	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	Yes	PA Effective 9/17/2019
20690	Application of uniplane external bone fixation on one arm or leg	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	Yes	PA Effective 9/17/2019
20692	Application of multiplane external bone fixation system on one arm or leg	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	Yes	PA Effective 9/17/2019

20693	Adjustment or revision of external bone fixation system under anesthesia	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	Yes	PA Effective 9/17/2019
20694	Removal of external bone fixation under anesthesia	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	Yes	PA Effective 9/17/2019
20696	Application of multiplane external bone fixation system on one arm or leg	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	No	None
20697	Application of multiplane external bone fixation system	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	No	None
20802	Replantation of amputated arm	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	Yes	None
20805	Replantation of amputated lower arm	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	Yes	None
20808	Replantation of amputated hand	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	Yes	None
20816	Replantation of amputated finger at junction of hand bone	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	Yes	None
20822	Replantation of amputated finger	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	No	None
20824	Replantation of amputated thumb	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	Yes	None

20827	Replantation of amputated thumb	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	Yes	None
20838	Replantation of amputated foot	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	Yes	None
20900	Small bone graft harvest	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	Yes	PA Effective 9/17/2019
20902	Bone graft harvest	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	Yes	PA Effective 9/17/2019
20910	Rib cartilage graft	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	No	None
20912	Nasal cartilage graft	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	Yes	PA Effective 9/17/2019
20920	Obtaining deep thigh tissue for graft using stripper	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	No	None
20922	Incision of deep thigh tissue for graft	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	No	None
20924	Tendon graft	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	Yes	PA Effective 9/17/2019
20926	Tissue graft	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	No	AMA CodeTermed 1/1/2020

20930	Donor bone graft for spine surgery	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	No	Covered benefit only for Qualified Medicare Beneficiaries
20931	Donor bone graft for spine surgery	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	No	Covered benefit only for Qualified Medicare Beneficiaries
20932	Donor bone and joint graft to joint surface and neighboring bone	Musculoskeletal	Grafts (Implants)	No	None
20933	Half-cylindrical donor bone graft	Musculoskeletal	Grafts (Implants)	No	None
20934	Cylindrical donor bone graft	Musculoskeletal	Grafts (Implants)	No	None
20936	Harvest of bone from same spine incision for graft	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	No	Covered benefit only for Qualified Medicare Beneficiaries
20937	Harvest of bone fragments for spine surgery graft	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	No	Covered benefit only for Qualified Medicare Beneficiaries
20938	Harvest of bone for spine surgery graft	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	No	Covered benefit only for Qualified Medicare Beneficiaries
20939	Bone marrow aspiration for bone grafting, spine surgery only, through separate skin or fascial incision (List separately in addition to code for primary procedure)	Musculoskeletal	Grafts (or Implants)	No	None
20950	Insertion of device to monitor muscle compartment fluid pressure	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	No	None
20955	Bone graft at lower leg with microvascular connection	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	Yes	None
20956	Bone graft of pelvic bone with microvascular connection	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	Yes	None

20957	Bone graft of foot bone with microvascular connection	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	Yes	None
20962	Bone graft with microvascular connection	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	Yes	None
20969	Placement of skin and bone flap with microvascular connection	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	Yes	None
20970	Placement of skin and bone flap to pelvic bone with microvascular connection	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	Yes	None
20972	Placement of skin and bone flap to foot with microvascular connection	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	No	None
20973	Placement of skin and bone flap to toe bone and web space with microvascular connection	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	No	None
20974	Placement of electrical bone healing device	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	No	Covered benefit only for Qualified Medicare Beneficiaries
20975	Invasive electrical stimulation to aid bone healing	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	No	None
20979	Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative)	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	Yes	None
20982	Destruction of 1 or more bone growths accessed through the skin	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	No	None

20983	Destruction of 1 or more bone growths, accessed through the skin	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	No	None
20985	Computer-assisted surgical navigational procedure for bone procedures	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	No	Add-On Code - This code must be billed with the appropriate primary procedure code
20999	Muscle and bone procedure	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	Yes	None
21010	Incision of jaw temporomandibular joint (TMJ)	Musculoskeletal	Surgical Procedures on the Head	No	None
21011	Removal of (less than 2 centimeter) tissue growth beneath the skin of face and scalp	Musculoskeletal	Surgical Procedures on the Head	Yes	PA Effective 9/17/2019
21012	Removal of (2 centimeters or greater) tissue growth beneath the skin of face and scalp	Musculoskeletal	Surgical Procedures on the Head	Yes	PA Effective 9/17/2019
21013	Removal of (less than 2 centimeters) muscle growth of face and scalp	Musculoskeletal	Surgical Procedures on the Head	Yes	PA Effective 9/17/2019
21014	Removal of (2 centimeters or greater) muscle growth of face and scalp	Musculoskeletal	Surgical Procedures on the Head	Yes	PA Effective 9/17/2019
21015	Removal of (less than 2 centimeters) soft tissue growth of face or scalp	Musculoskeletal	Surgical Procedures on the Head	No	None
21016	Removal of (2 centimeters or greater) soft tissue growth of face or scalp	Musculoskeletal	Surgical Procedures on the Head	No	None
21025	Removal of lower jaw bone	Musculoskeletal	Surgical Procedures on the Head	No	None
21026	Removal of facial bones	Musculoskeletal	Surgical Procedures on the Head	No	None
21029	Removal of facial bone growth	Musculoskeletal	Surgical Procedures on the Head	No	None
21030	Removal or scraping of upper jaw or cheek bone growth or cyst	Musculoskeletal	Surgical Procedures on the Head	No	None
21031	Removal of bony growth of jaw bone inside mouth	Musculoskeletal	Surgical Procedures on the Head	No	None
21032	Removal of bony growth of upper jaw bone inside mouth	Musculoskeletal	Surgical Procedures on the Head	No	None
21034	Removal of malignant growth of upper jaw or cheek bone	Musculoskeletal	Surgical Procedures on the Head	No	None

21040	Removal and/or scraping of lower jaw bone growth or cyst	Musculoskeletal	Surgical Procedures on the Head	No	None
21044	Removal of malignant growth of lower jaw bone	Musculoskeletal	Surgical Procedures on the Head	No	None
21045	Removal of malignant growth of jaw bone	Musculoskeletal	Surgical Procedures on the Head	Yes	None
21046	Oral removal of lower jaw bone growth or cyst	Musculoskeletal	Surgical Procedures on the Head	Yes	PA Effective 9/17/2019
21047	External removal of lower jaw bone growth or cyst	Musculoskeletal	Surgical Procedures on the Head	No	None
21048	Oral removal of upper jaw bone growth or cyst	Musculoskeletal	Surgical Procedures on the Head	Yes	PA Effective 9/17/2019
21049	External removal of upper jaw bone growth or cyst	Musculoskeletal	Surgical Procedures on the Head	No	None
21050	Removal of hinged joint of upper and lower jaw bones	Musculoskeletal	Surgical Procedures on the Head	No	None
21060	Removal of cartilage of hinged joint of upper and lower jaw bones	Musculoskeletal	Surgical Procedures on the Head	Yes	None
21070	Removal of diseased or fractured portion of lower jaw bone	Musculoskeletal	Surgical Procedures on the Head	No	None
21073	Manipulation of hinged joints of upper and lower jaw bones under anesthesia	Musculoskeletal	Surgical Procedures on the Head	No	None
21076	Impression and custom preparation of oral prosthesis for use during surgery	Musculoskeletal	Surgical Procedures on the Head	No	None
21077	Impression and preparation of eye socket prosthesis	Musculoskeletal	Surgical Procedures on the Head	No	None
21079	Impression and custom preparation of temporary oral prosthesis	Musculoskeletal	Surgical Procedures on the Head	No	None
21080	Impression and custom preparation of permanent oral prosthesis	Musculoskeletal	Surgical Procedures on the Head	No	None
21081	Impression and custom preparation of lower jaw bone prosthesis	Musculoskeletal	Surgical Procedures on the Head	No	None
21082	Impression and custom preparation of prosthesis for roof of mouth enlargement	Musculoskeletal	Surgical Procedures on the Head	No	None
21083	Impression and custom preparation of roof of mouth prosthesis	Musculoskeletal	Surgical Procedures on the Head	No	None
21084	Impression and custom preparation of speech aid prosthesis	Musculoskeletal	Surgical Procedures on the Head	No	None
21085	Impression and custom preparation of outer ear prosthesis	Musculoskeletal	Surgical Procedures on the Head	Yes	None

21086	Impression and custom preparation of outer ear prosthesis	Musculoskeletal	Surgical Procedures on the Head	No	None
21087	Impression and custom preparation of nasal prosthesis	Musculoskeletal	Surgical Procedures on the Head	No	None
21088	Impression and custom preparation of facial prosthesis	Musculoskeletal	Surgical Procedures on the Head	No	None
21089	Upper jaw and facial prosthesis procedure	Musculoskeletal	Surgical Procedures on the Head	Yes	None
21100	Application and removal of facial and cheek bone halo device	Musculoskeletal	Surgical Procedures on the Head	No	None
21110	Application and removal of dental fixation device	Musculoskeletal	Surgical Procedures on the Head	No	None
21116	Injection for X-ray imaging of hinged joint of upper and lower jaw bones	Musculoskeletal	Surgical Procedures on the Head	No	None
21120	Implantation of graft to enlarge chin bone	Musculoskeletal	Surgical Procedures on the Head	Yes	None
21121	Insertion of sliding bone graft to enlarge chin bone	Musculoskeletal	Surgical Procedures on the Head	Yes	None
21122	Insertion of sliding bone grafts to enlarge chin bone	Musculoskeletal	Surgical Procedures on the Head	Yes	None
21123	Insertion of sliding bone graft to enlarge chin bone	Musculoskeletal	Surgical Procedures on the Head	Yes	None
21125	Insertion of prosthetic material to enlarge lower jaw bone	Musculoskeletal	Surgical Procedures on the Head	Yes	None
21127	Insertion of bone grafts between portions of bone to enlarge lower jaw bone	Musculoskeletal	Surgical Procedures on the Head	Yes	None
21137	Repair of bony defect of forehead	Musculoskeletal	Surgical Procedures on the Head	Yes	None
21138	Repair of bony defect of forehead with insertion of prosthetic material	Musculoskeletal	Surgical Procedures on the Head	Yes	None
21139	Repair of frontal sinus through forehead	Musculoskeletal	Surgical Procedures on the Head	Yes	None
21141	Reconstruction of midface bones	Musculoskeletal	Surgical Procedures on the Head	Yes	None
21142	Reconstruction of midface bones	Musculoskeletal	Surgical Procedures on the Head	Yes	None
21143	Reconstruction of midface bones	Musculoskeletal	Surgical Procedures on the Head	Yes	None
21145	Reconstruction of midface bones with bone graft	Musculoskeletal	Surgical Procedures on the Head	Yes	None

21146	Reconstruction of midface bones with bone graft	Musculoskeletal	Surgical Procedures on the Head	Yes	None
21147	Reconstruction of midface bones with bone graft	Musculoskeletal	Surgical Procedures on the Head	Yes	None
21150	Reconstruction of midface bones	Musculoskeletal	Surgical Procedures on the Head	Yes	None
21151	Reconstruction of midface bones with bone graft	Musculoskeletal	Surgical Procedures on the Head	Yes	None
21154	Reconstruction of midface bones with bone graft	Musculoskeletal	Surgical Procedures on the Head	Yes	None
21155	Reconstruction of midface bones with bone graft	Musculoskeletal	Surgical Procedures on the Head	Yes	None
21159	Reconstruction of midface bones with bone graft	Musculoskeletal	Surgical Procedures on the Head	Yes	None
21160	Reconstruction of midface bones with bone graft	Musculoskeletal	Surgical Procedures on the Head	Yes	None
21172	Repair of bony defect of forehead and eye bones	Musculoskeletal	Surgical Procedures on the Head	Yes	None
21175	Repair of bony defect of lower forehead and both outer portions of eye bones	Musculoskeletal	Surgical Procedures on the Head	Yes	None
21179	Repair of bony defect of lower forehead and/or both upper portions of eye bones	Musculoskeletal	Surgical Procedures on the Head	Yes	None
21180	Reconstruction of forehead and/or eye bones	Musculoskeletal	Surgical Procedures on the Head	Yes	None
21181	Reconstruction of midface with bone graft	Musculoskeletal	Surgical Procedures on the Head	Yes	None
21182	Reconstruction of bony defect of skull, forehead, and both upper portions of eye bones with bone graft, total area of bone grafting less than 40 sq cm	Musculoskeletal	Surgical Procedures on the Head	Yes	None
21183	Reconstruction of bony defect of skull, forehead, and both upper portions of eye bones with bone graft, total area of bone grafting greater than 40 sq cm but less than 80 sq cm	Musculoskeletal	Surgical Procedures on the Head	Yes	None
21184	Reconstruction of bony defect of skull, forehead, and both upper portions of eye bones with bone graft, total area of bone grafting greater than 80 sq cm	Musculoskeletal	Surgical Procedures on the Head	Yes	None
21188	Repair of bony defect of midface through scalp, eyelid, and oral incisions with bone graft	Musculoskeletal	Surgical Procedures on the Head	Yes	None
21193	Reconstruction of jaw bone	Musculoskeletal	Surgical Procedures on the Head	Yes	None
21194	Reconstruction of jaw bones with bone graft	Musculoskeletal	Surgical Procedures on the Head	Yes	None

21195	Reconstruction of lower jaw bones	Musculoskeletal	Surgical Procedures on the Head	Yes	None
21196	Reconstruction of jaw bones with insertion of hardware	Musculoskeletal	Surgical Procedures on the Head	Yes	None
21198	Incision of lower jaw bone	Musculoskeletal	Surgical Procedures on the Head	Yes	None
21199	Incision of lower jaw bone with advancement of tongue muscle	Musculoskeletal	Surgical Procedures on the Head	Yes	None
21206	Incision and repositioning of cheek bone	Musculoskeletal	Surgical Procedures on the Head	Yes	None
21208	Incision and repair of bony defect of cheek bone with repositioning of bony segment	Musculoskeletal	Surgical Procedures on the Head	Yes	None
21209	Incision and repair of bony defect of cheek bone including bony segment reduction	Musculoskeletal	Surgical Procedures on the Head	Yes	None
21210	Repair of nasal or cheek bone with bone graft	Musculoskeletal	Surgical Procedures on the Head	Yes	None
21215	Repair of lower jaw bone with bone graft	Musculoskeletal	Surgical Procedures on the Head	Yes	None
21230	Harvest of rib cartilage for grafting	Musculoskeletal	Surgical Procedures on the Head	Yes	None
21235	Obtaining ear cartilage for grafting	Musculoskeletal	Surgical Procedures on the Head	Yes	None
21240	Repair of hinged joint of upper and lower jaw bones	Musculoskeletal	Surgical Procedures on the Head	Yes	None
21242	Repair of hinged joint of upper and lower jaw bones with donor graft	Musculoskeletal	Surgical Procedures on the Head	Yes	None
21243	Repair of hinged joint of upper and lower jaw bones with prosthesis	Musculoskeletal	Surgical Procedures on the Head	Yes	None
21244	Reconstruction of lower jaw bone with insertion of bone plate	Musculoskeletal	Surgical Procedures on the Head	Yes	None
21245	Partial repair of lower jaw or cheek bone with implant	Musculoskeletal	Surgical Procedures on the Head	Yes	None
21246	Reconstruction of lower jaw or cheek bone with implant	Musculoskeletal	Surgical Procedures on the Head	Yes	None
21247	Reconstruction of hinged joint of jaw bones with insertion of rib cartilage	Musculoskeletal	Surgical Procedures on the Head	Yes	None
21248	Partial reconstruction of lower jaw or cheek bone with insertion of implant	Musculoskeletal	Surgical Procedures on the Head	Yes	None
21249	Reconstruction of lower jaw or cheek bone with insertion of implant	Musculoskeletal	Surgical Procedures on the Head	Yes	None

21255	Reconstruction of cheek bone with bone graft	Musculoskeletal	Surgical Procedures on the Head	Yes	None
21256	Plastic reconstruction of eye socket bone	Musculoskeletal	Surgical Procedures on the Head	Yes	None
21260	Plastic repositioning of eye socket bones	Musculoskeletal	Surgical Procedures on the Head	Yes	None
21261	Repositioning of cheek bone prominence using prosthetic material	Musculoskeletal	Surgical Procedures on the Head	Yes	None
21263	Repositioning of cheek bone prominence with forehead advancement	Musculoskeletal	Surgical Procedures on the Head	Yes	None
21267	Plastic repositioning of eye socket bones on one side of the face with bone grafts, extracranial approach	Musculoskeletal	Surgical Procedures on the Head	Yes	None
21268	Plastic repositioning of eye socket bones on one side of the face with bone grafts, extracranial approach	Musculoskeletal	Surgical Procedures on the Head	Yes	None
21270	Insertion of prosthetic material to enlarge cheek bone	Musculoskeletal	Surgical Procedures on the Head	Yes	None
21275	Plastic revision of prior eye socket and facial bone repair	Musculoskeletal	Surgical Procedures on the Head	Yes	None
21280	Reattachment of nasal and eye socket ligament	Musculoskeletal	Surgical Procedures on the Head	Yes	None
21282	Reattachment of nasal and eye socket ligament	Musculoskeletal	Surgical Procedures on the Head	Yes	None
21295	Reduction of major chewing muscle	Musculoskeletal	Surgical Procedures on the Head	Yes	None
21296	Reduction through mouth of major chewing muscle	Musculoskeletal	Surgical Procedures on the Head	Yes	None
21299	Skull and face bone procedure	Musculoskeletal	Surgical Procedures on the Head	Yes	None
21310	Closed treatment of broken nasal bone	Musculoskeletal	Surgical Procedures on the Head	No	None
21315	Closed treatment of broken nasal bone	Musculoskeletal	Surgical Procedures on the Head	No	None
21320	Closed treatment of broken nasal bone with stabilization	Musculoskeletal	Surgical Procedures on the Head	No	None
21325	Open treatment of broken nasal bone	Musculoskeletal	Surgical Procedures on the Head	No	None
21330	Open treatment of broken nasal bone and/or insertion of hardware	Musculoskeletal	Surgical Procedures on the Head	No	None
21335	Open treatment of broken nasal bone and nasal cartilage	Musculoskeletal	Surgical Procedures on the Head	No	None

21336	Open treatment of tissue dividing nasal passages	Musculoskeletal	Surgical Procedures on the Head	No	None
21337	Closed treatment of nasal cartilage dividing nasal passages	Musculoskeletal	Surgical Procedures on the Head	No	None
21338	Open treatment of broken nasal and eye bones	Musculoskeletal	Surgical Procedures on the Head	No	None
21339	Open treatment of broken eye socket and nasal bones with external hardware	Musculoskeletal	Surgical Procedures on the Head	No	None
21340	Treatment of broken eye socket and nasal bones, accessed through the skin	Musculoskeletal	Surgical Procedures on the Head	No	None
21343	Open treatment of frontal sinus fracture	Musculoskeletal	Surgical Procedures on the Head	Yes	None
21344	Open treatment of depressed frontal sinus fracture	Musculoskeletal	Surgical Procedures on the Head	Yes	None
21345	Closed treatment of broken nasal and cheek bones with wiring or splinting of teeth	Musculoskeletal	Surgical Procedures on the Head	No	None
21346	Open treatment of broken nasal and cheek bones with wiring of teeth and/or insertion of hardware	Musculoskeletal	Surgical Procedures on the Head	No	None
21347	Open treatment of broken nasal and cheek bones	Musculoskeletal	Surgical Procedures on the Head	Yes	None
21348	Open treatment of broken nasal and cheek bones with bone grafting	Musculoskeletal	Surgical Procedures on the Head	Yes	None
21355	Treatment of broken lower and upper cheek bones with manipulation, accessed through the skin	Musculoskeletal	Surgical Procedures on the Head	No	None
21356	Open treatment of broken cheek bone	Musculoskeletal	Surgical Procedures on the Head	No	None
21360	Open treatment of broken cheek bone	Musculoskeletal	Surgical Procedures on the Head	No	None
21365	Open treatment of broken cheek bones with insertion of internal hardware	Musculoskeletal	Surgical Procedures on the Head	No	None
21366	Open treatment of broken cheek bones with bone grafting and insertion of internal hardware	Musculoskeletal	Surgical Procedures on the Head	Yes	None
21385	Open treatment of broken eye socket bone	Musculoskeletal	Surgical Procedures on the Head	No	None
21386	Open treatment of broken eye socket bone	Musculoskeletal	Surgical Procedures on the Head	No	None
21387	Open treatment of broken eye socket bone	Musculoskeletal	Surgical Procedures on the Head	No	None
21390	Open treatment of broken eye socket bone with implant	Musculoskeletal	Surgical Procedures on the Head	No	None

21395	Open treatment of broken eye socket bone with bone graft	Musculoskeletal	Surgical Procedures on the Head	No	None
21400	Closed treatment of broken eye socket bone	Musculoskeletal	Surgical Procedures on the Head	No	None
21401	Closed treatment of broken eye socket bone with manipulation	Musculoskeletal	Surgical Procedures on the Head	No	None
21406	Open treatment of broken eye socket bone	Musculoskeletal	Surgical Procedures on the Head	No	None
21407	Open treatment of broken eye socket bone with implant	Musculoskeletal	Surgical Procedures on the Head	No	None
21408	Open treatment of broken eye socket bone with bone graft	Musculoskeletal	Surgical Procedures on the Head	No	None
21421	Closed treatment of fracture at roof of mouth or cheek bone with insertion of hardware or oral splint	Musculoskeletal	Surgical Procedures on the Head	No	None
21422	Open treatment of fracture at roof of mouth or cheek bone	Musculoskeletal	Surgical Procedures on the Head	Yes	None
21423	Open treatment of fracture of roof of mouth or cheek bone	Musculoskeletal	Surgical Procedures on the Head	Yes	None
21431	Closed treatment of broken bones of cheek, nose or face with insertion of hardware or oral splint	Musculoskeletal	Surgical Procedures on the Head	Yes	None
21432	Open treatment of broken bones of face and head and/or insertion of hardware	Musculoskeletal	Surgical Procedures on the Head	Yes	None
21433	Open treatment of broken bones of face and head	Musculoskeletal	Surgical Procedures on the Head	Yes	None
21435	Open treatment of broken bones of face and head and/or insertion of hardware	Musculoskeletal	Surgical Procedures on the Head	Yes	None
21436	Open treatment of broken bones of face and head with insertion of hardware and bone graft	Musculoskeletal	Surgical Procedures on the Head	Yes	None
21440	Closed treatment of broken jaw or cheek bone	Musculoskeletal	Surgical Procedures on the Head	No	None
21445	Open treatment of broken jaw or cheek bone	Musculoskeletal	Surgical Procedures on the Head	No	None
21450	Closed treatment of broken jaw bone	Musculoskeletal	Surgical Procedures on the Head	No	None
21451	Closed treatment of broken jaw bone with manipulation	Musculoskeletal	Surgical Procedures on the Head	No	None
21452	Treatment of broken jaw bone with placement of external hardware, accessed through the skin	Musculoskeletal	Surgical Procedures on the Head	No	None
21453	Closed treatment of broken jaw bone with insertion of hardware or oral splint	Musculoskeletal	Surgical Procedures on the Head	No	None

21454	Open treatment of broken jaw bone with placement of external hardware	Musculoskeletal	Surgical Procedures on the Head	No	None
21461	Open treatment of broken jaw bone	Musculoskeletal	Surgical Procedures on the Head	No	None
21462	Open treatment of broken jaw bone with insertion of hardware or oral splint	Musculoskeletal	Surgical Procedures on the Head	No	None
21465	Open treatment of hinge of jaw bone fracture	Musculoskeletal	Surgical Procedures on the Head	No	None
21470	Open treatment for broken jaw bone with insertion of hardware and/or oral splint	Musculoskeletal	Surgical Procedures on the Head	No	None
21480	Closed treatment of jaw temporomandibular joint (TMJ) dislocation	Musculoskeletal	Surgical Procedures on the Head	No	None
21485	Closed treatment of jaw temporomandibular joint (TMJ) dislocation	Musculoskeletal	Surgical Procedures on the Head	No	None
21490	Open treatment of jaw temporomandibular joint (TMJ) dislocation	Musculoskeletal	Surgical Procedures on the Head	No	None
21495	TREAT HYOID BONE FRACTURE	Musculoskeletal	Surgical Procedures on the Head	No	AMA Deleted code Code invalid as of 1/1/2017 Check for Replacement code
21497	Wiring of jaw or oral splint to teeth	Musculoskeletal	Surgical Procedures on the Head	No	None
21499	Musculoskeletal procedure on head	Musculoskeletal	Surgical Procedures on the Head	Yes	None
21501	Incision and drainage of abscess or blood accumulation in soft tissues of neck or chest	Musculoskeletal	Surgical Procedures on the Neck (Soft Tissues) and Thorax	No	None
21502	Incision and drainage of abscess or blood accumulation in soft tissues of neck or chest with removal of rib	Musculoskeletal	Surgical Procedures on the Neck (Soft Tissues) and Thorax	No	None
21510	Incision of chest bone	Musculoskeletal	Surgical Procedures on the Neck (Soft Tissues) and Thorax	Yes	None
21550	Biopsy of soft tissue of neck or chest	Musculoskeletal	Surgical Procedures on the Neck (Soft Tissues) and Thorax	No	None
21552	Removal of (3 centimeters or greater) tissue growth beneath the skin of neck or front of chest	Musculoskeletal	Surgical Procedures on the Neck (Soft Tissues) and Thorax	No	None

21554	Removal of (5 centimeters or greater) muscle growth of neck or front of chest	Musculoskeletal	Surgical Procedures on the Neck (Soft Tissues) and Thorax	No	None
21555	Removal of (less than 3 centimeters) tissue growth beneath the skin of neck or front of chest	Musculoskeletal	Surgical Procedures on the Neck (Soft Tissues) and Thorax	No	None
21556	Removal of (less than 5 centimeters) muscle growth of neck or front of chest	Musculoskeletal	Surgical Procedures on the Neck (Soft Tissues) and Thorax	No	None
21557	Removal of (less than 5 centimeters) growth of neck or front of chest	Musculoskeletal	Surgical Procedures on the Neck (Soft Tissues) and Thorax	No	None
21558	Removal of (5 centimeters or greater) growth of neck or front of chest	Musculoskeletal	Surgical Procedures on the Neck (Soft Tissues) and Thorax	No	None
21600	Removal of rib	Musculoskeletal	Surgical Procedures on the Neck (Soft Tissues) and Thorax	No	None
21610	Removal of joint joining rib and spine bone	Musculoskeletal	Surgical Procedures on the Neck (Soft Tissues) and Thorax	No	None
21615	Removal of first and/or extra rib at neck	Musculoskeletal	Surgical Procedures on the Neck (Soft Tissues) and Thorax	Yes	None
21616	Removal of first and/or extra rib at neck with removal of sympathetic nerves	Musculoskeletal	Surgical Procedures on the Neck (Soft Tissues) and Thorax	Yes	None
21620	Partial removal of chest bone	Musculoskeletal	Surgical Procedures on the Neck (Soft Tissues) and Thorax	Yes	None
21627	Debridement of chest bone	Musculoskeletal	Surgical Procedures on the Neck (Soft Tissues) and Thorax	Yes	None
21630	Removal of chest bone	Musculoskeletal	Surgical Procedures on the Neck (Soft Tissues) and Thorax	Yes	None

21632	Removal of chest bone with removal of lymph nodes	Musculoskeletal	Surgical Procedures on the Neck (Soft Tissues) and Thorax	Yes	None
21685	Repositioning of bone between chin and thyroid	Musculoskeletal	Surgical Procedures on the Neck (Soft Tissues) and Thorax	No	None
21700	Removal of neck muscle with release of nerves	Musculoskeletal	Surgical Procedures on the Neck (Soft Tissues) and Thorax	No	None
21705	Removal of neck muscle and extra rib at neck with release of nerves	Musculoskeletal	Surgical Procedures on the Neck (Soft Tissues) and Thorax	Yes	None
21720	Release of tendons of neck muscle, open procedure	Musculoskeletal	Surgical Procedures on the Neck (Soft Tissues) and Thorax	No	None
21725	Release of tendons of neck muscle with cast application, open procedure	Musculoskeletal	Surgical Procedures on the Neck (Soft Tissues) and Thorax	No	None
21740	Repair of depression of breast bone, open procedure	Musculoskeletal	Surgical Procedures on the Neck (Soft Tissues) and Thorax	Yes	None
21742	Repair of depression of breast bone	Musculoskeletal	Surgical Procedures on the Neck (Soft Tissues) and Thorax	No	None
21743	Repair of breast bone depression using an endoscope	Musculoskeletal	Surgical Procedures on the Neck (Soft Tissues) and Thorax	No	None
21750	Repair of separation of chest bone	Musculoskeletal	Surgical Procedures on the Neck (Soft Tissues) and Thorax	Yes	None
21811	Open treatment of broken ribs with insertion of hardware	Musculoskeletal	Surgical Procedures on the Neck (Soft Tissues) and Thorax	No	None
21812	Open treatment of broken ribs with insertion of hardware	Musculoskeletal	Surgical Procedures on the Neck (Soft Tissues) and Thorax	No	None

21813	Open treatment of broken ribs with insertion of hardware	Musculoskeletal	Surgical Procedures on the Neck (Soft Tissues) and Thorax	No	None
21820	Closed treatment of broken chest bone	Musculoskeletal	Surgical Procedures on the Neck (Soft Tissues) and Thorax	No	None
21825	Open treatment of broken chest bone	Musculoskeletal	Surgical Procedures on the Neck (Soft Tissues) and Thorax	Yes	None
21899	Neck or chest procedure	Musculoskeletal	Surgical Procedures on the Neck (Soft Tissues) and Thorax	Yes	None
21920	Biopsy of tissue of back or flank	Musculoskeletal	Surgical Procedures on the Back and Flank	No	None
21925	Biopsy of tissue of back or flank	Musculoskeletal	Surgical Procedures on the Back and Flank	No	None
21930	Removal (less than 3 centimeters) tissue growth beneath the skin of back or flank	Musculoskeletal	Surgical Procedures on the Back and Flank	No	None
21931	Removal (3 centimeters or greater) tissue growth beneath the skin of back or flank	Musculoskeletal	Surgical Procedures on the Back and Flank	No	None
21932	Removal (less than 5 centimeters) muscle growth of back or flank	Musculoskeletal	Surgical Procedures on the Back and Flank	No	None
21933	Removal (5 centimeters or greater) muscle growth of back or flank	Musculoskeletal	Surgical Procedures on the Back and Flank	No	None
21935	Removal (less than 5 centimeters) tissue growth of back or flank	Musculoskeletal	Surgical Procedures on the Back and Flank	No	None
21936	Removal (5 centimeters or greater) tissue growth of back or flank	Musculoskeletal	Surgical Procedures on the Back and Flank	No	None
22010	Drainage of abscess of upper or middle spine, open chest procedure	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	None

22015	Drainage of abscess of lower spine or sacrum, open procedure	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	None
22100	Partial removal of spine bone and growth at upper spinal column	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
22101	Partial removal of spine bone and growth at middle spinal column	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
22102	Partial removal of spine bone and growth at lower spinal column	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
22103	Partial removal of spine bone and growth in spinal column	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	Add-On Code - Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
22110	Partial removal of spine bone and growth at upper spinal column	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)

22112	Partial removal of spine bone and growth at middle spinal column	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
22114	Partial removal of spine bone and growth at lower spinal column	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
22116	Partial removal of spine bone and growth in spinal column	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
22206	Incision of spine to correct deformity at middle spinal column	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
22207	Incision of spine to correct deformity at lower spinal column	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
22208	Incision of spine to correct deformity at middle or lower spinal column	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)

22210	Incision of spine to correct deformity at upper spinal column	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
22212	Incision of spine to correct deformity at middle spinal column	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
22214	Incision of spine to correct deformity at lower spinal column	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
22216	Incision of spine bone to correct spinal deformity of spinal column	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
22220	Incision of spine bone with removal of disc at upper spinal column	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
22222	Incision of spine bone with removal of disc at middle spinal column	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)

22224	Incision of spine bone with removal of disc material at lower spinal column	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
22226	Incision of spine bone with removal of disc in spinal column	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
22305	CLOSED TX SPINE PROCESS FX	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	No	AMA Deleted code Code invalid as of 1/1/2017 Check for Replacement code
22310	Closed treatment of broken spine bones with casting or bracing	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	No	None
22315	Closed treatment of broken and/or dislocated spine bones with casting and/or bracing with manipulation	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	No	None
22318	Open treatment of broken and/or dislocated upper spine bones	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	None
22319	Open treatment of broken and/or dislocated upper spine bones with bone graft	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	None

22325	Open treatment of broken and/or dislocated lower spine bones	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
22326	Open treatment of broken and/or dislocated upper spine bones	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
22327	Open treatment of broken and/or dislocated middle spine bones	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
22328	Open treatment of broken and/or dislocated spine bones	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
22505	Manipulation of spine under anesthesia	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
22510	Injection of bone cement into body of middle spine bone accessed through the skin using imaging guidance	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)

22511	Injection of bone cement into body of middle spine bone accessed through the skin using imaging guidance	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
22512	Injection of bone cement into body of middle or lower spine accessed through the skin using imaging guidance	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
22513	Injection of bone cement into body of middle spine bone accessed through the skin using imaging guidance	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
22514	Injection of bone cement into body of lower spine bone accessed through the skin using imaging guidance	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
22515	Injection of bone cement into body of middle or lower spine bone accessed through the skin using imaging guidance	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
22526	Removal of cartilage ring at spinal disc using fluoroscopic guidance, accessed through the skin	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	No	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)

22527	Removal cartilage ring at spinal disc using fluoroscopic guidance, accessed through the skin	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	No	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
22532	Fusion of middle spine bones with removal of disc, lateral approach	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
22533	Fusion of lower spine bones with removal of disc, lateral approach	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
22534	Fusion of middle or lower spine bones with removal of disc, lateral approach	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
22548	Fusion of spine bones at base of neck, oral approach	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
22551	Fusion of spine bones with removal of disc at upper spinal column, anterior approach	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)

22552	Fusion of spine bones with removal of disc at upper spinal column, anterior approach	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
22554	Fusion of spine bones with removal of disc at upper spinal column, anterior approach	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
22556	Fusion of middle spine bones with removal of disc, anterior approach	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
22558	Fusion of spine bones with removal of disc at lower spinal column, anterior approach	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
22585	Fusion of spine bones with removal of disc, anterior approach	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
22586	Fusion of spine bones with removal of disc at lower spinal column with posterior instrumentation and image guidance	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)

22590	Fusion of first two upper spine bones of spinal column, posterior approach	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
22595	Fusion of spine bones at skull base, posterior approach	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
22600	Fusion of upper spine bones, posterior or posterolateral approach	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
22610	Fusion of middle spine bones, posterior or posterolateral approach	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
22612	Fusion of lower spine bones, posterior or posterolateral approach	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
22614	Fusion of spine bones, posterior or posterolateral approach	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)

22630	Fusion of lower spine bones with removal of disc, posterior approach	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
22632	Fusion of lower spine bones with removal of disc, posterior approach	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
22633	Fusion of lower spine bones with removal of disc, posterior or posterolateral approach	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
22634	Fusion of lower spine bones with removal of disc, posterior or posterolateral approach	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	Add-On Code - Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
22800	Fusion of spine bones for correction of deformity, posterior approach, up to 6 vertebral segments	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
22802	Fusion of spine bones for correction of deformity, posterior approach, 7 to 12 vertebral segments	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)

22804	Fusion of spine bones for correction of deformity, posterior approach, 13 or more vertebral segments	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
22808	Fusion of spine bones for correction of deformity, anterior approach, 2 to 3 vertebral segments	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
22810	Fusion of spine bones for correction of deformity, anterior approach, 4 to 7 vertebral segments	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
22812	Fusion of spine bones for correction of deformity, anterior approach, 8 or more vertebral segments	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
22818	Fusion of spine bones for correction of hunchback deformity, single or 2 segments	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
22819	Fusion of spine bones for correction of hunchback deformity, 3 or more segments	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)

22830	Exploration of spinal fusion	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
22840	Insertion of posterior spinal instrumentation at base of neck for stabilization, 1 interspace	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	Add-On Code - Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
22841	Insertion of wires to spine bones	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
22842	Insertion of posterior spinal instrumentation for spinal stabilization, 3 to 6 vertebral segments	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	Add-On Code - Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
22843	Insertion of posterior spinal instrumentation for spinal stabilization, 7 to 12 vertebral segments	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
22844	Insertion of posterior spinal instrumentation for spinal stabilization, 13 or more vertebral segments	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)

22845	Insertion of anterior spinal instrumentation for spinal stabilization, 2 to 3 vertebral segments	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	Add-On Code - Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
22846	Insertion of anterior spinal instrumentation for spinal stabilization, 4 to 7 vertebral segments	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
22847	Insertion of anterior spinal instrumentation for spinal stabilization, 8 or more vertebral segments	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
22848	Insertion of instrumentation to pelvic bones	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
22849	Reinsertion of spinal fixation device	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
22850	Removal of posterior spinal instrumentation	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)

22851	APPLY SPINE PROSTH DEVICE	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	No	AMA Deleted code Code invalid as of 1/1/2017 Check for Replacement code
22852	Removal of posterior spinal instrumentation	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
22853	Insertion of device into intervertebral disc space of spine and fusion of vertebrae	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	Add-On Code - Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
22854	Insertion of device into gap left by removal of part of vertebra and fusion of vertebrae	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	Add-On Code - Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
22855	Removal of anterior spinal instrumentation	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
22856	Insertion of artificial upper spine disc, anterior approach	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).

22857	Insertion of artificial lower spine disc, anterior approach	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
22858	Insertion of artificial upper spine disc anterior approach	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	Add-On Code - Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
22859	Insertion of device into gap left by removal of part of vertebra	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	Add-On Code - Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
22861	Revision of artificial upper spine disc	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
22862	Revision of artificial lower spine disc	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
22864	Revision of artificial upper spine disc	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)

22865	Revision of artificial lower spine disc	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
22867	Insertion of stabilizing or separating device into lower spine at single level with open decompression	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	None
22868	Insertion of stabilizing or separating device into lower spine at additional level with open decompression	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	No	Add-On Code - This code must be billed with the appropriate primary procedure code
22869	Insertion of stabilizing or separating device into lower spine at single level	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	None
22870	Insertion of stabilizing or separating device into lower spine at second level	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	No	Add-On Code - This code must be billed with the appropriate primary procedure code
22899	Spine procedure	Musculoskeletal	Surgical Procedures on the Spine (Vertebral Column) Cervical, thoracic, and lumbar spine.	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
22900	Removal (less than 5 centimeters) muscle growth in abdominal wall	Musculoskeletal	Surgical Procedures on the Abdomen	Yes	PA Effective 9/17/2019
22901	Removal (5 centimeters or greater) muscle growth in abdominal wall	Musculoskeletal	Surgical Procedures on the Abdomen	Yes	PA Effective 9/17/2019
22902	Removal (less than 3 centimeters) tissue growth beneath the skin in abdominal wall	Musculoskeletal	Surgical Procedures on the Abdomen	No	None

22903	Removal (3 centimeters or greater) tissue growth beneath the skin in abdominal wall	Musculoskeletal	Surgical Procedures on the Abdomen	Yes	PA Effective 9/17/2019
22904	Removal (less than 5 centimeters) tissue growth in abdominal wall	Musculoskeletal	Surgical Procedures on the Abdomen	No	None
22905	Removal (5 centimeters or greater) tissue growth in abdominal wall	Musculoskeletal	Surgical Procedures on the Abdomen	Yes	PA Effective 9/17/2019
22999	Procedure on abdomen, muscle or bone	Musculoskeletal	Surgical Procedures on the Abdomen	Yes	None
23000	Removal of calcium deposits at rotator cuff tendons, open procedure	Musculoskeletal	Surgical Procedures on the Shoulder	No	None
23020	Severing of shoulder tendon to repair contracture	Musculoskeletal	Surgical Procedures on the Shoulder	No	None
23030	Drainage of abscess or blood accumulation in shoulder	Musculoskeletal	Surgical Procedures on the Shoulder	No	None
23031	Drainage of infected fluid-filled sac (bursa) of shoulder joint	Musculoskeletal	Surgical Procedures on the Shoulder	No	None
23035	Incision of bone of shoulder area	Musculoskeletal	Surgical Procedures on the Shoulder	No	None
23040	Incision to repair shoulder joint	Musculoskeletal	Surgical Procedures on the Shoulder	No	None
23044	Incision of to repair shoulder joint area	Musculoskeletal	Surgical Procedures on the Shoulder	Yes	PA Effective 9/17/2019
23065	Biopsy of tissue of shoulder area	Musculoskeletal	Surgical Procedures on the Shoulder	No	None
23066	Biopsy of tissue of shoulder area	Musculoskeletal	Surgical Procedures on the Shoulder	No	None
23071	Removal (3 centimeters or greater) tissue growth beneath the skin of shoulder area	Musculoskeletal	Surgical Procedures on the Shoulder	Yes	PA Effective 9/17/2019
23073	Removal (5 centimeters or greater) muscle growth of shoulder area	Musculoskeletal	Surgical Procedures on the Shoulder	Yes	PA Effective 9/17/2019
23075	Removal (less than 3 centimeters) tissue growth beneath the skin of shoulder area	Musculoskeletal	Surgical Procedures on the Shoulder	Yes	PA Effective 9/17/2019
23076	Removal (less than 5 centimeters) muscle growth of shoulder area	Musculoskeletal	Surgical Procedures on the Shoulder	Yes	PA Effective 9/17/2019
23077	Removal (less than 5 centimeters) tissue growth of shoulder area	Musculoskeletal	Surgical Procedures on the Shoulder	No	None
23078	Removal (5 centimeters or greater) tissue growth of shoulder area	Musculoskeletal	Surgical Procedures on the Shoulder	No	None
23100	Incision and biopsy of shoulder joint	Musculoskeletal	Surgical Procedures on the Shoulder	No	None

23101	Incision to repair joints between shoulder, chest and collar bones	Musculoskeletal	Surgical Procedures on the Shoulder	No	None
23105	Removal of shoulder joint lining	Musculoskeletal	Surgical Procedures on the Shoulder	No	None
23106	Removal of lining of joint between collar and chest bones	Musculoskeletal	Surgical Procedures on the Shoulder	No	None
23107	Exploration of shoulder joint	Musculoskeletal	Surgical Procedures on the Shoulder	No	None
23120	Partial removal of collar bone	Musculoskeletal	Surgical Procedures on the Shoulder	Yes	PA Effective 9/17/2019
23125	Removal of collar bone	Musculoskeletal	Surgical Procedures on the Shoulder	No	None
23130	Removal or repair of collar bone and shoulder blade joint	Musculoskeletal	Surgical Procedures on the Shoulder	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
23140	Removal of cyst or growth of collar bone or shoulder blade	Musculoskeletal	Surgical Procedures on the Shoulder	No	None
23145	Removal of cyst or growth of collar bone or shoulder blade with patient-derived bone graft	Musculoskeletal	Surgical Procedures on the Shoulder	No	None
23146	Removal of cyst or growth of collar bone or shoulder blade with donor bone graft	Musculoskeletal	Surgical Procedures on the Shoulder	No	None
23150	Removal of cyst or growth of upper arm bone	Musculoskeletal	Surgical Procedures on the Shoulder	No	None
23155	Removal of cyst or growth of upper arm bone with patient-derived bone graft	Musculoskeletal	Surgical Procedures on the Shoulder	No	None
23156	Removal of cyst or growth of upper arm bone with donor bone graft	Musculoskeletal	Surgical Procedures on the Shoulder	No	None
23170	Removal of dead collar bone	Musculoskeletal	Surgical Procedures on the Shoulder	No	None
23172	Removal of dead shoulder blade	Musculoskeletal	Surgical Procedures on the Shoulder	No	None
23174	Removal of dead upper arm bone	Musculoskeletal	Surgical Procedures on the Shoulder	No	None
23180	Partial removal of collar bone	Musculoskeletal	Surgical Procedures on the Shoulder	No	None
23182	Partial removal of shoulder blade	Musculoskeletal	Surgical Procedures on the Shoulder	No	None

23184	Partial removal of upper arm bone	Musculoskeletal	Surgical Procedures on the Shoulder	No	None
23190	Removal of portion of shoulder blade	Musculoskeletal	Surgical Procedures on the Shoulder	No	None
23195	Removal of shoulder blade	Musculoskeletal	Surgical Procedures on the Shoulder	No	None
23200	Removal of growth of collar bone	Musculoskeletal	Surgical Procedures on the Shoulder	Yes	None
23210	Removal of growth of shoulder blade	Musculoskeletal	Surgical Procedures on the Shoulder	Yes	None
23220	Removal of growth of upper arm bone	Musculoskeletal	Surgical Procedures on the Shoulder	Yes	None
23330	Removal of foreign body of shoulder joint, accessed beneath the skin	Musculoskeletal	Surgical Procedures on the Shoulder	No	None
23333	Removal of foreign body of shoulder joint, accessed beneath the tissue or muscle	Musculoskeletal	Surgical Procedures on the Shoulder	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
23334	Removal of prosthesis of shoulder	Musculoskeletal	Surgical Procedures on the Shoulder	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
23335	Removal of prosthesis of shoulder	Musculoskeletal	Surgical Procedures on the Shoulder	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
23350	Injection of dye for X-ray imaging of shoulder joint	Musculoskeletal	Surgical Procedures on the Shoulder	No	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).

23395	Relocation of muscle of shoulder or upper arm	Musculoskeletal	Surgical Procedures on the Shoulder	No	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
23397	Relocation of muscles of shoulder or upper arm	Musculoskeletal	Surgical Procedures on the Shoulder	No	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
23400	Reshaping and relocation of shoulder blade bone	Musculoskeletal	Surgical Procedures on the Shoulder	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
23405	Incision of shoulder tendon	Musculoskeletal	Surgical Procedures on the Shoulder	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
23406	Incision of shoulder tendons	Musculoskeletal	Surgical Procedures on the Shoulder	No	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
23410	Repair of torn tendons of shoulder, open procedure	Musculoskeletal	Surgical Procedures on the Shoulder	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)

23412	Repair of torn tendons of shoulder, open procedure	Musculoskeletal	Surgical Procedures on the Shoulder	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
23415	Release of collar bone and shoulder ligament	Musculoskeletal	Surgical Procedures on the Shoulder	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
23420	Repair of torn shoulder tendons	Musculoskeletal	Surgical Procedures on the Shoulder	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
23430	Anchoring of biceps tendon	Musculoskeletal	Surgical Procedures on the Shoulder	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
23440	Transplantation of biceps tendon	Musculoskeletal	Surgical Procedures on the Shoulder	No	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
23450	Reattachment of shoulder joint capsule	Musculoskeletal	Surgical Procedures on the Shoulder	No	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).

23455	Reattachment of shoulder joint capsule and cartilage	Musculoskeletal	Surgical Procedures on the Shoulder	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
23460	Reattachment of shoulder joint capsule and cartilage	Musculoskeletal	Surgical Procedures on the Shoulder	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
23462	Reattachment of shoulder joint capsule	Musculoskeletal	Surgical Procedures on the Shoulder	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
23465	Repair of shoulder joint	Musculoskeletal	Surgical Procedures on the Shoulder	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
23466	Repair of shoulder joint	Musculoskeletal	Surgical Procedures on the Shoulder	No	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
23470	Prosthetic repair of shoulder joint	Musculoskeletal	Surgical Procedures on the Shoulder	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).

23472	Prosthetic repair of shoulder joint	Musculoskeletal	Surgical Procedures on the Shoulder	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
23473	Revision of total shoulder repair	Musculoskeletal	Surgical Procedures on the Shoulder	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
23474	Revision of total shoulder repair	Musculoskeletal	Surgical Procedures on the Shoulder	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
23480	Incision to repair collar bone	Musculoskeletal	Surgical Procedures on the Shoulder	Yes	PA Effective 9/17/2019
23485	Incision to repair collar bone for nonunion of fracture with bone graft	Musculoskeletal	Surgical Procedures on the Shoulder	Yes	PA Effective 9/17/2019
23490	Stabilization of collar bone	Musculoskeletal	Surgical Procedures on the Shoulder	No	None
23491	Stabilization of upper arm bone	Musculoskeletal	Surgical Procedures on the Shoulder	No	None
23500	Closed treatment of collar bone fracture	Musculoskeletal	Surgical Procedures on the Shoulder	No	None
23505	Closed treatment of collar bone broken with manipulation	Musculoskeletal	Surgical Procedures on the Shoulder	No	None
23515	Open treatment of collar bone broken	Musculoskeletal	Surgical Procedures on the Shoulder	No	None
23520	Closed treatment of dislocation joint between collar and chest bones	Musculoskeletal	Surgical Procedures on the Shoulder	No	None
23525	Closed treatment of dislocation of joint between collar and chest bones with manipulation	Musculoskeletal	Surgical Procedures on the Shoulder	No	None
23530	Open treatment of dislocation of joint between collar and chest bones	Musculoskeletal	Surgical Procedures on the Shoulder	No	None

23532	Open treatment of dislocation of joint between collar and chest bones with graft	Musculoskeletal	Surgical Procedures on the Shoulder	No	None
23540	Closed treatment of collar bone and shoulder joint dislocation	Musculoskeletal	Surgical Procedures on the Shoulder	No	None
23545	Closed treatment of collar bone and shoulder joint dislocation with manipulation	Musculoskeletal	Surgical Procedures on the Shoulder	No	None
23550	Open treatment of collar bone and shoulder joint dislocation	Musculoskeletal	Surgical Procedures on the Shoulder	No	None
23552	Open treatment of collar bone and shoulder joint dislocation with tissue graft	Musculoskeletal	Surgical Procedures on the Shoulder	No	None
23570	Closed treatment of shoulder blade fracture	Musculoskeletal	Surgical Procedures on the Shoulder	No	None
23575	Closed treatment of broken shoulder blade with manipulation	Musculoskeletal	Surgical Procedures on the Shoulder	No	None
23585	Open treatment of broken shoulder blade	Musculoskeletal	Surgical Procedures on the Shoulder	No	None
23600	Closed treatment of upper arm fracture	Musculoskeletal	Surgical Procedures on the Shoulder	No	None
23605	Closed treatment of broken upper arm bone with manipulation	Musculoskeletal	Surgical Procedures on the Shoulder	No	None
23615	Open treatment of broken upper arm bone	Musculoskeletal	Surgical Procedures on the Shoulder	No	None
23616	Open treatment of broken upper arm bone with prosthetic replacement	Musculoskeletal	Surgical Procedures on the Shoulder	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
23620	Closed treatment of fracture of upper arm bone at shoulder joint	Musculoskeletal	Surgical Procedures on the Shoulder	No	None
23625	Closed treatment of broken upper arm bone at shoulder joint with manipulation	Musculoskeletal	Surgical Procedures on the Shoulder	No	None
23630	Open treatment of broken upper arm bone at shoulder joint	Musculoskeletal	Surgical Procedures on the Shoulder	No	None
23650	Closed treatment of shoulder dislocation with manipulation	Musculoskeletal	Surgical Procedures on the Shoulder	No	None
23655	Closed treatment of shoulder dislocation with manipulation under anesthesia	Musculoskeletal	Surgical Procedures on the Shoulder	No	None
23660	Open treatment of shoulder dislocation	Musculoskeletal	Surgical Procedures on the Shoulder	No	None

23665	Closed treatment of shoulder dislocation and broken of upper arm bone with manipulation	Musculoskeletal	Surgical Procedures on the Shoulder	No	None
23670	Open treatment of shoulder dislocation and broken upper arm bone	Musculoskeletal	Surgical Procedures on the Shoulder	No	None
23675	Closed treatment of shoulder dislocation and broken upper arm bone with manipulation	Musculoskeletal	Surgical Procedures on the Shoulder	No	None
23680	Open treatment of shoulder dislocation and broken upper arm bone	Musculoskeletal	Surgical Procedures on the Shoulder	No	None
23700	Manipulation of shoulder joint under anesthesia	Musculoskeletal	Surgical Procedures on the Shoulder	Yes	PA Effective 9/17/2019
23800	Fusion of bones of shoulder joint	Musculoskeletal	Surgical Procedures on the Shoulder	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
23802	Fusion of bones of shoulder joint with patient-derived bone graft	Musculoskeletal	Surgical Procedures on the Shoulder	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
23900	Amputation of entire arm with removal shoulder blade and a portion of collar bone	Musculoskeletal	Surgical Procedures on the Shoulder	Yes	None
23920	Removal of tendons, ligaments, and muscles of shoulder	Musculoskeletal	Surgical Procedures on the Shoulder	Yes	None
23921	Removal of tendons, ligaments, and muscles of shoulder	Musculoskeletal	Surgical Procedures on the Shoulder	No	None
23929	Shoulder procedure	Musculoskeletal	Surgical Procedures on the Shoulder	Yes	None
23930	Drainage of abscess or blood accumulation at upper arm or elbow	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None
23931	Drainage of fluid-filled sac (bursa) of upper arm or elbow	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None

23935	Incision of bone of upper arm or elbow	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None
24000	Incision of elbow with exploration, drainage, or removal of foreign body	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None
24006	Incision of elbow with removal of joint capsule	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None
24065	Biopsy of soft tissue of upper arm or elbow	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None
24066	Biopsy of soft tissue of upper arm or elbow	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None
24071	Removal (3 centimeters or greater) tissue growth beneath the skin of upper arm or elbow	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None
24073	Removal (5 centimeters or greater) muscle growth of upper arm or elbow	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None
24075	Removal (less than 3 centimeters) tissue growth beneath the skin of upper arm or elbow	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None
24076	Removal (less than 5 centimeters) muscle growth of upper arm or elbow	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None
24077	Removal (less than 5 centimeters) tissue growth of upper arm or elbow	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None
24079	Removal (5 centimeters or greater) tissue growth of upper arm or elbow	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None
24100	Incision of elbow with biopsy of joint lining	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None

24101	Incision and exploration of elbow joint	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None
24102	Removal of elbow joint lining	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None
24105	Removal of fluid-filled sac of elbow	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None
24110	Removal of upper arm bone cyst or growth	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None
24115	Removal of upper arm bone cyst or growth with patient-derived bone graft	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None
24116	Removal of upper arm bone cyst or growth	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None
24120	Removal of elbow or upper forearm bone cyst or growth	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None
24125	Removal of elbow or upper forearm bone cyst or growth with patient-derived bone graft	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None
24126	Removal of elbow or upper forearm bone cyst or growth with donor graft	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None
24130	Removal of forearm bone at elbow joint	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None
24134	Removal of dead upper arm bone	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None
24136	Removal of dead forearm bone at elbow joint	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None

24138	Removal of dead elbow bone	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None
24140	Partial removal of upper arm bone	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None
24145	Partial removal of forearm bone at elbow joint	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None
24147	Partial removal of elbow bone	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None
24149	Removal of elbow joint capsule and bone	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None
24150	Removal of upper arm bone growth	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None
24152	Removal of growth of forearm bone at elbow	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None
24155	Removal of elbow joint bones	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None
24160	Removal of elbow joint hardware	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
24164	Removal of hardware of forearm bone at elbow joint	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)

24200	Removal of foreign body of upper arm or elbow area, accessed beneath the skin	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None
24201	Removal of foreign body, upper arm or elbow area	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None
24220	Injection of dye for X-ray imaging of elbow joint	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None
24300	Manipulation of elbow under anesthesia	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None
24301	Relocation of muscle or tendon of upper arm or elbow	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None
24305	Lengthening of tendon of upper arm or elbow	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	Yes	PA Effective 9/17/2019
24310	Incision of tendon located from elbow to shoulder, open procedure	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None
24320	Relocation of forearm tendon and muscle	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None
24330	Relocation of forearm tendons	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None
24331	Relocation of forearm tendons	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None
24332	Release of scarring of upper arm tendon at shoulder joint	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None
24340	Anchoring of biceps tendon at elbow	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	Yes	PA Effective 9/17/2019

24341	Repair of tendon or muscle of upper arm or elbow	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	Yes	PA Effective 9/17/2019
24342	Reinsertion of torn biceps or triceps tendon at elbow	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	Yes	PA Effective 9/17/2019
24343	Repair of ligament at elbow	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	Yes	PA Effective 9/17/2019
24344	Repair of ligament at elbow	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	Yes	PA Effective 9/17/2019
24345	Repair of ligament at elbow	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	Yes	PA Effective 9/17/2019
24346	Repair of ligament at elbow	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None
24357	Incision of tendon to repair elbow joint, accessed through the skin	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	Yes	PA Effective 9/17/2019
24358	Removal of tissue and/or bone at elbow, open procedure	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	Yes	PA Effective 9/17/2019
24359	Removal of tissue and/or bone at elbow with tendon repair, open procedure	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	Yes	PA Effective 9/17/2019
24360	Repair of elbow joint	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)

24361	Repair of elbow joint	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
24362	Repair of elbow joint	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
24363	Prosthetic repair of elbow joint	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
24365	Repair of forearm bone at elbow	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
24366	Repair of forearm bone at elbow	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
24370	Revision of total elbow repair	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)

24371	Revision of total elbow repair	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
24400	Incision to repair upper arm bone	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None
24410	Repair of upper arm bone with rod insertion	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None
24420	Reconstruction of upper arm bone	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None
24430	Repair of non-healed upper arm bone	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None
24435	Repair of non-healed upper arm bone with graft	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None
24470	Repair of growth plates of upper arm bone	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None
24495	Incision of tissue of forearm muscle compartment with exploration of artery	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None
24498	Stabilization of upper arm bone with hardware	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None
24500	Closed treatment of upper arm fracture	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None
24505	Closed treatment of broken upper arm bone with manipulation	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None

24515	Open treatment of broken upper arm bone	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None
24516	Treatment of broken upper arm bone	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None
24530	Closed treatment of growth plate or broken upper arm bone at elbow	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None
24535	Closed treatment of growth plate or broken upper arm bone at elbow with manipulation	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None
24538	Insertion of hardware to growth plate or broken upper arm bone at elbow, accessed through the skin	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None
24545	Open treatment of growth plate or broken upper arm bone at elbow	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None
24546	Open treatment of growth plate or broken upper arm at elbow	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None
24560	Closed treatment of broken upper arm bone at shoulder	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None
24565	Closed treatment of broken upper arm bone at shoulder with manipulation	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None
24566	Insertion of hardware to broken upper arm bone at elbow with manipulation, accessed through the skin	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None
24575	Open treatment of broken upper arm bone at elbow	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None
24576	Closed treatment of broken upper arm bone at shoulder joint	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None

24577	Closed treatment of broken of upper arm bone at shoulder with manipulation	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None
24579	Open treatment of broken upper arm bone at shoulder	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None
24582	Insertion of hardware to broken upper arm bone at shoulder with manipulation, accessed through the skin	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None
24586	Open treatment of broken and/or dislocated upper or lower arm bones at elbow	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None
24587	Open treatment of broken and/or dislocated upper or lower arm bones at elbow with implant	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None
24600	Treatment of elbow dislocation	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None
24605	Treatment of dislocated elbow under anesthesia	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None
24615	Open treatment of dislocated elbow	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None
24620	Closed treatment of broken and dislocated forearm bones at elbow with manipulation	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None
24635	Open treatment of broken and dislocated forearm bones at elbow	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None
24640	Closed treatment of dislocated forearm bone of elbow, child	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None
24650	Closed treatment of broken forearm bone at elbow	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None

24655	Closed treatment of broken forearm bone at elbow with manipulation	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None
24665	Open treatment of broken forearm bone at elbow	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None
24666	Open treatment of broken forearm bone at elbow with prosthetic replacement	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None
24670	Closed treatment of broke forearm bone at elbow	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None
24675	Closed treatment of broken forearm bone at elbow with manipulation	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None
24685	Open treatment of broken forearm bone at elbow	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None
24800	Fusion of elbow joint	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None
24802	Fusion of elbow joint	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None
24900	Amputation at upper arm bone	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	Yes	None
24920	Amputation at upper arm bone, open procedure	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	Yes	None
24925	Revision of scar or wound closure of previous amputation at upper arm bone	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None
24930	Re-amputation of remaining arm at upper arm bone	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	Yes	None

24931	Amputation of arm at upper arm bone with implant	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	Yes	None
24935	Lengthening of amputation stump of arm	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	No	None
24940	Insertion of lever into muscle of amputation stump of arm	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	Yes	None
24999	Upper arm and elbow procedure	Musculoskeletal	Surgical Procedures on the Humerus (Upper Arm) and Elbow	Yes	None
25000	Incision to repair tendon covering at wrist	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25001	Incision to repair tendon covering at wrist	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25020	Incision of tissue of forearm and/or wrist muscle compartment	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25023	Incision of tissue of forearm and/or wrist muscle compartment with removal of muscle and/or nerve	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25024	Incision of tissue of forearm and/or wrist muscle compartment	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25025	Incision of tissue of forearm and/or wrist muscle compartment with removal of muscle and/or nerve	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25028	Drainage of abscess or blood accumulation at forearm and/or wrist	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25031	Drainage of infected fluid-filled sac (bursa) of forearm and/or wrist	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25035	Incision of forearm and/or wrist bone	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25040	Drainage or removal of foreign body of wrist joint	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None

25065	Biopsy of tissue of forearm and/or wrist	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25066	Biopsy of tissue of forearm and/or wrist	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25071	Removal (3 centimeters or greater) tissue growth beneath the skin at forearm and/or wrist	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25073	Removal (3 centimeters or greater) muscle growth at forearm and/or wrist	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25075	Removal (less than 3 centimeters) tissue growth beneath the skin at forearm and/or wrist	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25076	Removal (less than 3 centimeters) muscle growth at forearm and/or wrist	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25077	Removal (less than 3 centimeters) tissue growth at forearm and/or wrist	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25078	Removal (3 centimeters or greater) tissue growth at forearm and/or wrist	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25085	Incision to repair wrist joint	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	Yes	PA Effective 9/17/2019
25100	Incision of joint capsule of wrist	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25101	Incision and exploration of wrist joint	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	Yes	PA Effective 9/17/2019
25105	Incision to repair wrist joint	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	Yes	PA Effective 9/17/2019
25107	Incision to repair wrist joint with repair of cartilage	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	Yes	PA Effective 9/17/2019
25109	Removal of tendon of forearm and/or wrist	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25110	Removal of growth of tendon covering at forearm and/or wrist	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None

25111	Removal of cyst at wrist	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25112	Removal of cyst at wrist	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25115	Removal of fluid-filled sac (bursa) of wrist joint lining or forearm tendon	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25116	Removal of fluid-filled sac (bursa) of wrist joint lining or forearm tendon	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25118	Removal of lining of tendon covering of wrist	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	Yes	PA Effective 9/17/2019
25119	Removal of lining of tendon covering of wrist	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25120	Removal of forearm bone cyst or growth	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25125	Removal of forearm bone cyst or growth with patient-derived bone graft	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25126	Removal of forearm bone cyst or growth with donor bone graft	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25130	Removal of wrist bone cyst or growth	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25135	Removal of wrist bone cyst or growth with patient-derived bone graft	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25136	Removal of wrist bone cyst or growth with donor bone graft	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25145	Removal of dead forearm and/or wrist bone	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25150	Partial removal of forearm bone	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25151	Partial removal of forearm bone	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None

25170	Removal of forearm bone growth	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25210	Removal of wrist bone	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	Yes	PA Effective 9/17/2019
25215	Removal of multiple wrist bones	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	Yes	PA Effective 9/17/2019
25230	Partial removal of wrist bone	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	Yes	PA Effective 9/17/2019
25240	Partial removal of forearm bone	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25246	Injection of dye for X-ray imaging of wrist joint	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25248	Removal of foreign body of forearm or wrist	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25250	Removal of wrist prosthesis	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25251	Removal of wrist prosthesis	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25259	Manipulation of wrist under anesthesia	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25260	Repair of tendon or muscle of forearm and/or wrist	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25263	Repair of tendon or muscle of forearm and/or wrist	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25265	Repair of forearm and/or wrist tendon or muscle with graft	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25270	Repair of forearm and/or wrist tendon or muscle	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25272	Repair of forearm and/or wrist tendon or muscle	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None

25274	Repair of forearm and/or wrist tendon or muscle with graft	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25275	Repair of forearm and/or wrist tendon covering with graft	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25280	Lengthening or shortening of tendon of forearm and/or wrist	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25290	Incision of tendon of forearm and/or wrist, open procedure	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25295	Removal of scar tissue of tendon of forearm and/or wrist	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	Yes	PA Effective 9/17/2019
25300	Anchoring of tendon of fingers to wrist bone	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25301	Anchoring of tendon of fingers to wrist bone	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25310	Relocation of tendon of forearm and/or wrist	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	Yes	PA Effective 9/17/2019
25312	Relocation of tendon of forearm and/or wrist with grafts	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	Yes	PA Effective 9/17/2019
25315	Repair of tendon of forearm and/or wrist	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25316	Repair and relocation of tendons of forearm and/or wrist	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25320	Repair of wrist joint, open procedure	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	Yes	PA Effective 9/17/2019
25332	Repair of wrist joint	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).

25335	Advancement of tendons of outer forearm at wrist joint	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	Yes	PA Effective 9/17/2019
25337	Repair of tendons of outer forearm at wrist joint	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25350	Incision to repair forearm bone	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	Yes	PA Effective 9/17/2019
25355	Incision to repair forearm bone	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25360	Incision to repair forearm bone	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	Yes	PA Effective 9/17/2019
25365	Incision to repair forearm bone	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25370	Incision to repair forearm bone	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25375	Incision to repair both forearm bones	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25390	Shortening of one of the forearm bones	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	Yes	PA Effective 9/17/2019
25391	Lengthening of one of the forearm bones with patient-derived bone graft	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25392	Shortening of both bones of forearm	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25393	Lengthening of both bones of forearm with patient-derived bone graft	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25394	Shortening of bone of wrist	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25400	Repair non-healed fracture of forearm bone	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	Yes	PA Effective 9/17/2019
25405	Repair non-healed fracture of forearm bone with patient-derived bone graft	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	Yes	PA Effective 9/17/2019

25415	Repair non-healed fracture of forearm bones	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25420	Repair non-healed fracture of forearm bones with patient-derived bone graft	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25425	Repair of forearm bone	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25426	Repair of forearm bones	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25430	Insertion of vascular bone graft into wrist bone	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25431	Repair of non-healed wrist bone	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25440	Repair of non-healed wrist bone	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	Yes	PA Effective 9/17/2019
25441	Removal of forearm bone at wrist	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
25442	Removal of forearm bone at wrist	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
25443	Removal of wrist bone	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)

25444	Removal of wrist bone	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
25445	Removal of wrist bone	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
25446	Removal of forearm bone at wrist	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
25447	Removal of bone joints between wrist and fingers	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	Yes	PA Effective 9/17/2019
25449	Removal and reinsertion of implant at wrist joint	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25450	Stapling of growth plate of forearm bone at wrist	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25455	Stapling of growth plate of forearm bone at wrist	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25490	Stabilization of forearm bone	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25491	Stabilization of forearm bone	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25492	Stabilization of both forearm bones	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25500	Closed treatment of broken forearm bone	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None

25505	Closed treatment of broken forearm bone with manipulation	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25515	Open treatment of broken forearm bone	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25520	Closed treatment of broken forearm and dislocated wrist bones	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25525	Open treatment of broken forearm bone and closed treatment of joint dislocation	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25526	Open treatment of broken forearm bone	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25530	Closed treatment of broken forearm bone	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25535	Closed treatment of broken forearm bone with manipulation	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25545	Open treatment of broken forearm bone	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25560	Closed treatment of broken forearm bones	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25565	Closed treatment of broken forearm bones with manipulation	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25574	Open treatment of broken forearm bones	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25575	Open treatment of broken forearm bones	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25600	Closed treatment of broken forearm bones	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25605	Closed treatment of broken or growth plate separate of forearm bone at wrist with manipulation	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25606	Insertion of hardware to lower forearm bone broken or growth plate separation, accessed through the skin	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None

25607	Open treatment of broken of lower forearm bone or growth plate separation with insertion of hardware	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25608	Open treatment of broken of lower forearm or growth plate separation with insertion of hardware of 2 fragments	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25609	Open treatment of broken of lower forearm or growth plate separation with insertion of hardware 3 or more fragments	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25622	Closed treatment of broken wrist bone	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25624	Closed treatment of broken wrist bone with manipulation	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25628	Open treatment of broken wrist bone	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25630	Closed treatment of broken wrist bone	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25635	Closed treatment of broken wrist bone with manipulation	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25645	Open treatment of broken wrist bone	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25650	Closed treatment of broken forearm at wrist bone	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25651	Insertion of hardware broken bone of forearm at wrist, accessed through the skin	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25652	Open treatment of broken wrist	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25660	Closed treatment of dislocated wrist with manipulation	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25670	Open treatment of dislocated 1 or more wrist joint bones	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25671	Insertion of hardware to dislocated wrist, accessed through the skin	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None

25675	Closed treatment of dislocated wrist with manipulation	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25676	Open treatment of dislocated wrist joint	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25680	Closed treatment of dislocated wrist with manipulation	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25685	Open treatment of broken and dislocated wrist bone	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25690	Closed treatment of dislocated wrist bone with manipulation	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25695	Open treatment of dislocated wrist bone	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25800	Fusion of entire wrist joint	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
25805	Fusion of wrist joint with bone graft from wrist	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
25810	Fusion of wrist joint with graft from hip or other bone	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)

25820	Fusion of part of wrist joint	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
25825	Fusion of part of wrist joint with patient-derived bone graft	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
25830	Fusion of both forearm bones at wrist	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25900	Amputation through both bones of forearm	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	Yes	None
25905	Amputation through both bones of forearm, open procedure	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	Yes	None
25907	Revision of scar or wound closure of previous amputation through both bones of forearm	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25909	Re-amputation of remaining upper arm	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25915	Conversion of wrist amputation stump to grasping function	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	Yes	None
25920	Removal of tendons, ligaments, and muscles of wrist	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	Yes	None
25922	Removal of tendons, ligaments, and muscles of wrist	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25924	Removal of tendons, ligaments, and muscles of wrist with re-amputation of remaining arm	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	Yes	None
25927	Amputation of hand bone at wrist	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	Yes	None

25929	Revision of scar or wound closure of previous hand bone amputation	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25931	Re-amputation of remaining hand bone at wrist	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	No	None
25999	Lower arm or wrist procedure	Musculoskeletal	Surgical Procedures on the Forearm and Wrist	Yes	None
26010	Drainage of finger abscess	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26011	Drainage of finger abscess	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26020	Drainage of tendon of finger and/or palm	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26025	Drainage of fluid-filled sac (bursa) of palm	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26030	Drainage of multiple fluid-filled sacs (bursa) of palm	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26034	Incision of bone of hand or finger	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26035	Release of tissues of fingers and/or hand	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26037	Incision of tissues of hand	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26040	Release of tissues of palm, accessed through the skin	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26045	Partial release of tissues of palm, open procedure	Musculoskeletal	Surgical Procedures on the Hand and Fingers	Yes	PA Effective 9/17/2019
26055	Incision of tendon covering	Musculoskeletal	Surgical Procedures on the Hand and Fingers	Yes	PA Effective 9/17/2019
26060	Incision of finger tendon, accessed through the skin	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None

26070	Exploration, drainage, or removal of foreign body of wrist bone	Musculoskeletal	Surgical Procedures on the Hand and Fingers	Yes	PA Effective 9/17/2019
26075	Exploration, drainage, or removal of foreign body of hand joint	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26080	Exploration, drainage, or removal of foreign body of hand joint	Musculoskeletal	Surgical Procedures on the Hand and Fingers	Yes	PA Effective 9/17/2019
26100	Biopsy of wrist bone	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26105	Biopsy of hand joint	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26110	Biopsy of finger joint	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26111	Removal (1.5 centimeters or greater) tissue beneath the skin growth of hand or finger	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26113	Removal (1.5 centimeters or greater) muscle growth of hand or finger	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26115	Removal (less than 1.5 centimeters) tissue beneath the skin growth of hand or finger	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26116	Removal (less than 1.5 centimeters) muscle growth of hand or finger	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26117	Removal (less than 3 centimeters) tissue growth of hand or finger	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26118	Removal (3 centimeters or greater) tissue growth of hand or finger	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26121	Removal of tissue of palm	Musculoskeletal	Surgical Procedures on the Hand and Fingers	Yes	PA Effective 9/17/2019
26123	Removal of tissue of palm	Musculoskeletal	Surgical Procedures on the Hand and Fingers	Yes	PA Effective 9/17/2019
26125	Removal of tissue of palm	Musculoskeletal	Surgical Procedures on the Hand and Fingers	Yes	PA Effective 9/17/2019

26130	Repair of wrist joint	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26135	Repair of hand joint	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26140	Repair of finger joint	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26145	Repair of tendon, finger and/or hand	Musculoskeletal	Surgical Procedures on the Hand and Fingers	Yes	PA Effective 9/17/2019
26160	Removal of growth of tendon finger or hand	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26170	Removal of tendon of palm	Musculoskeletal	Surgical Procedures on the Hand and Fingers	Yes	PA Effective 9/17/2019
26180	Removal of tendon of finger	Musculoskeletal	Surgical Procedures on the Hand and Fingers	Yes	PA Effective 9/17/2019
26185	Removal of bone at base of thumb	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26200	Removal or scraping of hand bone cyst or growth	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26205	Removal or scraping of hand bone cyst or growth with graft	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26210	Removal or scraping of finger bone cyst or growth	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26215	Removal or scraping of finger bone cyst or growth with bone graft	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26230	Partial removal of hand bone	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26235	Partial removal of finger bone	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26236	Partial removal of finger bone	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None

26250	Removal of growth of hand	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26260	Removal of growth of finger joint	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26262	Removal of growth of finger	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26320	Removal of implant from finger or hand	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26340	Manipulation of finger joint under anesthesia	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26341	Manipulation of palm pretendinous cord following enzyme injection	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26350	Repair of finger tendon	Musculoskeletal	Surgical Procedures on the Hand and Fingers	Yes	PA Effective 9/17/2019
26352	Repair of finger tendon with graft	Musculoskeletal	Surgical Procedures on the Hand and Fingers	Yes	PA Effective 9/17/2019
26356	Repair of finger tendon	Musculoskeletal	Surgical Procedures on the Hand and Fingers	Yes	PA Effective 9/17/2019
26357	Repair of finger tendon	Musculoskeletal	Surgical Procedures on the Hand and Fingers	Yes	PA Effective 9/17/2019
26358	Repair of finger tendon with graft	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26370	Repair of finger tendon	Musculoskeletal	Surgical Procedures on the Hand and Fingers	Yes	PA Effective 9/17/2019
26372	Repair of finger tendon with graft	Musculoskeletal	Surgical Procedures on the Hand and Fingers	Yes	PA Effective 9/17/2019
26373	Repair of finger tendon	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26390	Repair of finger tendon	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None

26392	Removal of synthetic rod and insertion of tendon graft at hand or finger	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26410	Repair of hand tendon	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26412	Repair of hand tendon with graft	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26415	Removal of tendon in hand or finger with rod insertion	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26416	Removal of rod with tendon graft at hand or finger	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26418	Repair of finger tendon	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26420	Repair of finger tendon with graft	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26426	Repair of finger tendon using tissue	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26428	Repair of finger tendon with graft	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26432	Closed treatment of finger tendon	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26433	Repair of finger tendon	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26434	Repair of finger tendon with graft	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26437	Repair of finger tendon	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26440	Removal of scar tissue to release tendon of palm or finger	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26442	Removal of scar tissue to release tendon of palm and finger	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None

26445	Removal of scar tissue to release tendon of palm or finger	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26449	Removal of scar tissue from tendon of finger and forearm	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26450	Incision of tendon of palm, open procedure	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26455	Incision of tendon of finger, open procedure	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26460	Incision of tendon of hand or finger, open procedure	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26471	Anchoring of tendon to first joint of finger	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26474	Anchoring of tendon to third joint of finger	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26476	Lengthening of tendon of hand or finger	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26477	Shortening of tendon of hand or finger	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26478	Lengthening of tendon of hand or finger	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26479	Lengthening of tendon of hand or finger	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26480	Transplant of tendon of hand	Musculoskeletal	Surgical Procedures on the Hand and Fingers	Yes	PA Effective 9/17/2019
26483	Transplant of tendon of hand	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26485	Transplant of tendon to palm	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26489	Transplant of tendon to palm	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None

26490	Transplant of tendon to palm	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26492	Transplant of tendon to palm	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26494	Transplant of muscle to palm	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26496	Transplant of tendon thumb, palm, or wrist	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26497	Transplant of tendon to ring and small fingers	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26498	Transfer of tendon of hand, all four fingers	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26499	Correction of claw finger	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26500	Repair of tendon ligament	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26502	Repair of tendon ligament with tendon or tissue graft	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26508	Release of muscles of palm	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26510	Transfer of tendon	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26516	Repair of joint capsule of hand and finger	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26517	Repair of joint capsule of hand and finger	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26518	Repair of joint capsule of hand and finger	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26520	Removal of hand or finger joint capsule	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None

26525	Repair of joint capsule, hand and finger	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26530	Repair of joint of hand bone and finger	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26531	Repair of joint of hand bone and finger	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26535	Repair of finger joint	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26536	Repair of finger joint	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26540	Repair of ligament of hand or finger joint	Musculoskeletal	Surgical Procedures on the Hand and Fingers	Yes	PA Effective 9/17/2019
26541	Repair of ligament of hand or finger joint	Musculoskeletal	Surgical Procedures on the Hand and Fingers	Yes	PA Effective 9/17/2019
26542	Repair of ligament of hand or finger joint	Musculoskeletal	Surgical Procedures on the Hand and Fingers	Yes	PA Effective 9/17/2019
26545	Repair of ligament of hand or finger joint	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26546	Repair of non-healed hand or finger bone	Musculoskeletal	Surgical Procedures on the Hand and Fingers	Yes	PA Effective 9/17/2019
26548	Repair of floor of finger joint	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26550	Reconstruction of thumb	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26551	Transfer of great toe to hand	Musculoskeletal	Surgical Procedures on the Hand and Fingers	Yes	None
26553	Transfer of toe to hand	Musculoskeletal	Surgical Procedures on the Hand and Fingers	Yes	None
26554	Transfer of toe to hand	Musculoskeletal	Surgical Procedures on the Hand and Fingers	Yes	None

26555	Transfer of finger	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26556	Transfer of toe joint to finger	Musculoskeletal	Surgical Procedures on the Hand and Fingers	Yes	None
26560	Repair of webbed finger	Musculoskeletal	Surgical Procedures on the Hand and Fingers	Yes	PA Effective 9/17/2019
26561	Repair of webbed finger	Musculoskeletal	Surgical Procedures on the Hand and Fingers	Yes	PA Effective 9/17/2019
26562	Repair of webbed finger	Musculoskeletal	Surgical Procedures on the Hand and Fingers	Yes	PA Effective 9/17/2019
26565	Incision of bone of hand	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26567	Incision of finger	Musculoskeletal	Surgical Procedures on the Hand and Fingers	Yes	PA Effective 9/17/2019
26568	Lengthening of hand or finger bone	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26580	Repair of deformed hand	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26587	Removal of extra finger	Musculoskeletal	Surgical Procedures on the Hand and Fingers	Yes	PA Effective 9/17/2019
26590	Repair of abnormal finger	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26591	Repair of hand muscle	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26593	Release of hand muscle	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26596	Removal of constricting skin of finger	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26600	Closed treatment of fracture hand bone	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None

26605	Closed treatment of fracture of bone of hand with manipulation	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26607	Closed treatment of fracture of bone of hand with manipulation and external hardware	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26608	Insertion of hardware to broken finger, accessed through the skin	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26615	Open treatment of broken finger	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26641	Closed treatment of thumb dislocation with manipulation	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26645	Closed treatment of broken thumb with manipulation	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26650	Insertion of hardware to broken thumb with manipulation, accessed through the skin	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26665	Open treatment of broken thumb at wrist	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26670	Closed treatment of dislocated hand bone with manipulation	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26675	Closed treatment of dislocated hand bone under anesthesia	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26676	Insertion of hardware to dislocated hand bone at wrist joint with manipulation, accessed through the skin	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26685	Open treatment of dislocated wrist bone	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26686	Open treatment of dislocated wrist bone	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26700	Closed treatment of dislocated hand joint with manipulation	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26705	Closed treatment of dislocated hand joint with manipulation under anesthesia	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None

26706	Insertion of hardware to dislocated hand joint with manipulation, accessed through the skin	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26715	Open treatment of dislocated hand joint	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26720	Closed treatment of broken finger or thumb	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26725	Closed treatment of broken finger or thumb with manipulation	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26727	Insertion of hardware to broken finger or thumb with manipulation, accessed through the skin	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26735	Open treatment of broken finger	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26740	Closed treatment of broken hand or finger	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26742	Closed treatment of broken hand or finger with manipulation	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26746	Open treatment of broken hand or finger	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26750	Closed treatment of broken finger or thumb	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26755	Closed treatment of broken finger or thumb with manipulation	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26756	Insertion of hardware to broken finger or thumb, accessed through the skin	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26765	Open treatment of broken finger or thumb	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26770	Closed treatment of dislocated finger joint with manipulation	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26775	Closed treatment of dislocated finger joint with manipulation under anesthesia	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None

26776	Insertion of hardware to dislocated finger joint with manipulation, accessed through the skin	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26785	Open treatment of dislocated finger joint	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26820	Fusion of thumb	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26841	Fusion of thumb at wrist	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26842	Fusion of thumb at wrist with bone graft	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26843	Fusion of hand joint	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26844	Fusion of hand joint with bone graft	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26850	Fusion of finger joint	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26852	Fusion of finger joint with bone graft	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26860	Fusion of finger joint	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26861	Fusion of finger joint	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26862	Fusion of finger joint with bone graft	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26863	Fusion of finger joint with bone graft	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26910	Amputation of hand bone, finger, or thumb	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26951	Amputation of finger or thumb	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None

26952	Amputation of finger or thumb	Musculoskeletal	Surgical Procedures on the Hand and Fingers	No	None
26989	Hand or finger procedure	Musculoskeletal	Surgical Procedures on the Hand and Fingers	Yes	None
26990	Drainage of abscess or blood accumulation in pelvis or hip joint	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	No	None
26991	Incision of infected fluid-filled sac (bursa) of pelvis or hip joint	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	No	None
26992	Incision of pelvis and/or hip joint bone	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	Yes	None
27000	Incision of hip tendon, accessed through the skin	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	No	None
27001	Incision of hip tendon, open procedure	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	No	None
27003	Incision of hip tendon with removal of nerve, open procedure	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	No	None
27005	Incision of hip tendons, open procedure	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	Yes	None
27006	Incision of hip tendons, open procedure	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	No	None
27025	Incision of tissues of hip or thigh	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	Yes	None
27027	Incision of tissue of muscle compartments of one side of pelvis	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	No	None
27030	Incision of hip joint with drainage	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	Yes	None

27033	Incision of hip joint with exploration or removal of loose or foreign body	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
27035	Removal of hip or pelvic nerve	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	No	None
27036	Repair of hip joint capsule	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	Yes	None
27040	Biopsy of tissue of pelvis and hip	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	No	None
27041	Biopsy of tissue of pelvis and hip	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	No	None
27043	Removal (3 centimeters or greater) tissue growth beneath the skin of pelvis or hip	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	No	None
27045	Removal (5 centimeters or greater) muscle growth of pelvis or hip	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	No	None
27047	Removal (less than 3 centimeters) tissue growth of pelvis or hip	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	No	None
27048	Removal (less than 5 centimeters) muscle growth of pelvis or hip	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	No	None
27049	Removal of (less than 5 centimeters) tissue growth of pelvis or hip	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	No	None
27050	Biopsy of sacroiliac joint	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	No	None
27052	Biopsy of hip joint	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	No	None
27054	Removal of membrane covering hip joint	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	Yes	None

27057	Incision of tissue on one side of pelvic muscle compartment with removal of muscle	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	No	None
27059	Removal (5 centimeters or greater) tissue growth of pelvis or hip	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	No	None
27060	Removal of fluid-filled sac (bursa) of pelvis	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	No	None
27062	Removal of fluid-filled sac (bursa) or calcium deposit of pelvis	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	No	None
27065	Removal of bone cyst or growth of hip or pelvic bone	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	No	None
27066	Removal of bone cyst or growth of hip or pelvic bone	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	No	None
27067	Removal of bone cyst or growth of hip or pelvic bone with patient-derived bone graft	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	No	None
27070	Partial removal of hip or pelvic bone	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	Yes	None
27071	Partial removal of hip or pelvic bone	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	Yes	None
27075	Removal of growth or infected tissue of pelvic or pubic bone	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	Yes	None
27076	Removal of growth or infected tissue of pelvic or pubic bone	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	Yes	None
27077	Removal of infected tissue of pelvic or pubic bone	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	Yes	None
27078	Removal of growth or infected tissue of pelvic or pubic bone	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	Yes	None
27080	Removal of tailbone	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	No	None
27086	Removal of foreign body in tissue of pelvis or hip, accessed beneath the skin	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	No	None

27087	Removal of foreign body in tissue or muscle of pelvis or hip	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	No	None
27090	Removal of hip prosthesis	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
27091	Removal of hip prosthesis	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
27093	Injection of dye for X-ray imaging of hip joint	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	No	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
27095	Injection procedure for X-ray imaging of hip under anesthesia	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	No	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
27096	Injection procedure into sacroiliac joint for anesthetic or steroid	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).27096 and G0260 can be interchangeably. Authorization for G0260 also applies.

27097	Release of upper hamstring muscle	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	No	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
27098	Transfer of tendon to pelvic bone	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	No	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
27100	Transfer of muscle to thigh bone at hip joint	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	No	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
27105	Transfer of muscle to hip	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	No	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
27110	Transfer of muscle to thigh bone at hip joint	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	No	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
27111	Transfer of muscle to upper thigh bone	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	No	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)

27120	Repair of hip socket	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
27122	Repair of hip socket with removal of head of thigh bone	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
27125	Partial replacement of thigh bone at hip joint with prosthesis	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
27130	Replacement of thigh bone and hip joint prosthesis	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
27132	Replacement of thigh bone and hip joint prosthesis	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
27134	Revision of thigh bone and hip joint prosthesis	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)

27137	Revision of hip joint prosthesis	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
27138	Revision of thigh bone prosthesis	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
27140	Transfer of head of thigh bone	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	Yes	None
27146	Incision of pelvic bone	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	Yes	None
27147	Incision of pelvic bone with repair of hip joint dislocation, open procedure	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	Yes	None
27151	Incision of pelvic and thigh bone	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	Yes	None
27156	Incision of pelvic and thigh bone with repair of hip joint dislocation, open procedure	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	Yes	None
27158	Repair of pelvic bones on both sides	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	Yes	None
27161	Incision of upper thigh bone at hip joint	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	Yes	None
27165	Incision of upper thigh bone at hip joint	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	Yes	None
27170	Bone graft of upper thigh bone and hip joint	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	Yes	None
27175	Treatment of slipped growth plate at upper thigh bone	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	Yes	None

27176	Surgical treatment of growth plate at upper thigh bone	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	Yes	None
27177	Open treatment of growth plate at upper thigh bone with pinning or bone graft	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	Yes	None
27178	Open surgical treatment of growth plate at upper thigh bone with manipulation and pinning	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	Yes	None
27179	Open treatment of growth plate at upper thigh bone	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	Yes	None
27181	Open treatment of growth plate at upper thigh bone with insertion of hardware	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	Yes	None
27185	Removal of growth plate of upper thigh bone	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	Yes	None
27187	Preventive fixation of thigh bone	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	Yes	None
27193	TREAT PELVIC RING FRACTURE	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	No	AMA Deleted code Code invalid as of 1/1/2017 Check for Replacement code
27194	TREAT PELVIC RING FRACTURE	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	No	AMA Deleted code Code invalid as of 1/1/2017 Check for Replacement code
27197	Closed treatment of fracture and/or dislocation of pelvis and/or sacrum	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	No	None
27198	Closed treatment of fracture and/or dislocation of pelvis and/or sacrum with manipulation	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	No	None
27200	Closed treatment of broken tailbone	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	No	None
27202	Open treatment of broken tailbone	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	No	None
27215	Open treatment of broken bones on one side of pelvis	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	No	None
27216	Insertion of hardware to broken and/or dislocated bone on one side of pelvis, accessed through the skin	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	No	None

27217	Open treatment of fracture and/or dislocation on one side of pelvis	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	No	None
27218	Open treatment of fracture and/or dislocation on one side of pelvis	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	No	None
27220	Closed treatment of hip socket fractures	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	No	None
27222	Closed treatment of hip socket fractures with manipulation	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	Yes	None
27226	Open treatment of hip socket fracture with insertion of hardware	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	Yes	None
27227	Open treatment of hip socket fractures with insertion of hardware	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	Yes	None
27228	Open treatment of hip socket fractures with insertion of hardware	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	Yes	None
27230	Closed treatment of upper thigh bone fracture	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	No	None
27232	Closed treatment of thigh bone fracture with manipulation	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	Yes	None
27235	Insertion of hardware to broken thigh bone, accessed through the skin	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	No	None
27236	Open treatment of broken thigh bone with insertion of hardware or prosthetic replacement	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
27238	Closed treatment of fracture below neck of upper thigh bone	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	No	None
27240	Closed treatment of broken thigh bone with manipulation	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	Yes	None

27244	Surgical treatment of broken thigh bone	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	Yes	None
27245	Surgical treatment of broken thigh bone	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	Yes	None
27246	Closed treatment of broken thigh bone	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	No	None
27248	Open treatment of broken thigh bone	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	Yes	None
27250	Treatment of hip dislocation	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	No	None
27252	Closed treatment of hip dislocation under anesthesia	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	No	None
27253	Open treatment of traumatic hip dislocation	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	Yes	None
27254	Open treatment of fracture and traumatic dislocation of hip socket and thigh bone	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	Yes	None
27256	Treatment of spontaneous hip dislocation	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	No	None
27257	Treatment of spontaneous hip dislocation under anesthesia	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	No	None
27258	Open treatment of spontaneous hip dislocation	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	Yes	None
27259	Open treatment of spontaneous hip dislocation	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	Yes	None
27265	Closed treatment of dislocated hip prosthesis	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	No	None
27266	Closed treatment of dislocated hip prosthesis under anesthesia	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	No	None
27267	Closed treatment of broken thigh bone	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	No	None

27268	Closed treatment of fracture of upper portion and head of thigh bone with manipulation	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	Yes	None
27269	Open treatment of fracture of thigh bone	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	Yes	None
27275	Manipulation of hip joint under general anesthesia	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	No	None
27279	Fusion sacroiliac joint through the skin or minimally invasive using image guidance	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
27280	Fusion of sacroiliac joint obtaining bone graft open procedure	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
27282	Fusion of hip joint	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	Yes	None
27284	Fusion of hip joint	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	Yes	None
27286	Fusion of hip joint	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	Yes	None
27290	Amputation of pelvic structures	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	Yes	None
27295	Detachment of hip joint	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	Yes	None
27299	Pelvis or hip joint procedure	Musculoskeletal	Surgical Procedures on the Pelvis and Hip Joint	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).

27301	Drainage of abscess or blood collection at thigh or knee region	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	No	None
27303	Incision of bone of thigh or knee	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	Yes	None
27305	Removal of tissue at thigh or knee region, open procedure	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	No	None
27306	Incision of tendon of thigh or hamstring muscles, accessed through the skin	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	No	None
27307	Incision of multiple tendons of thigh or hamstring muscles, accessed through the skin	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	No	None
27310	Exploration, drainage, or removal of foreign body in knee joint	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	Yes	PA Effective 9/17/2019
27323	Biopsy of thigh or knee region tissue	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	No	None
27324	Biopsy of thigh or knee region tissue	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	No	None
27325	Removal of nerve of hamstring muscle	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	No	None
27326	Removal of nerve of calf muscle	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	No	None
27327	Removal (less than 3 centimeters) tissue growth beneath the skin of thigh or knee	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	No	None
27328	Removal (less than 5 centimeters) muscle growth of thigh or knee	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	No	None

27329	Removal (less than 5 centimeters) tissue growth of thigh or knee	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	No	None
27330	Biopsy of membrane covering knee joint	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	No	None
27331	Exploration, biopsy, or removal of loose or foreign body of knee	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	Yes	PA Effective 9/17/2019
27332	Removal of knee cartilage	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
27333	Removal of knee cartilage	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
27334	Removal of knee joint covering	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	Yes	PA Effective 9/17/2019
27335	Removal of knee joint covering	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	No	None
27337	Removal (3 centimeters or greater) tissue growth beneath the skin of thigh or knee	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	No	None
27339	Removal (5 centimeters or greater) muscle growth of thigh or knee	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	No	None
27340	Removal of fluid-filled sac (bursa) below knee joint	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	Yes	PA Effective 9/17/2019

27345	Removal of cyst of membrane covering behind knee joint	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	No	None
27347	Removal of growth of knee cartilage or capsule	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	Yes	PA Effective 9/17/2019
27350	Removal of knee cap	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	Yes	PA Effective 9/17/2019
27355	Removal or scraping of cyst or growth of thigh bone	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	No	None
27356	Removal or scraping of cyst or growth of thigh bone with donor bone graft	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	No	None
27357	Removal or scraping of cyst or growth of thigh bone with patient-derived bone graft	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	No	None
27358	Removal or scraping of cyst or growth of thigh bone with insertion of hardware	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	No	None
27360	Partial removal of bone of thigh and/or lower leg bones	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
27364	Removal (5 centimeters or greater) tissue growth of thigh or knee	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	No	None
27365	Removal of growth of thigh or knee bone	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	Yes	None
27369	Injection of contrast for imaging of knee joint	Musculoskeletal	Induction or Removal	Yes	None
27370	Injection of contrast for X-ray imaging of knee	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	No	AMA CodeTermed 01/01/2019 To Report See 20610-201611, 27369

27372	Removal of foreign body of thigh or knee	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	No	None
27380	Suture of tendon below knee	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	Yes	PA Effective 9/17/2019
27381	Suture of tendon below knee	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	Yes	PA Effective 9/17/2019
27385	Suture of ruptured muscle of thigh	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	Yes	PA Effective 9/17/2019
27386	Suture of ruptured muscle of thigh	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	Yes	PA Effective 9/17/2019
27390	Repair of hamstring tendon, open procedure	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	No	None
27391	Repair of multiple hamstring tendons, open procedure	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	No	None
27392	Repair of multiple hamstring tendons of both legs, open procedure	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	No	None
27393	Lengthening of hamstring tendon	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	Yes	PA Effective 9/17/2019
27394	Lengthening of multiple hamstring tendons in one leg	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	No	None
27395	Lengthening of multiple hamstring tendons in both legs	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	Yes	PA Effective 9/17/2019
27396	Transplant or transfer of thigh tendon	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	No	None

27397	Transplant or transfer of multiple thigh tendons	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	No	None
27400	Transfer of tendon or muscle in hamstring	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	No	None
27403	Incision and repair of knee cartilage	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
27405	Repair of torn collateral ligament and/or knee joint capsule	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
27407	Repair of torn cruciate ligament and/or knee joint capsule	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
27409	Repair of torn collateral and cruciate ligaments or knee joint capsule	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
27412	Implantation of patient's knee cartilage into knee joint	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).

27415	Implantation of donor cartilage cells into knee bone, open procedure	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
27416	Implantation of patient's knee cartilage cells into knee bone, open procedure	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
27418	Repair of upper end of shin bone at knee joint	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	Yes	PA Effective 9/17/2019
27420	Repair of dislocating knee cap	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	No	None
27422	Repair of dislocating knee cap	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	No	None
27424	Reconstruction of dislocating knee cap	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	No	None
27425	Release of ligaments of knee joint, open procedure	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	Yes	PA Effective 9/17/2019
27427	Reconstruction of knee joint ligaments	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	Yes	PA Effective 9/17/2019
27428	Reconstruction of knee joint ligaments, open procedure	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).

27429	Reconstruction of knee joint ligaments, open procedure	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
27430	Repair of muscle group above knee joint	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	No	None
27435	Incision of back portion of knee joint capsule	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	No	None
27437	Repair of knee cap	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
27438	Repair of knee cap with insertion of prosthesis	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
27440	Repair of knee joint	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
27441	Repair of knee joint	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)

27442	Repair of knee joint	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
27443	Repair of knee joint	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
27445	Repair of knee joint with hinged prosthesis	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
27446	Repair of knee joint	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
27447	Repair of knee joint	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
27448	Repair of thigh bone	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	Yes	None
27450	Repair of thigh bone with insertion of stabilizing fixation	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	Yes	None

27454	Repair of thigh bone with insertion of rod	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	Yes	None
27455	Incision or correction of deformity of upper shin bone (prior to growth plate closure)	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	Yes	None
27457	Incision or correction of deformity of upper shin bone (after growth plate closure)	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	Yes	None
27465	Shortening of thigh bone	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	Yes	None
27466	Lengthening of thigh bone	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	Yes	None
27468	Shortening and lengthening of thigh bone	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	Yes	None
27470	Repair of non-healed fracture of thigh bone	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	Yes	None
27472	Repair of non-healed fracture of thigh bone with patient-derived bone graft	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	Yes	None
27475	Removal of growth plate of lower end of thigh bone	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	Yes	PA Effective 9/17/2019
27477	Removal of growth plate of both leg bones	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	Yes	PA Effective 9/17/2019
27479	Removal of growth plate of leg and thigh bones	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	Yes	PA Effective 9/17/2019
27485	Removal of growth plate of leg or thigh bones	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	Yes	PA Effective 9/17/2019

27486	Revision of one component of total knee joint prosthesis	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
27487	Revision of lower thigh bone and both shin bone components of total knee joint prosthesis	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
27488	Removal of total knee joint prosthesis	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
27495	Strengthening of thigh bone	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	Yes	None
27496	Incision of tissue of thigh and/or knee muscle compartment	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	No	None
27497	Incision of tissue of thigh and/or knee muscle compartment with removal of muscle and/or nerve	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	No	None
27498	Incision of tissue of multiple thigh and/or knee muscle compartments	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	No	None
27499	Incision of tissue of multiple thigh and/or knee muscle compartments with removal of muscle and/or nerve	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	No	None
27500	Closed treatment of thigh bone fracture	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	No	None

27501	Closed treatment of broken thigh bone	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	No	None
27502	Closed treatment of broken thigh bone with manipulation	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	No	None
27503	Closed treatment of broken thigh bone with manipulation	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	No	None
27506	Open treatment of broken thigh bone	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	Yes	None
27507	Open treatment of broken thigh bone	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	Yes	None
27508	Closed treatment of broken thigh bone	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	No	None
27509	Insertion of hardware to stabilize broken thigh bone or separated growth plate, accessed through the skin	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	No	None
27510	Closed treatment of broken thigh bone with manipulation	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	No	None
27511	Open treatment of broken thigh bone	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	Yes	None
27513	Open treatment of broken thigh bone	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	Yes	None
27514	Open treatment of broken thigh bone	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	Yes	None
27516	Closed treatment of growth plate separation at end of thigh bone	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	No	None

27517	Closed treatment of growth plate separation at end of thigh bone with manipulation	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	No	None
27519	Open treatment of growth plate separation at end of thigh bone	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	Yes	None
27520	Closed treatment of knee cap fracture	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	No	None
27524	Open treatment of knee cap fracture with insertion of hardware and/or removal of knee cap	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	No	None
27530	Closed treatment of fracture of shin bone	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	No	None
27532	Closed treatment of fracture of shin bone with traction	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	No	None
27535	Open treatment of broken shin bone	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	Yes	None
27536	Open treatment of broken shin bone	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	Yes	None
27538	Closed treatment of broken shin bones	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	No	None
27540	Open treatment of broken shin bones	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	Yes	None
27550	Closed treatment of knee dislocation	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	No	None
27552	Closed treatment of knee dislocation under anesthesia	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	No	None

27556	Open treatment of knee dislocation	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	Yes	None
27557	Open treatment of knee dislocation	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	Yes	None
27558	Open treatment of knee dislocation	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	Yes	None
27560	Closed treatment of dislocation of knee cap	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	No	None
27562	Closed treatment of knee cap dislocation under anesthesia	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	No	None
27566	Open treatment of knee cap dislocation	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	No	None
27570	Alignment of knee joint under anesthesia	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	No	None
27580	Fusion of knee	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	Yes	None
27590	Amputation of thigh through thigh bone	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	Yes	None
27591	Amputation of thigh through thigh bone	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	Yes	None
27592	Amputation of thigh through thigh bone, open procedure	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	Yes	None
27594	Amputation of thigh through thigh bone	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	No	None

27596	Re-amputation of thigh through thigh bone	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	Yes	None
27598	Detachment of knee	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	Yes	None
27599	Thigh or knee procedure	Musculoskeletal	Surgical Procedures on the Femur (Thigh Region) and Knee Joint	Yes	Unlisted, miscellaneous code, PA required
27600	Incision of tissue of front and/or lateral muscle compartments of lower leg	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	No	None
27601	Incision of tissue of rear muscle compartments of lower leg	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	No	None
27602	Incision of tissue of front and/or lateral and rear muscle compartments of lower leg	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	No	None
27603	Drainage of abscess or blood collection at lower leg or ankle	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	No	None
27604	Drainage of infected fluid-filled sac (bursa) of leg or ankle	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	No	None
27605	Incision of Achilles tendon, accessed through the skin using local anesthetic	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	No	None
27606	Incision of Achilles tendon, accessed through the skin requiring general anesthesia	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	No	None

27607	Incision of bone of leg or ankle	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	No	None
27610	Exploration, drainage, or removal of foreign body of ankle	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	No	None
27612	Release of ankle joint capsule	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	No	None
27613	Biopsy of soft tissue of leg or ankle	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	No	None
27614	Biopsy of tissue or muscle of lower leg or ankle	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	No	None
27615	Removal (less than 5 centimeters) tissue growth of leg or ankle	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	No	None
27616	Removal (5 centimeters or greater) tissue growth of leg or ankle	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	No	None
27618	Removal (less than 3 centimeters) tissue growth beneath the skin of leg or ankle	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	No	None
27619	Removal of (less than 5 centimeters) muscle growth of leg or ankle	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	No	None
27620	Exploration of ankle joint	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	Yes	PA Effective 9/17/2019

27625	Removal of membrane covering of ankle joint	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	Yes	PA Effective 9/17/2019
27626	Removal of membrane covering ankle joint and tendon	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	Yes	PA Effective 9/17/2019
27630	Removal of growth of leg and/or ankle tendon lining or capsule	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	No	None
27632	Removal (3 centimeters or greater) tissue growth beneath the skin of leg or ankle	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	No	None
27634	Removal (5 centimeters or greater) muscle growth of leg or ankle	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	No	None
27635	Removal or scraping of cyst or growth of either bone of lower leg	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	No	None
27637	Removal or scraping of cyst or growth of either bone of lower leg with patient-derived bone graft	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	No	None
27638	Removal or scraping of cyst or growth of either bone of lower leg with donor bone graft	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	No	None
27640	Partial removal of shin bone	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	No	None
27641	Partial removal of leg bone	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	No	None

27645	Removal of growth of shin bone	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	Yes	None
27646	Removal of leg bone growth	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	Yes	None
27647	Removal of heel bone growth	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	No	None
27648	Injection for X-ray imaging of ankle	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	No	None
27650	Repair of ruptured Achilles tendon, open or through skin procedure	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	No	None
27652	Repair of ruptured Achilles tendon with graft, open or through skin procedure	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	No	None
27654	Repair of ruptured Achilles tendon	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	No	None
27656	Repair of leg tissue defect	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	No	None
27658	Repair of leg tendon	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	Yes	PA Effective 9/17/2019
27659	Repair of leg tendon	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	Yes	PA Effective 9/17/2019

27664	Repair of leg tendon	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	Yes	PA Effective 9/17/2019
27665	Repair of leg tendon	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	No	None
27675	Repair of dislocating lower leg tendons	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	No	None
27676	Repair of dislocating lower leg tendons	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	No	None
27680	Release of leg and/or ankle tendon	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	No	None
27681	Release of multiple tendons of leg and/or ankle	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	No	None
27685	Lengthening or shortening of tendon of leg or ankle	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	Yes	PA Effective 9/17/2019
27686	Lengthening or shortening of multiple tendons of leg or ankle	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	No	None
27687	Lengthening of calf muscle	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	Yes	PA Effective 9/17/2019
27690	Transplant of tendon and muscle rerouting at lower leg or ankle	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	Yes	PA Effective 9/17/2019

27691	Transplant of deep tendon with muscle rerouting at lower leg or ankle	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	Yes	PA Effective 9/17/2019
27692	Transplant of tendon and muscle rerouting at lower leg or ankle	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	No	None
27695	Repair of disrupted collateral ligament of ankle	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	Yes	PA Effective 9/17/2019
27696	Repair of disruption of both collateral ligaments of ankle	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	Yes	PA Effective 9/17/2019
27698	Repair of disrupted collateral ligament of ankle	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	Yes	PA Effective 9/17/2019
27700	Repair of ankle joint	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
27702	Repair of ankle joint with prosthesis	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
27703	Repair of ankle joint with revision of prosthesis	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)

27704	Removal of ankle implant	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
27705	Incision of shin bone	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	Yes	PA Effective 9/17/2019
27707	Incision of leg bone	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	Yes	PA Effective 9/17/2019
27709	Incision of shin and outer lower leg bones	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	Yes	PA Effective 9/17/2019
27712	Insertion of rod in shin bone	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	Yes	None
27715	Lengthening or shortening of lower leg bones	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	Yes	None
27720	Repair of non-healed fracture of shin bone	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	Yes	PA Effective 9/17/2019
27722	Repair of non-healed shin bone with shin bone graft	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	No	None
27724	Repair of non-healed shin bone with graft from hip or other bone	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	Yes	PA Effective 9/17/2019

27725	Union of lower leg bones to repair non-healed bone	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	Yes	None
27726	Repair of non-healed shin bone with insertion of hardware	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	Yes	PA Effective 9/17/2019
27727	Repair of congenital nonunion of shin bone	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	Yes	None
27730	Scraping or stapling of shin bone growth plate, open procedure	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	No	None
27732	Scraping or stapling of leg bone growth plate, open procedure	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	No	None
27734	Scraping or stapling of growth plates of leg bones, open procedure	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	Yes	PA Effective 9/17/2019
27740	Scraping or stapling of growth plates at upper and lower leg bones	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	No	None
27742	Scraping or stapling of growth plates at lower thigh bone and upper and lower leg bones	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	No	None
27745	Insertion of hardware to shin bone	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	No	None
27750	Closed treatment of broken shin bone	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	No	None

27752	Closed treatment of broken shin bone with manipulation	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	No	None
27756	Insertion of fixation to broken shin bone, accessed through the skin	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	No	None
27758	Open treatment of broken shin bone with plate or screws	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	No	None
27759	Treatment of broken shin bone	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	No	None
27760	Closed treatment of broken ankle	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	No	None
27762	Closed treatment of broken ankle with manipulation	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	No	None
27766	Open treatment of broken ankle	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	No	None
27767	Closed treatment of broken ankle	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	No	None
27768	Closed treatment of broken ankle with manipulation	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	No	None
27769	Open treatment of broken ankle	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	No	None

27780	Closed treatment of broken ankle	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	No	None
27781	Closed treatment of broken ankle with manipulation	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	No	None
27784	Open treatment of broken ankle	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	No	None
27786	Closed treatment of broken ankle	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	No	None
27788	Closed treatment of broken ankle with manipulation	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	No	None
27792	Open treatment of broken ankle	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	No	None
27808	Closed treatment of broken ankle	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	No	None
27810	Closed treatment of broken ankle with manipulation	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	No	None
27814	Open treatment of broken ankle	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	No	None
27816	Closed treatment of broken ankle	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	No	None

27818	Closed treatment of broken ankle with manipulation	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	No	None
27822	Open treatment of broken ankle	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	No	None
27823	Open treatment of broken ankle	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	No	None
27824	Closed treatment of fracture of lower weight bearing joint of shin bone	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	No	None
27825	Closed treatment of fracture of lower weight bearing joint of shin bone with traction and/or manipulation	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	No	None
27826	Open treatment of fracture of lower weight bearing joint of fibula (smaller lower leg bone)	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	No	None
27827	Open treatment of fracture of lower weight bearing joint of shin bone	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	No	None
27828	Open treatment of fracture of lower weight bearing joint of both lower leg bones	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	No	None
27829	Open treatment of ligament tear at ankle joint	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	No	None
27830	Closed treatment of knee joint dislocation	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	No	None

27831	Closed treatment of knee joint dislocation under anesthesia	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	No	None
27832	Open treatment of knee joint dislocation	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	No	None
27840	Closed treatment of ankle dislocation	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	No	None
27842	Closed treatment of ankle dislocation under anesthesia	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	No	None
27846	Open treatment of ankle dislocation	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	No	None
27848	Open treatment of ankle dislocation with repair or internal or external hardware	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	No	None
27860	Manipulation of ankle under general anesthesia	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	No	None
27870	Fusion of ankle joint, open procedure	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
27871	Fusion of foreleg bones at knee or ankle joint	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	No	None

27880	Amputation of both lower leg bones	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	Yes	None
27881	Amputation of leg	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	Yes	None
27882	Amputation of leg, open procedure	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	Yes	None
27884	Amputation of leg	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	No	None
27886	Re-amputation of leg	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	Yes	None
27888	Amputation of foot at ankle	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	Yes	None
27889	Amputation of foot at ankle	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	No	None
27892	Incision of tissue of front and/or lateral muscle compartments of lower leg with removal of muscle and/or nerve	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	No	None
27893	Incision of tissue of rear muscle compartments of lower leg with removal of muscle and/or nerve	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	No	None
27894	Incision of tissue of front and/or lateral and rear muscle compartments of lower leg with removal of muscle and/or nerve	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	No	None

27899	Leg or ankle procedure	Musculoskeletal	Surgical Procedures on the Leg (Tibia and Fibula) and Ankle Joint	Yes	None
28001	Drainage of fluid-filled sac (bursa) of foot	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28002	Drainage of fluid-filled sac (bursa) of foot	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28003	Drainage of multiple fluid-filled sacs (bursa) of foot	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28005	Incision of foot bone	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28008	Incision of tissues of muscle compartment of foot and/or toe	Musculoskeletal	Surgical Procedures on the Foot and Toes	Yes	PA Effective 9/17/2019
28010	Repair of toe tendon, accessed through the skin	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28011	Repair of multiple toe tendons, accessed through the skin	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28020	Incision of foot bone at ankle joint with exploration, drainage, or removal of foreign body	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28022	Exploration, drainage, or removal of foreign body of foot	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28024	Exploration, drainage, or removal of foreign body of toe joint	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28035	Release of nerve between tissue and bone of foot	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28039	Removal (1.5 centimeters or greater) tissue growth beneath the skin of foot or toe	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28041	Removal (1.5 centimeters or greater) muscle growth of foot or toe	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None

28043	Removal (less than 1.5 centimeters) tissue growth beneath the skin of foot or toe	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28045	Removal (less than 1.5 centimeters) muscle growth of foot or toe	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28046	Removal (less than 3 centimeters) tissue growth of foot or toe	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28047	Removal (3 centimeters or greater) tissue growth of foot or toe	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28050	Biopsy of foot bone	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28052	Biopsy of foot bone	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28054	Biopsy of toe joint	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28055	Removal of nerve of foot muscle	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28060	Partial removal of tissue at sole of foot	Musculoskeletal	Surgical Procedures on the Foot and Toes	Yes	PA Effective 9/17/2019
28062	Removal of tissue at sole of foot	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28070	Removal of joint lining of foot bone at ankle joint	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28072	Removal of joint lining at first joint of toe	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28080	Removal of fibrous nerve growth from between toes	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28086	Removal of foot tendon	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28088	Removal of foot tendon	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None

28090	Removal of growth of tendon covering or joint capsule of foot	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28092	Removal of growth of tendon covering or joint capsule of toes	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28100	Removal or scraping of bone cyst or growth of heel bone	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28102	Removal or scraping of bone cyst or growth of heel bone with graft from hip or other bone	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28103	Removal or scraping of bone cyst or growth of heel bone with donor bone graft	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28104	Removal or scraping of bone cyst or growth of ankle bone	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28106	Removal or scraping of bone cyst or growth of ankle bone with graft from hip or other bone	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28107	Removal or scraping of bone cyst or growth of foot bone with donor bone graft	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28108	Removal or scraping of bone cyst or growth of toes	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28110	Removal of bunion at fifth toe joint	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28111	Removal of bone at fifth toe joint	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28112	Removal of bones at second, third, or fourth toe joints	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28113	Removal of foot bone at fifth toe joint	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28114	Removal of multiple foot bones	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28116	Removal of abnormal bones at ankle joint	Musculoskeletal	Surgical Procedures on the Foot and Toes	Yes	PA Effective 9/17/2019

28118	Removal of heel bone	Musculoskeletal	Surgical Procedures on the Foot and Toes	Yes	PA Effective 9/17/2019
28119	Removal of heel bone spur	Musculoskeletal	Surgical Procedures on the Foot and Toes	Yes	PA Effective 9/17/2019
28120	Partial removal of foot or heel bone	Musculoskeletal	Surgical Procedures on the Foot and Toes	Yes	PA Effective 9/17/2019
28122	Partial removal of foot or heel bone	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28124	Partial removal of toe bone	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28126	Removal of bone at base of toe	Musculoskeletal	Surgical Procedures on the Foot and Toes	Yes	PA Effective 9/17/2019
28130	Removal of ankle joint bone	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28140	Removal of foot bone	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28150	Removal of toe	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28153	Partial removal of toe bone joints	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28160	Partial removal of toe joint	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28171	Extensive removal of bone growth, middle portion of foot	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28173	Removal of bone growth of foot	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28175	Removal of bone growth of toe	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28190	Removal of foreign body of foot tissue, accessed beneath the skin	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None

28192	Removal of foreign body of foot tissue	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28193	Removal of foreign body of foot tissue	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28200	Repair of foot tendon	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28202	Repair of foot tendon	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28208	Repair of foot tendon	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28210	Repair of foot tendon	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28220	Release of foot tendon	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28222	Release of multiple foot tendons	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28225	Release of foot tendon	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28226	Release of multiple tendons in foot	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28230	Incision to lengthen foot tendons, open procedure	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28232	Incision to lengthen toe tendon, open procedure	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28234	Incision to release foot tendon, open procedure	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28238	Advancement of ankle tendon with removal of ankle joint bone	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28240	Incision to release foot muscle tendon	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None

28250	Incision to release tissue and muscle of sole of foot	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28260	Incision of ankle joint capsule to correct foot deformity	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28261	Correction of foot deformity with incision of ankle joint capsule and tendon lengthening	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28262	Correction of foot deformity with incision of ankle joint capsule and lengthening of tendons	Musculoskeletal	Surgical Procedures on the Foot and Toes	Yes	PA Effective 9/17/2019
28264	Release of capsule of ankle joint	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28270	Incision of joint capsule of foot and toe	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28272	Incision of toe joint capsule	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28280	Creation of web space between toes	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28285	Correction of toe joint deformity	Musculoskeletal	Surgical Procedures on the Foot and Toes	Yes	PA Effective 9/17/2019
28286	Correction of fifth toe joint deformity	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28288	Removal of foot bone spur	Musculoskeletal	Surgical Procedures on the Foot and Toes	Yes	PA Effective 9/17/2019
28289	Correction of rigid deformity of first joint of big toe	Musculoskeletal	Surgical Procedures on the Foot and Toes	Yes	PA Effective 9/17/2019
28290	CORRECTION OF BUNION	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	AMA Deleted code Code invalid as of 1/1/2017 Check for Replacement code
28291	Correction of rigid deformity of first joint of big toe using implant	Musculoskeletal	Surgical Procedures on the Foot and Toes	Yes	PA Effective 9/17/2019
28292	Correction of bunion	Musculoskeletal	Surgical Procedures on the Foot and Toes	Yes	PA Effective 9/17/2019

28293	CORRECTION OF BUNION	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	AMA Deleted code Code invalid as of 1/1/2017 Check for Replacement code
28294	CORRECTION OF BUNION	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	AMA Deleted code Code invalid as of 1/1/2017 Check for Replacement code
28295	Correction of bunion	Musculoskeletal	Surgical Procedures on the Foot and Toes	Yes	PA Effective 9/17/2019
28296	Correction of bunion	Musculoskeletal	Surgical Procedures on the Foot and Toes	Yes	PA Effective 9/17/2019
28297	Correction of bunion	Musculoskeletal	Surgical Procedures on the Foot and Toes	Yes	PA Effective 9/17/2019
28298	Correction of bunion	Musculoskeletal	Surgical Procedures on the Foot and Toes	Yes	PA Effective 9/17/2019
28299	Correction of bunion	Musculoskeletal	Surgical Procedures on the Foot and Toes	Yes	PA Effective 9/17/2019
28300	Incision to repair heel bone	Musculoskeletal	Surgical Procedures on the Foot and Toes	Yes	PA Effective 9/17/2019
28302	Incision to repair ankle joint bone	Musculoskeletal	Surgical Procedures on the Foot and Toes	Yes	PA Effective 9/17/2019
28304	Incision to correct foot or ankle bones	Musculoskeletal	Surgical Procedures on the Foot and Toes	Yes	PA Effective 9/17/2019
28305	Incision to correct foot or ankle bones with patient-derived bone graft	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28306	Incision to straighten big toe bone	Musculoskeletal	Surgical Procedures on the Foot and Toes	Yes	PA Effective 9/17/2019
28307	Incision to straighten big toe bone with patient-derived bone graft	Musculoskeletal	Surgical Procedures on the Foot and Toes	Yes	PA Effective 9/17/2019
28308	Incision to straighten toe bone	Musculoskeletal	Surgical Procedures on the Foot and Toes	Yes	PA Effective 9/17/2019
28309	Incision to straighten toe bones	Musculoskeletal	Surgical Procedures on the Foot and Toes	Yes	PA Effective 9/17/2019

28310	Incision to straighten big toe bone	Musculoskeletal	Surgical Procedures on the Foot and Toes	Yes	PA Effective 9/17/2019
28312	Incision to straighten toe bone	Musculoskeletal	Surgical Procedures on the Foot and Toes	Yes	PA Effective 9/17/2019
28313	Reconstruction of soft tissue angular deformity of toe	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28315	Removal of small bone underlying long bone of foot at toe joint	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28320	Repair of non-healed foot bone	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28322	Repair of non-healed foot bone	Musculoskeletal	Surgical Procedures on the Foot and Toes	Yes	PA Effective 9/17/2019
28340	Reconstruction of abnormal toe	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28341	Reconstruction of abnormal toe	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28344	Reconstruction of extra toes	Musculoskeletal	Surgical Procedures on the Foot and Toes	Yes	PA Effective 9/17/2019
28345	Removal of congenital web space deformity of toes	Musculoskeletal	Surgical Procedures on the Foot and Toes	Yes	PA Effective 9/17/2019
28360	Reconstruction of congenitally deformed foot	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28400	Closed treatment of broken heel bone	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28405	Closed treatment of broken heel bone with manipulation	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28406	Insertion of hardware to broken heel bone with manipulation, accessed through the skin	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28415	Open treatment of broken heel bone	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None

28420	Open treatment of broken heel bone with graft	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28430	Closed treatment of broken ankle joint bone	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28435	Closed treatment of broken ankle joint bone with manipulation	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28436	Insertion of hardware to broken ankle joint with manipulation, accessed through the skin	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28445	Open treatment of broken heel bone	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28446	Implantation of donor cartilage cells into foot joint with grafts, open procedure	Musculoskeletal	Surgical Procedures on the Foot and Toes	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
28450	Treatment of broken foot bone	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28455	Treatment of broken foot bone	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28456	Insertion of hardware to broken foot joint with manipulation, accessed through the skin	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28465	Open treatment of broken foot bone	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28470	Closed treatment of broken foot bone	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28475	Closed treatment of fracture of foot with manipulation	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28476	Insertion of hardware to broken foot bone with manipulation, accessed through the skin	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None

28485	Open treatment of broken foot bone	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28490	Closed treatment of broken great toe	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28495	Closed treatment of broken great toe with manipulation	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28496	Insertion of hardware to broken great toe with manipulation, accessed through the skin	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28505	Open treatment of broken great toe	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28510	Closed treatment of broken toe	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28515	Closed treatment of broken toe with manipulation	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28525	Open treatment of broken toe	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28530	Closed treatment of broken foot bone	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28531	Open treatment of broken foot bone	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28540	Closed treatment of ankle joint bone dislocation	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28545	Closed treatment of ankle joint bone dislocation under anesthesia	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28546	Insertion of hardware to foot joint dislocation with manipulation, accessed through the skin	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28555	Open treatment of dislocated foot joint	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28570	Closed treatment of dislocated foot joint	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None

28575	Closed treatment of dislocated foot joint under anesthesia	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28576	Insertion of hardware to foot joint dislocation with manipulation, accessed through the skin	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28585	Open treatment of dislocated foot joint	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28600	Closed treatment of dislocated foot joint	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28605	Closed treatment of dislocated foot joint under anesthesia	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28606	Insertion of hardware to foot joint dislocation with manipulation, accessed through the skin	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28615	Open treatment of dislocated foot joint	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28630	Closed treatment of dislocated foot bone	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28635	Closed treatment of dislocated foot bone under anesthesia	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28636	Insertion of hardware to foot bone dislocation with manipulation, accessed through the skin	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28645	Open treatment of dislocated foot bone	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28660	Closed treatment of dislocation of toe joint	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28665	Closed treatment of dislocation of toe joint under anesthesia	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28666	Insertion of hardware to toe joint dislocation with manipulation, accessed through the skin	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28675	Open treatment of toe joint dislocation	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None

28705	Fusion of ankle joint	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28715	Fusion of ankle joint	Musculoskeletal	Surgical Procedures on the Foot and Toes	Yes	PA Effective 9/17/2019
28725	Fusion of foot joint	Musculoskeletal	Surgical Procedures on the Foot and Toes	Yes	PA Effective 9/17/2019
28730	Fusion of multiple foot joints	Musculoskeletal	Surgical Procedures on the Foot and Toes	Yes	PA Effective 9/17/2019
28735	Fusion of multiple foot joints	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28737	Fusion of foot joint	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28740	Fusion of foot joint	Musculoskeletal	Surgical Procedures on the Foot and Toes	Yes	PA Effective 9/17/2019
28750	Fusion of great toe	Musculoskeletal	Surgical Procedures on the Foot and Toes	Yes	PA Effective 9/17/2019
28755	Fusion of great toe	Musculoskeletal	Surgical Procedures on the Foot and Toes	Yes	PA Effective 9/17/2019
28760	Fusion of great toe	Musculoskeletal	Surgical Procedures on the Foot and Toes	Yes	PA Effective 9/17/2019
28800	Amputation of foot	Musculoskeletal	Surgical Procedures on the Foot and Toes	Yes	None
28805	Amputation of foot	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28810	Amputation of foot	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28820	Amputation of foot	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28825	Amputation of foot	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None

28890	Shock wave therapy under anesthesia to sole of the foot using ultrasound guidance	Musculoskeletal	Surgical Procedures on the Foot and Toes	No	None
28899	Foot or toe procedure	Musculoskeletal	Surgical Procedures on the Foot and Toes	Yes	None
29000	Application of halo type body cast	Musculoskeletal	Application of Casts and Strapping	No	None
29010	Application of jacket type body cast	Musculoskeletal	Application of Casts and Strapping	No	None
29015	Application of jacket type body cast including head	Musculoskeletal	Application of Casts and Strapping	No	None
29035	Application of body cast shoulder to hips	Musculoskeletal	Application of Casts and Strapping	No	None
29040	Application of body cast shoulder to hips including head	Musculoskeletal	Application of Casts and Strapping	No	None
29044	Application of body cast shoulder to hips including one thigh	Musculoskeletal	Application of Casts and Strapping	No	None
29046	Application of body cast shoulder to hips including both thighs	Musculoskeletal	Application of Casts and Strapping	No	None
29049	Application of figure-of-eight cast	Musculoskeletal	Application of Casts and Strapping	No	None
29055	Application of shoulder spica cast	Musculoskeletal	Application of Casts and Strapping	No	None
29058	Application of plaster Velpeau cast	Musculoskeletal	Application of Casts and Strapping	No	None
29065	Application of cast, shoulder to hand (long arm)	Musculoskeletal	Application of Casts and Strapping	No	None
29075	Application of cast, elbow to finger (short arm)	Musculoskeletal	Application of Casts and Strapping	No	None
29085	Application of cast to hand and lower forearm	Musculoskeletal	Application of Casts and Strapping	No	None
29086	Application of cast to finger	Musculoskeletal	Application of Casts and Strapping	No	None
29105	Application of long arm splint (shoulder to hand)	Musculoskeletal	Application of Casts and Strapping	No	None
29125	Application of non-moveable, short arm splint (forearm to hand)	Musculoskeletal	Application of Casts and Strapping	No	None
29126	Application of moveable, hinged short arm splint (forearm to hand)	Musculoskeletal	Application of Casts and Strapping	No	None

29130	Application of non-moveable, hinged finger splint	Musculoskeletal	Application of Casts and Strapping	No	None
29131	Application of moveable, hinged finger splint	Musculoskeletal	Application of Casts and Strapping	No	None
29200	Strapping of chest	Musculoskeletal	Application of Casts and Strapping	No	None
29240	Strapping of shoulder	Musculoskeletal	Application of Casts and Strapping	No	None
29260	Strapping of elbow or wrist	Musculoskeletal	Application of Casts and Strapping	No	None
29280	Strapping of hand or finger	Musculoskeletal	Application of Casts and Strapping	No	None
29305	Application of hip spica cast on one leg	Musculoskeletal	Application of Casts and Strapping	No	None
29325	Application of hip spica cast, one and one-half hip spica or both legs	Musculoskeletal	Application of Casts and Strapping	No	None
29345	Application of long leg cast (thigh to toes)	Musculoskeletal	Application of Casts and Strapping	No	None
29355	Application of long leg cast (thigh to toes), walker or ambulatory type	Musculoskeletal	Application of Casts and Strapping	No	None
29358	Application of long leg cast brace	Musculoskeletal	Application of Casts and Strapping	No	None
29365	Application of cylinder cast (thigh to ankle)	Musculoskeletal	Application of Casts and Strapping	No	None
29405	Application of short leg cast (below knee to toes)	Musculoskeletal	Application of Casts and Strapping	No	None
29425	Application of short leg cast (below knee to toes), walking or ambulatory type	Musculoskeletal	Application of Casts and Strapping	No	None
29435	Application of knee cap tendon bearing cast	Musculoskeletal	Application of Casts and Strapping	No	None
29440	Adding walker to previously applied cast	Musculoskeletal	Application of Casts and Strapping	No	None
29445	Application of rigid total contact leg cast	Musculoskeletal	Application of Casts and Strapping	No	None
29450	Application of long or short leg clubfoot cast	Musculoskeletal	Application of Casts and Strapping	No	None
29505	Application of long leg splint (thigh to ankle or toes)	Musculoskeletal	Application of Casts and Strapping	No	None
29515	Application of short leg splint (calf to foot)	Musculoskeletal	Application of Casts and Strapping	No	None

29520	Strapping of hip	Musculoskeletal	Application of Casts and Strapping	No	None
29530	Strapping of knee	Musculoskeletal	Application of Casts and Strapping	No	None
29540	Strapping of ankle and/or foot	Musculoskeletal	Application of Casts and Strapping	No	None
29550	Strapping of toes	Musculoskeletal	Application of Casts and Strapping	No	None
29580	Strapping, Unna boot	Musculoskeletal	Application of Casts and Strapping	No	None
29581	Application of vein wound compression system lower leg below knee including ankle and foot	Musculoskeletal	Application of Casts and Strapping	No	None
29582	Application of vein wound compression system thigh and lower leg	Musculoskeletal	Application of Casts and Strapping	No	AMA Termed Code 1/01/2019
29583	Application of vein wound compression system upper arm and forearm	Musculoskeletal	Application of Casts and Strapping	No	AMA Termed Code 1/01/2018
29584	Application of vein wound compression system upper arm, forearm, hand, and fingers	Musculoskeletal	Application of Casts and Strapping	No	None
29700	Removal or bivalving of gauntlet, boot, or body cast	Musculoskeletal	Application of Casts and Strapping	No	None
29705	Removal or bivalving of full arm or leg cast	Musculoskeletal	Application of Casts and Strapping	No	None
29710	Removal or bivalving of shoulder, hip spica, or jacket cast	Musculoskeletal	Application of Casts and Strapping	No	None
29720	Repair of spica, body cast, or jacket	Musculoskeletal	Application of Casts and Strapping	No	None
29730	Exposure of skin surface by creation of an opening in cast	Musculoskeletal	Application of Casts and Strapping	No	None
29740	Wedging of cast	Musculoskeletal	Application of Casts and Strapping	No	None
29750	Wedging of clubfoot cast	Musculoskeletal	Application of Casts and Strapping	No	None
29799	Casting or strapping procedure	Musculoskeletal	Application of Casts and Strapping	Yes	None
29800	Diagnostic examination of jaw joint using an endoscope	Musculoskeletal	Endoscopy/Arthroscopy Procedures on the Musculoskeletal System	No	None

29804	Examination of jaw joint using an endoscope	Musculoskeletal	Endoscopy/Arthroscopy Procedures on the Musculoskeletal System	No	None
29805	Diagnostic examination of shoulder using an endoscope	Musculoskeletal	Endoscopy/Arthroscopy Procedures on the Musculoskeletal System	No	None
29806	Incision of should joint capsule using an endoscope	Musculoskeletal	Endoscopy/Arthroscopy Procedures on the Musculoskeletal System	Yes	PA Effective 9/17/2019
29807	Repair of shoulder socket cartilage using an endoscope	Musculoskeletal	Endoscopy/Arthroscopy Procedures on the Musculoskeletal System	Yes	PA Effective 9/17/2019
29819	Removal of loose or foreign body of shoulder using an endoscope	Musculoskeletal	Endoscopy/Arthroscopy Procedures on the Musculoskeletal System	Yes	PA Effective 9/17/2019
29820	Partial removal of shoulder joint lining using an endoscope	Musculoskeletal	Endoscopy/Arthroscopy Procedures on the Musculoskeletal System	Yes	PA Effective 9/17/2019
29821	Removal of entire shoulder joint lining using an endoscope	Musculoskeletal	Endoscopy/Arthroscopy Procedures on the Musculoskeletal System	Yes	PA Effective 9/17/2019
29822	Removal of shoulder joint tissue using an endoscope	Musculoskeletal	Endoscopy/Arthroscopy Procedures on the Musculoskeletal System	Yes	PA Effective 9/17/2019
29823	Extensive removal of shoulder joint tissue using an endoscope	Musculoskeletal	Endoscopy/Arthroscopy Procedures on the Musculoskeletal System	Yes	PA Effective 9/17/2019
29824	Partial removal of collar bone at shoulder using an endoscope	Musculoskeletal	Endoscopy/Arthroscopy Procedures on the Musculoskeletal System	Yes	PA Effective 9/17/2019

29825	Release or removal of shoulder scar tissue using an endoscope	Musculoskeletal	Endoscopy/Arthroscopy Procedures on the Musculoskeletal System	Yes	PA Effective 9/17/2019
29826	Shaving of shoulder bone using an endoscope	Musculoskeletal	Endoscopy/Arthroscopy Procedures on the Musculoskeletal System	Yes	Add-On Code - Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
29827	Repair of shoulder rotator cuff using an endoscope	Musculoskeletal	Endoscopy/Arthroscopy Procedures on the Musculoskeletal System	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
29828	Release of shoulder biceps tendon using an endoscope	Musculoskeletal	Endoscopy/Arthroscopy Procedures on the Musculoskeletal System	Yes	PA Effective 9/17/2019
29830	Diagnostic examination of elbow joint using an endoscope	Musculoskeletal	Endoscopy/Arthroscopy Procedures on the Musculoskeletal System	No	None
29834	Removal of loose or foreign body of elbow using an endoscope	Musculoskeletal	Endoscopy/Arthroscopy Procedures on the Musculoskeletal System	Yes	PA Effective 9/17/2019
29835	Partial removal of elbow joint lining using an endoscope	Musculoskeletal	Endoscopy/Arthroscopy Procedures on the Musculoskeletal System	Yes	PA Effective 9/17/2019
29836	Removal of entire elbow joint lining using an endoscope	Musculoskeletal	Endoscopy/Arthroscopy Procedures on the Musculoskeletal System	Yes	PA Effective 9/17/2019
29837	Removal of elbow tissue or frayed cartilage using an endoscope	Musculoskeletal	Endoscopy/Arthroscopy Procedures on the Musculoskeletal System	Yes	PA Effective 9/17/2019

29838	Removal of elbow tissue or frayed cartilage from all joint compartments using an endoscope	Musculoskeletal	Endoscopy/Arthroscopy Procedures on the Musculoskeletal System	Yes	PA Effective 9/17/2019
29840	Diagnostic examination of the wrist using an endoscope	Musculoskeletal	Endoscopy/Arthroscopy Procedures on the Musculoskeletal System	Yes	PA Effective 9/17/2019
29843	Diagnostic examination of the wrist using an endoscope for infection, irrigation, and drainage	Musculoskeletal	Endoscopy/Arthroscopy Procedures on the Musculoskeletal System	No	None
29844	Partial removal of wrist joint lining using an endoscope	Musculoskeletal	Endoscopy/Arthroscopy Procedures on the Musculoskeletal System	Yes	PA Effective 9/17/2019
29845	Removal of wrist joint lining using an endoscope	Musculoskeletal	Endoscopy/Arthroscopy Procedures on the Musculoskeletal System	Yes	PA Effective 9/17/2019
29846	Removal or repair of wrist joint lining using an endoscope	Musculoskeletal	Endoscopy/Arthroscopy Procedures on the Musculoskeletal System	Yes	PA Effective 9/17/2019
29847	Insertion of internal hardware using an endoscope to treat a broken wrist	Musculoskeletal	Endoscopy/Arthroscopy Procedures on the Musculoskeletal System	No	None
29848	Release of wrist ligament using an endoscope	Musculoskeletal	Endoscopy/Arthroscopy Procedures on the Musculoskeletal System	Yes	PA Effective 9/17/2019
29850	Treatment of knee joint fractures with assistance of an endoscope	Musculoskeletal	Endoscopy/Arthroscopy Procedures on the Musculoskeletal System	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)

29851	Treatment of knee joint fractures with assistance of an endoscope with fixation	Musculoskeletal	Endoscopy/Arthroscopy Procedures on the Musculoskeletal System	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
29855	Treatment of broken leg bone with assistance of an endoscope	Musculoskeletal	Endoscopy/Arthroscopy Procedures on the Musculoskeletal System	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
29856	Treatment of broken leg bone with assistance of an endoscope	Musculoskeletal	Endoscopy/Arthroscopy Procedures on the Musculoskeletal System	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
29860	Diagnostic examination of hip using an endoscope	Musculoskeletal	Endoscopy/Arthroscopy Procedures on the Musculoskeletal System	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
29861	Removal of loose or foreign body of hip joint using an endoscope	Musculoskeletal	Endoscopy/Arthroscopy Procedures on the Musculoskeletal System	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
29862	Removal or shaving of hip joint socket cartilage using an endoscope	Musculoskeletal	Endoscopy/Arthroscopy Procedures on the Musculoskeletal System	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).

29863	Removal of hip joint lining using an endoscope	Musculoskeletal	Endoscopy/Arthroscopy Procedures on the Musculoskeletal System	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
29866	Patient-derived cartilage grafts at knee joint using an endoscope	Musculoskeletal	Endoscopy/Arthroscopy Procedures on the Musculoskeletal System	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
29867	Donor cartilage graft at knee joint using an endoscope	Musculoskeletal	Endoscopy/Arthroscopy Procedures on the Musculoskeletal System	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
29868	Cartilage graft at knee joint using an endoscope	Musculoskeletal	Endoscopy/Arthroscopy Procedures on the Musculoskeletal System	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
29870	Diagnostic examination of knee using an endoscope	Musculoskeletal	Endoscopy/Arthroscopy Procedures on the Musculoskeletal System	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
29871	Irrigation and drainage of knee joint for infection using an endoscope	Musculoskeletal	Endoscopy/Arthroscopy Procedures on the Musculoskeletal System	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).

29873	Release of ligaments at outer aspect of knee joint using an endoscope	Musculoskeletal	Endoscopy/Arthroscopy Procedures on the Musculoskeletal System	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
29874	Removal of loose or foreign body of knee joint using an endoscope	Musculoskeletal	Endoscopy/Arthroscopy Procedures on the Musculoskeletal System	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
29875	Partial removal of knee joint lining using an endoscope	Musculoskeletal	Endoscopy/Arthroscopy Procedures on the Musculoskeletal System	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
29876	Removal of joint lining from two or more knee joint compartments using an endoscope	Musculoskeletal	Endoscopy/Arthroscopy Procedures on the Musculoskeletal System	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
29877	Removal or shaving of knee joint cartilage using an endoscope	Musculoskeletal	Endoscopy/Arthroscopy Procedures on the Musculoskeletal System	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
29879	Repair of knee joint using an endoscope	Musculoskeletal	Endoscopy/Arthroscopy Procedures on the Musculoskeletal System	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).

29880	Removal of both knee cartilages using an endoscope	Musculoskeletal	Endoscopy/Arthroscopy Procedures on the Musculoskeletal System	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
29881	Removal of one knee cartilage using an endoscope	Musculoskeletal	Endoscopy/Arthroscopy Procedures on the Musculoskeletal System	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
29882	Repair of knee joint using an endoscope	Musculoskeletal	Endoscopy/Arthroscopy Procedures on the Musculoskeletal System	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
29883	Repair of knee joint using an endoscope	Musculoskeletal	Endoscopy/Arthroscopy Procedures on the Musculoskeletal System	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
29884	Repair of knee joint and removal of scar tissue using an endoscope	Musculoskeletal	Endoscopy/Arthroscopy Procedures on the Musculoskeletal System	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
29885	Repair of knee joint with bone graft using an endoscope	Musculoskeletal	Endoscopy/Arthroscopy Procedures on the Musculoskeletal System	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).

29886	Repair of knee joint with bone graft using an endoscope	Musculoskeletal	Endoscopy/Arthroscopy Procedures on the Musculoskeletal System	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
29887	Repair of knee joint with bone graft and hardware using an endoscope	Musculoskeletal	Endoscopy/Arthroscopy Procedures on the Musculoskeletal System	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
29888	Repair of anterior cruciate ligament of knee with assistance of an endoscope	Musculoskeletal	Endoscopy/Arthroscopy Procedures on the Musculoskeletal System	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
29889	Repair of posterior cruciate ligament of knee with assistance of an endoscope	Musculoskeletal	Endoscopy/Arthroscopy Procedures on the Musculoskeletal System	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
29891	Removal of bone defect of shin and/or ankle using an endoscope	Musculoskeletal	Endoscopy/Arthroscopy Procedures on the Musculoskeletal System	Yes	PA Effective 9/17/2019
29892	Removal and repair of large bone defect of shin or ankle using an endoscope	Musculoskeletal	Endoscopy/Arthroscopy Procedures on the Musculoskeletal System	Yes	PA Effective 9/17/2019
29893	Repair of fibrous tissue of foot using an endoscope	Musculoskeletal	Endoscopy/Arthroscopy Procedures on the Musculoskeletal System	Yes	PA Effective 9/17/2019

29894	Removal of loose or foreign body of ankle using an endoscope	Musculoskeletal	Endoscopy/Arthroscopy Procedures on the Musculoskeletal System	Yes	PA Effective 9/17/2019
29895	Partial removal of ankle joint lining using an endoscope	Musculoskeletal	Endoscopy/Arthroscopy Procedures on the Musculoskeletal System	Yes	PA Effective 9/17/2019
29897	Partial removal of ankle joint lining using an endoscope	Musculoskeletal	Endoscopy/Arthroscopy Procedures on the Musculoskeletal System	Yes	PA Effective 9/17/2019
29898	Removal of dead or infected ankle joint tissue using an endoscope	Musculoskeletal	Endoscopy/Arthroscopy Procedures on the Musculoskeletal System	Yes	PA Effective 9/17/2019
29899	Fusion of ankle joint using an endoscope	Musculoskeletal	Endoscopy/Arthroscopy Procedures on the Musculoskeletal System	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
29900	Biopsy of lining of joint of finger using an endoscope	Musculoskeletal	Endoscopy/Arthroscopy Procedures on the Musculoskeletal System	No	None
29901	Removal of dead or infected finger joint tissue using an endoscope	Musculoskeletal	Endoscopy/Arthroscopy Procedures on the Musculoskeletal System	No	None
29902	Treatment of displaced ligament of finger joint using an endoscope	Musculoskeletal	Endoscopy/Arthroscopy Procedures on the Musculoskeletal System	No	None
29904	Removal of loose or foreign body of ankle joint at heel bones using an endoscope	Musculoskeletal	Endoscopy/Arthroscopy Procedures on the Musculoskeletal System	No	None

29905	Removal of lining of foot joint using an endoscope	Musculoskeletal	Endoscopy/Arthroscopy Procedures on the Musculoskeletal System	No	None
29906	Removal of dead or infected foot joint tissue using an endoscope	Musculoskeletal	Endoscopy/Arthroscopy Procedures on the Musculoskeletal System	Yes	PA Effective 9/17/2019
29907	Fusion of foot joint using an endoscope	Musculoskeletal	Endoscopy/Arthroscopy Procedures on the Musculoskeletal System	No	None
29914	Reconstruction of hip socket and repair of thigh bone using an endoscope	Musculoskeletal	Endoscopy/Arthroscopy Procedures on the Musculoskeletal System	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
29915	Reconstruction of hip socket using an endoscope	Musculoskeletal	Endoscopy/Arthroscopy Procedures on the Musculoskeletal System	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
29916	Removal and shaving of hip joint socket cartilage using an endoscope	Musculoskeletal	Endoscopy/Arthroscopy Procedures on the Musculoskeletal System	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
29999	Joint procedure using an endoscope	Musculoskeletal	Endoscopy/Arthroscopy Procedures on the Musculoskeletal System	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
30000	Drainage of abscess or blood accumulation in nose	Respiratory	Surgical Procedures on the Nose	No	None

30020	Drainage of abscess or blood accumulation in nasal cartilage	Respiratory	Surgical Procedures on the Nose	No	None
30100	Biopsy of lining of nose	Respiratory	Surgical Procedures on the Nose	No	None
30110	Removal of polyps in nose	Respiratory	Surgical Procedures on the Nose	No	None
30115	Removal of polyps in nose	Respiratory	Surgical Procedures on the Nose	No	None
30117	Removal or destruction of growth in nose	Respiratory	Surgical Procedures on the Nose	No	None
30118	Removal or destruction of growth in nose	Respiratory	Surgical Procedures on the Nose	No	None
30120	Removal or scraping of skin on nose	Respiratory	Surgical Procedures on the Nose	No	None
30124	Removal of growth of skin and tissue on nose	Respiratory	Surgical Procedures on the Nose	No	None
30125	Removal of growth under nasal bone or cartilage	Respiratory	Surgical Procedures on the Nose	No	None
30130	Removal of nasal air passage	Respiratory	Surgical Procedures on the Nose	Yes	PA Effective 9/17/2019
30140	Removal of nasal air passage	Respiratory	Surgical Procedures on the Nose	Yes	PA Effective 9/17/2019
30150	Partial removal of the nose	Respiratory	Surgical Procedures on the Nose	No	None
30160	Removal of the nose	Respiratory	Surgical Procedures on the Nose	No	None
30200	Injection of drug into nasal air passages	Respiratory	Surgical Procedures on the Nose	No	None
30210	Irrigation and drainage of sinus	Respiratory	Surgical Procedures on the Nose	No	None
30220	Insertion of implant to close nasal passage	Respiratory	Surgical Procedures on the Nose	No	None
30300	Removal of foreign body in nose	Respiratory	Surgical Procedures on the Nose	No	None
30310	Removal of foreign body in nose under anesthesia	Respiratory	Surgical Procedures on the Nose	No	None
30320	Incisional removal of foreign body in nose	Respiratory	Surgical Procedures on the Nose	No	None
30400	Reshaping of tip of nose	Respiratory	Surgical Procedures on the Nose	Yes	None

30410	Reshaping of bone, cartilage, or tip of nose	Respiratory	Surgical Procedures on the Nose	Yes	None
30420	Reshaping of bony cartilage dividing nasal passages	Respiratory	Surgical Procedures on the Nose	Yes	None
30430	Revision to reshape nose or tip of nose after previous repair	Respiratory	Surgical Procedures on the Nose	Yes	None
30435	Revision to reshape nasal bones after previous repair	Respiratory	Surgical Procedures on the Nose	Yes	None
30450	Revision to reshape nasal bones and tip of nose after previous repair	Respiratory	Surgical Procedures on the Nose	Yes	None
30460	Repair of congenital nasal defect to lengthen tip of nose	Respiratory	Surgical Procedures on the Nose	Yes	None
30462	Repair of congenital nasal defect with lengthening of tip of nose	Respiratory	Surgical Procedures on the Nose	Yes	None
30465	Widening of nasal passage	Respiratory	Surgical Procedures on the Nose	Yes	PA Effective 9/17/2019
30520	Reshaping of nasal cartilage	Respiratory	Surgical Procedures on the Nose	Yes	None
30540	Reconstruction to create nasal passages	Respiratory	Surgical Procedures on the Nose	Yes	None
30545	Reconstruction to create nasal passages	Respiratory	Surgical Procedures on the Nose	Yes	None
30560	Release of nasal scar tissue	Respiratory	Surgical Procedures on the Nose	Yes	None
30580	Repair of abnormal drainage tract between two nasal sinuses	Respiratory	Surgical Procedures on the Nose	Yes	None
30600	Repair of abnormal drainage tract between mouth and nasal cavity	Respiratory	Surgical Procedures on the Nose	Yes	None
30620	Repair of mucous lining of nasal passage with graft	Respiratory	Surgical Procedures on the Nose	Yes	None
30630	Repair of openings in nasal cartilage	Respiratory	Surgical Procedures on the Nose	Yes	None
30801	Destruction of soft tissue of nasal passages	Respiratory	Surgical Procedures on the Nose	No	None
30802	Destruction of soft tissue in nasal passages	Respiratory	Surgical Procedures on the Nose	No	None
30901	Simple control of nose bleed	Respiratory	Surgical Procedures on the Nose	No	None
30903	Complex control of nose bleed	Respiratory	Surgical Procedures on the Nose	No	None

30905	Control of nose bleed and insertion of packing	Respiratory	Surgical Procedures on the Nose	No	None
30906	Control of nosebleed and insertion of packing	Respiratory	Surgical Procedures on the Nose	No	None
30915	Tying of artery for control of nose bleed	Respiratory	Surgical Procedures on the Nose	No	None
30920	Tying of artery for control of nose bleed	Respiratory	Surgical Procedures on the Nose	No	None
30930	Therapeutic fracture of nasal passages	Respiratory	Surgical Procedures on the Nose	Yes	PA Effective 9/17/2019
30999	Nasal procedure	Respiratory	Surgical Procedures on the Nose	Yes	None
31000	Irrigation of nasal sinus	Respiratory	Surgical Procedures on the Accessory Sinuses	No	None
31002	Irrigation of nasal sinus	Respiratory	Surgical Procedures on the Accessory Sinuses	No	None
31020	Incision of nasal sinus	Respiratory	Surgical Procedures on the Accessory Sinuses	Yes	PA Effective 9/17/2019
31030	Incision of nasal sinus	Respiratory	Surgical Procedures on the Accessory Sinuses	No	None
31032	Removal of nasal sinus growths	Respiratory	Surgical Procedures on the Accessory Sinuses	No	None
31040	Incision through sinus at cheek bone to reach nerves and blood vessels	Respiratory	Surgical Procedures on the Accessory Sinuses	No	None
31050	Incision of nasal sinus	Respiratory	Surgical Procedures on the Accessory Sinuses	No	None
31051	Removal of nasal polyps	Respiratory	Surgical Procedures on the Accessory Sinuses	No	None
31070	Incision of nasal sinus	Respiratory	Surgical Procedures on the Accessory Sinuses	No	None
31075	Incision of nasal sinus of one side of face	Respiratory	Surgical Procedures on the Accessory Sinuses	No	None

31080	Insertion of material to stop growth of nasal sinus lining	Respiratory	Surgical Procedures on the Accessory Sinuses	No	None
31081	Insertion of material to stop growth of nasal sinus lining	Respiratory	Surgical Procedures on the Accessory Sinuses	No	None
31084	Insertion of material to stop growth of nasal sinus lining	Respiratory	Surgical Procedures on the Accessory Sinuses	No	None
31085	Insertion of material to stop growth of nasal sinus lining	Respiratory	Surgical Procedures on the Accessory Sinuses	No	None
31086	Incision of nasal sinus with placement of bone graft	Respiratory	Surgical Procedures on the Accessory Sinuses	No	None
31087	Incision of nasal sinus with placement of bone graft	Respiratory	Surgical Procedures on the Accessory Sinuses	No	None
31090	Removal of diseased tissue or growths in multiple nasal sinuses on one side of face	Respiratory	Surgical Procedures on the Accessory Sinuses	No	None
31200	Partial removal of nasal sinus	Respiratory	Surgical Procedures on the Accessory Sinuses	No	None
31201	Removal of nasal sinus	Respiratory	Surgical Procedures on the Accessory Sinuses	No	None
31205	Removal of nasal sinus	Respiratory	Surgical Procedures on the Accessory Sinuses	No	None
31225	Removal of nasal sinus	Respiratory	Surgical Procedures on the Accessory Sinuses	Yes	None
31230	Removal of nasal sinus and eye bone	Respiratory	Surgical Procedures on the Accessory Sinuses	Yes	None
31231	Diagnostic examination of nasal passages using an endoscope	Respiratory	Surgical Procedures on the Accessory Sinuses	No	None
31233	Examination of nasal passage and sinus using an endoscope	Respiratory	Surgical Procedures on the Accessory Sinuses	No	None
31235	Examination of nasal passages and sinus using an endoscope via sinus puncture	Respiratory	Surgical Procedures on the Accessory Sinuses	No	None

31237	Biopsy or removal of nasal polyp or tissue using an endoscope	Respiratory	Surgical Procedures on the Accessory Sinuses	No	None
31238	Control of nasal bleeding using an endoscope	Respiratory	Surgical Procedures on the Accessory Sinuses	No	None
31239	Incision of tear duct using an endoscope	Respiratory	Surgical Procedures on the Accessory Sinuses	Yes	PA Effective 9/17/2019
31240	Removal of nasal breathing passages using an endoscope	Respiratory	Surgical Procedures on the Accessory Sinuses	Yes	PA Effective 9/17/2019
31241	Nasal/sinus endoscopy, surgical; with ligation of sphenopalatine artery	Respiratory	Endoscopy (sinus)	No	None
31253	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal sinus, when performed	Respiratory	Endoscopy (sinus)	Yes	PA Effective 9/17/2019
31254	Partial removal of nasal sinus using an endoscope	Respiratory	Surgical Procedures on the Accessory Sinuses	Yes	PA Effective 9/17/2019
31255	Removal of nasal sinus using an endoscope	Respiratory	Surgical Procedures on the Accessory Sinuses	Yes	PA Effective 9/17/2019
31256	Incision of nasal sinus using an endoscope	Respiratory	Surgical Procedures on the Accessory Sinuses	Yes	PA Effective 9/17/2019
31257	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy	Respiratory	Endoscopy (sinus)	Yes	PA Effective 9/17/2019
31259	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy, with removal of tissue from the sphenoid sinus	Respiratory	Endoscopy (sinus)	Yes	PA Effective 9/17/2019
31267	Removal of nasal sinus tissue using an endoscope	Respiratory	Surgical Procedures on the Accessory Sinuses	Yes	PA Effective 9/17/2019
31276	Exploration of nasal sinus using an endoscope	Respiratory	Surgical Procedures on the Accessory Sinuses	Yes	PA Effective 9/17/2019
31287	Incision of nasal sinus using an endoscope	Respiratory	Surgical Procedures on the Accessory Sinuses	Yes	PA Effective 9/17/2019
31288	Removal of nasal sinus tissue using an endoscope	Respiratory	Surgical Procedures on the Accessory Sinuses	Yes	PA Effective 9/17/2019

31290	Repair of spinal fluid leak into nasal sinus using an endoscope	Respiratory	Surgical Procedures on the Accessory Sinuses	Yes	PA Effective 9/17/2019
31291	Repair of spinal fluid leak into nasal sinus using an endoscope	Respiratory	Surgical Procedures on the Accessory Sinuses	Yes	None
31292	Decompression of eye bone using an endoscope	Respiratory	Surgical Procedures on the Accessory Sinuses	No	None
31293	Decompression of eye bone using an endoscope	Respiratory	Surgical Procedures on the Accessory Sinuses	No	None
31294	Decompression of eye bone and release of optic nerve using an endoscope	Respiratory	Surgical Procedures on the Accessory Sinuses	No	None
31295	Dilation of nasal sinus using an endoscope	Respiratory	Surgical Procedures on the Accessory Sinuses	Yes	None
31296	Dilation of nasal sinus using an endoscope	Respiratory	Surgical Procedures on the Accessory Sinuses	Yes	None
31297	Dilation of nasal sinus using an endoscope	Respiratory	Surgical Procedures on the Accessory Sinuses	Yes	None
31298	Nasal/sinus endoscopy, surgical; with dilation of frontal and sphenoid sinus ostia (eg, balloon dilation)	Respiratory	Endoscopy (sinus)	Yes	None
31299	Accessory sinus procedure	Respiratory	Surgical Procedures on the Accessory Sinuses	Yes	None
31300	Removal of vocal cord growth or cartilage attachment	Respiratory	Surgical Procedures on the Larynx	No	None
31320	Incision of voice box for diagnosis	Respiratory	Surgical Procedures on the Larynx	No	AMA Termed Code 1/01/2018
31360	Removal of voice box	Respiratory	Surgical Procedures on the Larynx	Yes	None
31365	Removal of voice box, muscle, lymph nodes, and glands	Respiratory	Surgical Procedures on the Larynx	Yes	None
31367	Removal of voice box	Respiratory	Surgical Procedures on the Larynx	Yes	None
31368	Removal of voice box, muscle, lymph nodes, and glands	Respiratory	Surgical Procedures on the Larynx	Yes	None
31370	Partial removal of voice box	Respiratory	Surgical Procedures on the Larynx	Yes	None

31375	Partial removal of voice box	Respiratory	Surgical Procedures on the Larynx	Yes	None
31380	Partial removal of voice box	Respiratory	Surgical Procedures on the Larynx	Yes	None
31382	Partial removal of voice box	Respiratory	Surgical Procedures on the Larynx	Yes	None
31390	Removal of voice box, throat, muscle, lymph nodes, and glands	Respiratory	Surgical Procedures on the Larynx	Yes	None
31395	Removal of voice box and throat, muscle, lymph nodes, and glands with reconstruction of defect	Respiratory	Surgical Procedures on the Larynx	Yes	None
31400	Removal or repair of the voice box cartilage	Respiratory	Surgical Procedures on the Larynx	No	None
31420	Removal of cartilage attaching the tongue	Respiratory	Surgical Procedures on the Larynx	No	None
31500	Emergent insertion of breathing tube into windpipe cartilage using an endoscope	Respiratory	Surgical Procedures on the Larynx	No	None
31502	Change of breathing tube of windpipe in neck	Respiratory	Surgical Procedures on the Larynx	No	None
31505	Diagnostic examination of voice box using an endoscope	Respiratory	Surgical Procedures on the Larynx	No	None
31510	Biopsy of voice box using an endoscope	Respiratory	Surgical Procedures on the Larynx	No	None
31511	Removal of foreign body from voice box using an endoscope	Respiratory	Surgical Procedures on the Larynx	No	None
31512	Removal of growth of voice box using an endoscope	Respiratory	Surgical Procedures on the Larynx	No	None
31513	Vocal cord injection using an endoscope	Respiratory	Surgical Procedures on the Larynx	No	None
31515	Aspiration of voice box using an endoscope	Respiratory	Surgical Procedures on the Larynx	No	None
31520	Diagnostic examination of voice box using an endoscope, newborn	Respiratory	Surgical Procedures on the Larynx	No	None
31525	Diagnostic examination of voice box using an endoscope	Respiratory	Surgical Procedures on the Larynx	No	None
31526	Diagnostic examination of voice box using an endoscope with operating microscope or telescope	Respiratory	Surgical Procedures on the Larynx	No	None
31527	Insertion of device to close opening to voice box using an endoscope	Respiratory	Surgical Procedures on the Larynx	No	None
31528	Dilation of the voice box using an endoscope	Respiratory	Surgical Procedures on the Larynx	No	None

31529	Dilation of the voice box using an endoscope	Respiratory	Surgical Procedures on the Larynx	No	None
31530	Removal of foreign body from voice box using an endoscope	Respiratory	Surgical Procedures on the Larynx	No	None
31531	Removal of foreign body from voice box using an endoscope with operating microscope or telescope	Respiratory	Surgical Procedures on the Larynx	No	None
31535	Biopsy of voice box using an endoscope	Respiratory	Surgical Procedures on the Larynx	No	None
31536	Biopsy of voice box using an endoscope with operating microscope or telescope	Respiratory	Surgical Procedures on the Larynx	No	None
31540	Removal of growth of tongue and/or vocal cord stripping using an endoscope	Respiratory	Surgical Procedures on the Larynx	No	None
31541	Removal of growth of tongue and/or vocal cord stripping using an endoscope with operating microscope or telescope	Respiratory	Surgical Procedures on the Larynx	No	None
31545	Removal of vocal cord growths with tissue flap repair using an endoscope with operating microscope or telescope	Respiratory	Surgical Procedures on the Larynx	No	None
31546	Removal of vocal cord growths with tissue flap repair using an endoscope with operating microscope or telescope	Respiratory	Surgical Procedures on the Larynx	No	None
31551	Repair of narrowed voice box with graft in patient younger than 12 years of age	Respiratory	Surgical Procedures on the Larynx	No	None
31552	Repair of narrowed voice box with graft in patient age 12 years or older	Respiratory	Surgical Procedures on the Larynx	No	None
31553	Repair of narrowed voice box with graft and placement of indwelling stent in patient younger than 12 years of age	Respiratory	Surgical Procedures on the Larynx	No	None
31554	Repair of narrowed voice box with graft and placement of indwelling stent in patient age 12 years or older	Respiratory	Surgical Procedures on the Larynx	No	None
31560	Removal of cartilage attaching voice box using an endoscope	Respiratory	Surgical Procedures on the Larynx	No	None
31561	Removal of cartilage attaching voice box using an endoscope with operating microscope or telescope	Respiratory	Surgical Procedures on the Larynx	No	None
31570	Injection of vocal cords using an endoscope	Respiratory	Surgical Procedures on the Larynx	No	None
31571	Injection of vocal cords using an endoscope with operating microscope or telescope	Respiratory	Surgical Procedures on the Larynx	No	None
31572	Destruction of abnormality of one side of voice box using a flexible endoscope	Respiratory	Surgical Procedures on the Larynx	No	None
31573	Injection of drug into one side of voice box using a flexible endoscope	Respiratory	Surgical Procedures on the Larynx	No	None
31574	Injection of substance to augment voice box using a flexible endoscope	Respiratory	Surgical Procedures on the Larynx	No	None

31575	Diagnostic examination of voice box using flexible endoscope	Respiratory	Surgical Procedures on the Larynx	No	None
31576	Biopsy of voice box using a flexible endoscope	Respiratory	Surgical Procedures on the Larynx	No	None
31577	Removal of foreign body from voice box using a flexible endoscope	Respiratory	Surgical Procedures on the Larynx	No	None
31578	Removal of growth from voice box using a flexible endoscope	Respiratory	Surgical Procedures on the Larynx	No	None
31579	Examination to assess movement of vocal cord flaps using an endoscope	Respiratory	Surgical Procedures on the Larynx	No	None
31580	Repair of congenital vocal cord defect	Respiratory	Surgical Procedures on the Larynx	No	None
31582	REVISION OF LARYNX	Respiratory	Surgical Procedures on the Larynx	No	AMA Deleted code Code invalid as of 1/1/2017 Check for Replacement code
31584	Incision of voice box to repair thyroid cartilage fracture	Respiratory	Surgical Procedures on the Larynx	No	None
31587	Repair of split in the voice box cartilage	Respiratory	Surgical Procedures on the Larynx	No	None
31588	REVISION OF LARYNX	Respiratory	Surgical Procedures on the Larynx	No	AMA Deleted code Code invalid as of 1/1/2017 Check for Replacement code
31590	Relocation of nerve and muscle to restore voice box function	Respiratory	Surgical Procedures on the Larynx	No	None
31591	Repair of one side of voice box by moving vocal cord to middle	Respiratory	Surgical Procedures on the Larynx	No	None
31592	Excision of part of windpipe and cricoid cartilage	Respiratory	Surgical Procedures on the Larynx	No	None
31595	Severing of nerve of one side of voice box	Respiratory	Surgical Procedures on the Larynx	No	AMA CodeTermed 1/01/2019
31599	Voice box procedure	Respiratory	Surgical Procedures on the Larynx	Yes	None
31600	Opening of windpipe through neck for insertion of breathing tube	Respiratory	Surgical Procedures on the Trachea and Bronchi	No	None
31601	Opening of windpipe through neck for insertion of breathing tube, patient younger than 2 years	Respiratory	Surgical Procedures on the Trachea and Bronchi	No	None
31603	Emergent surgical opening of windpipe through neck for insertion of breathing tube	Respiratory	Surgical Procedures on the Trachea and Bronchi	No	None
31605	Emergent surgical opening of windpipe for insertion of breathing tube	Respiratory	Surgical Procedures on the Trachea and Bronchi	No	None

31610	Creation of permanent opening of windpipe for breathing	Respiratory	Surgical Procedures on the Trachea and Bronchi	No	None
31611	Creation of opening of windpipe and with insertion of speech prosthesis	Respiratory	Surgical Procedures on the Trachea and Bronchi	No	None
31612	Puncture of neck and windpipe cartilage for aspiration and/or injection, accessed through the skin	Respiratory	Surgical Procedures on the Trachea and Bronchi	No	None
31613	Revision of permanent opening of windpipe for breathing	Respiratory	Surgical Procedures on the Trachea and Bronchi	No	None
31614	Revision of permanent opening of windpipe for breathing	Respiratory	Surgical Procedures on the Trachea and Bronchi	No	None
31615	Examination of windpipe and lung airways through permanent skin opening to windpipe using an endoscope	Respiratory	Surgical Procedures on the Trachea and Bronchi	No	None
31622	Diagnostic examination of lung airways using an endoscope	Respiratory	Surgical Procedures on the Trachea and Bronchi	Yes	PA Effective 9/17/2019
31623	Examination of lung airways using an endoscope	Respiratory	Surgical Procedures on the Trachea and Bronchi	Yes	PA Effective 9/17/2019
31624	Irrigation and suction of lung airways to obtain cells using an endoscope	Respiratory	Surgical Procedures on the Trachea and Bronchi	Yes	PA Effective 9/17/2019
31625	Biopsy of lung airways using an endoscope	Respiratory	Surgical Procedures on the Trachea and Bronchi	Yes	PA Effective 9/17/2019
31626	Insertion of radiation therapy markers into lung airways using an endoscope	Respiratory	Surgical Procedures on the Trachea and Bronchi	No	None
31627	Computer-assisted image-guided navigation of lung airways using an endoscope	Respiratory	Surgical Procedures on the Trachea and Bronchi	No	Add-On Code - This code must be billed with the appropriate primary procedure code
31628	Biopsy of one lobe of lung using an endoscope	Respiratory	Surgical Procedures on the Trachea and Bronchi	Yes	PA Effective 9/17/2019
31629	Needle biopsy of windpipe cartilage, airway, and/or lung using an endoscope	Respiratory	Surgical Procedures on the Trachea and Bronchi	Yes	PA Effective 9/17/2019
31630	Treatment of windpipe cartilage fracture or dilation of windpipe cartilage using an endoscope	Respiratory	Surgical Procedures on the Trachea and Bronchi	No	None

31631	Insertion of stents into windpipe using an endoscope	Respiratory	Surgical Procedures on the Trachea and Bronchi	No	None
31632	Biopsy of lung using an endoscope	Respiratory	Surgical Procedures on the Trachea and Bronchi	No	Add-On Code - This code must be billed with the appropriate primary procedure code
31633	Needle biopsy of lung using an endoscope	Respiratory	Surgical Procedures on the Trachea and Bronchi	No	Add-On Code - This code must be billed with the appropriate primary procedure code
31634	Examination of lung airways with repair of air leak using an endoscope	Respiratory	Surgical Procedures on the Trachea and Bronchi	No	None
31635	Removal of foreign body in lung airways using an endoscope	Respiratory	Surgical Procedures on the Trachea and Bronchi	No	None
31636	Insertion of stents in lung airways using an endoscope	Respiratory	Surgical Procedures on the Trachea and Bronchi	No	None
31637	Insertion of stent in lung airways using an endoscope	Respiratory	Surgical Procedures on the Trachea and Bronchi	No	Add-On Code - This code must be billed with the appropriate primary procedure code
31638	Revision of previously inserted stent in lung airways using an endoscope	Respiratory	Surgical Procedures on the Trachea and Bronchi	No	None
31640	Removal of growth in lung airways using an endoscope	Respiratory	Surgical Procedures on the Trachea and Bronchi	No	None
31641	Destruction of growth or narrowing of lung airway using an endoscope	Respiratory	Surgical Procedures on the Trachea and Bronchi	No	None
31643	Insertion of catheters for radiation delivery in lung airway using an endoscope	Respiratory	Surgical Procedures on the Trachea and Bronchi	No	None
31645	Aspiration of lung secretions from lung airways using an endoscope	Respiratory	Surgical Procedures on the Trachea and Bronchi	No	None
31646	Aspiration of lung secretions from lung airways using an endoscope	Respiratory	Surgical Procedures on the Trachea and Bronchi	No	None
31647	Assessment of air leak, airway sizing, and insertion of bronchial valves in lung airways using an endoscope	Respiratory	Surgical Procedures on the Trachea and Bronchi	No	None
31648	Removal of bronchial valves in lung airways using an endoscope	Respiratory	Surgical Procedures on the Trachea and Bronchi	No	None

31649	Removal of bronchial valves in lung airways using an endoscope	Respiratory	Surgical Procedures on the Trachea and Bronchi	No	Add-On Code - This code must be billed with the appropriate primary procedure code
31651	Assessment of air leak, airway sizing, and insertion of bronchial valves in lung airways using an endoscope	Respiratory	Surgical Procedures on the Trachea and Bronchi	No	Add-On Code - This code must be billed with the appropriate primary procedure code
31652	Examination of lung airways using an endoscope with imaging guidance and ultrasound	Respiratory	Surgical Procedures on the Trachea and Bronchi	No	None
31653	Examination of lung airways using an endoscope with imaging guidance and ultrasound	Respiratory	Surgical Procedures on the Trachea and Bronchi	No	None
31654	Examination of lung airways using an endoscope with imaging guidance and ultrasound	Respiratory	Surgical Procedures on the Trachea and Bronchi	No	Add-On Code - This code must be billed with the appropriate primary procedure code
31660	Thermal repair of lung airways using an endoscope	Respiratory	Surgical Procedures on the Trachea and Bronchi	No	None
31661	Thermal repair of lung airways using an endoscope	Respiratory	Surgical Procedures on the Trachea and Bronchi	No	None
31717	Insertion of catheter into airway of lung for brush biopsy	Respiratory	Surgical Procedures on the Trachea and Bronchi	No	None
31720	Insertion of catheter for suction of secretions	Respiratory	Surgical Procedures on the Trachea and Bronchi	No	None
31725	Insertion of catheter into windpipe and lung airways for removal of secretions at bedside using an endoscope	Respiratory	Surgical Procedures on the Trachea and Bronchi	Yes	None
31730	Insertion into windpipe of needle wire, dilator, stent, or tube for oxygen delivery	Respiratory	Surgical Procedures on the Trachea and Bronchi	No	None
31750	Repair of windpipe cartilage	Respiratory	Surgical Procedures on the Trachea and Bronchi	No	None
31755	Creation of drainage tract from throat to windpipe	Respiratory	Surgical Procedures on the Trachea and Bronchi	No	None
31760	Repair of windpipe cartilage by insertion of splint or graft	Respiratory	Surgical Procedures on the Trachea and Bronchi	Yes	None
31766	Repair through chest of upper breast bone	Respiratory	Surgical Procedures on the Trachea and Bronchi	Yes	None

31770	Repair of lung airway	Respiratory	Surgical Procedures on the Trachea and Bronchi	Yes	None
31775	Repair of narrowed area in lung airway	Respiratory	Surgical Procedures on the Trachea and Bronchi	Yes	None
31780	Repair of narrowed area of windpipe cartilage	Respiratory	Surgical Procedures on the Trachea and Bronchi	Yes	None
31781	Repair of narrowed area of windpipe cartilage	Respiratory	Surgical Procedures on the Trachea and Bronchi	Yes	None
31785	Removal of windpipe cartilage growth	Respiratory	Surgical Procedures on the Trachea and Bronchi	No	None
31786	Removal of windpipe cartilage growth, open chest procedure	Respiratory	Surgical Procedures on the Trachea and Bronchi	Yes	None
31800	Suture of wound or injury to windpipe cartilage	Respiratory	Surgical Procedures on the Trachea and Bronchi	Yes	None
31805	Suture of wound or injury to windpipe cartilage	Respiratory	Surgical Procedures on the Trachea and Bronchi	Yes	None
31820	Closure of permanent windpipe opening or abnormal drainage tract	Respiratory	Surgical Procedures on the Trachea and Bronchi	No	None
31825	Plastic repair and closure of permanent windpipe opening or abnormal drainage tract	Respiratory	Surgical Procedures on the Trachea and Bronchi	No	None
31830	Revision of permanent windpipe opening scar	Respiratory	Surgical Procedures on the Trachea and Bronchi	No	None
31899	Windpipe or lung airway procedure	Respiratory	Surgical Procedures on the Trachea and Bronchi	Yes	None
32035	Removal of rib with creation of tract for drainage of infected material	Respiratory	Surgical Procedures on the Lungs and Pleura	Yes	None
32036	Removal of rib with creation of open flap tract for drainage of infected material from lung	Respiratory	Surgical Procedures on the Lungs and Pleura	Yes	None
32096	Opening in chest with biopsy of fluid collection in one lung	Respiratory	Surgical Procedures on the Lungs and Pleura	Yes	None

32097	Opening in chest with biopsy of growths in one lung	Respiratory	Surgical Procedures on the Lungs and Pleura	Yes	None
32098	Opening in chest with biopsy of lung lining	Respiratory	Surgical Procedures on the Lungs and Pleura	Yes	None
32100	Incision and exploration of chest cavity	Respiratory	Surgical Procedures on the Lungs and Pleura	Yes	None
32110	Repair of traumatic tear in lung and/or control of bleeding	Respiratory	Surgical Procedures on the Lungs and Pleura	Yes	None
32120	Incision of chest cavity for complication after surgery	Respiratory	Surgical Procedures on the Lungs and Pleura	Yes	None
32124	Opening in chest with release of lung lining	Respiratory	Surgical Procedures on the Lungs and Pleura	Yes	None
32140	Opening in chest with removal of lung cysts	Respiratory	Surgical Procedures on the Lungs and Pleura	Yes	None
32141	Removal of air sac of lung	Respiratory	Surgical Procedures on the Lungs and Pleura	Yes	None
32150	Removal of foreign body or clot protein deposit in lung lining	Respiratory	Surgical Procedures on the Lungs and Pleura	Yes	None
32151	Removal of foreign body in lung	Respiratory	Surgical Procedures on the Lungs and Pleura	Yes	None
32160	Massage of heart muscle through chest cavity	Respiratory	Surgical Procedures on the Lungs and Pleura	Yes	None
32200	Drainage of infected lung material or cyst, open procedure	Respiratory	Surgical Procedures on the Lungs and Pleura	Yes	None
32215	Creation of scarring on surface of lung	Respiratory	Surgical Procedures on the Lungs and Pleura	Yes	None
32220	Removal of lung lining for lung expansion	Respiratory	Surgical Procedures on the Lungs and Pleura	Yes	None
32225	Partial removal of lung lining for lung expansion	Respiratory	Surgical Procedures on the Lungs and Pleura	Yes	None

32310	Removal of chest cavity lining	Respiratory	Surgical Procedures on the Lungs and Pleura	Yes	None
32320	Removal of chest cavity and lung lining	Respiratory	Surgical Procedures on the Lungs and Pleura	Yes	None
32400	Needle biopsy of lining of lung, accessed through the skin	Respiratory	Surgical Procedures on the Lungs and Pleura	No	None
32405	Needle biopsy of lung or chest tissue, accessed through the skin	Respiratory	Surgical Procedures on the Lungs and Pleura	No	Code Termed 01/01/2021; replacement code 32408
32440	Removal of lung	Respiratory	Surgical Procedures on the Lungs and Pleura	Yes	None
32442	Removal of lung and portion of windpipe cartilage	Respiratory	Surgical Procedures on the Lungs and Pleura	Yes	None
32445	Removal of lung and chest cavity lining	Respiratory	Surgical Procedures on the Lungs and Pleura	Yes	None
32480	Removal of one lobe of lung	Respiratory	Surgical Procedures on the Lungs and Pleura	Yes	None
32482	Removal of two lobes of lung	Respiratory	Surgical Procedures on the Lungs and Pleura	Yes	None
32484	Removal of a segment of lung tissue	Respiratory	Surgical Procedures on the Lungs and Pleura	Yes	None
32486	Removal portion of lung tissue and segment of lung airway	Respiratory	Surgical Procedures on the Lungs and Pleura	Yes	None
32488	Removal of remaining lung after prior lung surgery	Respiratory	Surgical Procedures on the Lungs and Pleura	Yes	None
32491	Removal of a lung segment to reduce lung volume	Respiratory	Surgical Procedures on the Lungs and Pleura	Yes	None
32501	Repair of lung airway with lung segment removal	Respiratory	Surgical Procedures on the Lungs and Pleura	No	Add-On Code - This code must be billed with the appropriate primary procedure code
32503	Removal of lung growth and chest wall	Respiratory	Surgical Procedures on the Lungs and Pleura	Yes	None

32504	Removal of lung growth and repair of chest wall	Respiratory	Surgical Procedures on the Lungs and Pleura	Yes	None
32505	Opening in chest with partial removal of lung tissue	Respiratory	Surgical Procedures on the Lungs and Pleura	Yes	None
32506	Opening in chest with partial removal of lung tissue	Respiratory	Surgical Procedures on the Lungs and Pleura	No	Add-On Code - This code must be billed with the appropriate primary procedure code
32507	Partial removal of lung tissue for diagnostic examination	Respiratory	Surgical Procedures on the Lungs and Pleura	No	Add-On Code - This code must be billed with the appropriate primary procedure code
32540	Removal of infected material between lung and chest wall	Respiratory	Surgical Procedures on the Lungs and Pleura	Yes	None
32550	Insertion of permanent catheter for drainage of lung fluid	Respiratory	Surgical Procedures on the Lungs and Pleura	No	None
32551	Removal of fluid from between lung and chest cavity, open procedure	Respiratory	Surgical Procedures on the Lungs and Pleura	No	None
32552	Removal of tunneled catheter in lung lining	Respiratory	Surgical Procedures on the Lungs and Pleura	No	None
32553	Insertion of devices in chest cavity for radiation therapy guidance, accessed through the skin	Respiratory	Surgical Procedures on the Lungs and Pleura	No	None
32554	Removal of fluid from chest cavity	Respiratory	Surgical Procedures on the Lungs and Pleura	No	None
32555	Removal of fluid from chest cavity with imaging guidance	Respiratory	Surgical Procedures on the Lungs and Pleura	No	None
32556	Removal of fluid from chest cavity with insertion of indwelling catheter, accessed through the skin	Respiratory	Surgical Procedures on the Lungs and Pleura	No	None
32557	Removal of fluid from chest cavity with insertion of indwelling catheter and imaging guidance, accessed through the skin	Respiratory	Surgical Procedures on the Lungs and Pleura	No	None
32560	Catheter instillation of agent onto lung surface	Respiratory	Surgical Procedures on the Lungs and Pleura	No	None
32561	Catheter instillations of agent onto lung lining to break up scar tissue	Respiratory	Surgical Procedures on the Lungs and Pleura	No	None

32562	Catheter instillations of agent onto lung lining to break up scar tissue	Respiratory	Surgical Procedures on the Lungs and Pleura	No	None
32601	Diagnostic examination of lungs, heart sac, mid-chest cavity, or lung lining using an endoscope	Respiratory	Surgical Procedures on the Lungs and Pleura	No	None
32604	Biopsy of sac that covers the heart using an endoscope	Respiratory	Surgical Procedures on the Lungs and Pleura	No	None
32606	Biopsy of tissue in mid-chest using an endoscope	Respiratory	Surgical Procedures on the Lungs and Pleura	No	None
32607	Biopsy of fluid collection in one lung using an endoscope	Respiratory	Surgical Procedures on the Lungs and Pleura	No	None
32608	Biopsy of growths in one lung using an endoscope	Respiratory	Surgical Procedures on the Lungs and Pleura	No	None
32609	Biopsy of lung lining using an endoscope	Respiratory	Surgical Procedures on the Lungs and Pleura	No	None
32650	Adhesion of the lung linings using an endoscope	Respiratory	Surgical Procedures on the Lungs and Pleura	Yes	None
32651	Partial removal of chest cavity lining and lung using an endoscope	Respiratory	Surgical Procedures on the Lungs and Pleura	Yes	None
32652	Complete removal of inside lining of chest cavity and lung using an endoscope	Respiratory	Surgical Procedures on the Lungs and Pleura	Yes	None
32653	Removal of foreign body from lining of chest cavity using an endoscope	Respiratory	Surgical Procedures on the Lungs and Pleura	Yes	None
32654	Control of bleeding in chest using an endoscope	Respiratory	Surgical Procedures on the Lungs and Pleura	Yes	None
32655	Removal of air sac of lung using an endoscope	Respiratory	Surgical Procedures on the Lungs and Pleura	Yes	None
32656	Removal of lining of lung using an endoscope	Respiratory	Surgical Procedures on the Lungs and Pleura	Yes	None
32658	Removal of blood clot or foreign body from sac that covers the heart using an endoscope	Respiratory	Surgical Procedures on the Lungs and Pleura	Yes	None

32659	Creation of opening or partial removal of sac that covers the heart using an endoscope	Respiratory	Surgical Procedures on the Lungs and Pleura	Yes	None
32661	Removal of cyst or growth from sac that covers the heart using an endoscope	Respiratory	Surgical Procedures on the Lungs and Pleura	Yes	None
32662	Removal of cyst or growth from mid-chest cavity using an endoscope	Respiratory	Surgical Procedures on the Lungs and Pleura	Yes	None
32663	Examination of lung with removal of lung lobe using an endoscope	Respiratory	Surgical Procedures on the Lungs and Pleura	Yes	None
32664	Removal of nerves to chest cavity using an endoscope	Respiratory	Surgical Procedures on the Lungs and Pleura	Yes	None
32665	Repair of esophagus using an endoscope	Respiratory	Surgical Procedures on the Lungs and Pleura	Yes	None
32666	Partial removal of tissue of one lung using an endoscope	Respiratory	Surgical Procedures on the Lungs and Pleura	Yes	None
32667	Partial removal of lung tissue using an endoscope	Respiratory	Surgical Procedures on the Lungs and Pleura	No	None
32668	Partial removal of lung tissue using an endoscope	Respiratory	Surgical Procedures on the Lungs and Pleura	No	None
32669	Removal of a segment of lung tissue using an endoscope	Respiratory	Surgical Procedures on the Lungs and Pleura	Yes	None
32670	Removal of two lobes of lung using an endoscope	Respiratory	Surgical Procedures on the Lungs and Pleura	Yes	None
32671	Removal of lung using an endoscope	Respiratory	Surgical Procedures on the Lungs and Pleura	Yes	None
32672	Partial removal of one lung to reduce lung volume using an endoscope	Respiratory	Surgical Procedures on the Lungs and Pleura	Yes	None
32673	Removal of thymus gland using an endoscope	Respiratory	Surgical Procedures on the Lungs and Pleura	Yes	None
32674	Removal of lymph nodes of mid-chest cavity using an endoscope	Respiratory	Surgical Procedures on the Lungs and Pleura	No	Add-On Code - This code must be billed with the appropriate primary procedure code

32701	Thoracic targets delineation for stereotactic body radiation therapy	Respiratory	Surgical Procedures on the Lungs and Pleura	No	Covered benefit only for Qualified Medicare Beneficiaries
32800	Repair of lung herniation through chest wall	Respiratory	Surgical Procedures on the Lungs and Pleura	No	None
32810	Closure of chest wall after open drainage of infected lung	Respiratory	Surgical Procedures on the Lungs and Pleura	Yes	None
32815	Closure of abnormal drainage tract from chest cavity to lung airway, open procedure	Respiratory	Surgical Procedures on the Lungs and Pleura	Yes	None
32820	Reconstruction of the chest wall after injury	Respiratory	Surgical Procedures on the Lungs and Pleura	Yes	None
32850	Removal of lung from cadaver	Respiratory	Surgical Procedures on the Lungs and Pleura	Yes	None
32851	Transplant of lung	Respiratory	Surgical Procedures on the Lungs and Pleura	Yes	None
32852	Transplant of lung on heart-lung machine	Respiratory	Surgical Procedures on the Lungs and Pleura	Yes	None
32853	Transplant of both lungs	Respiratory	Surgical Procedures on the Lungs and Pleura	Yes	None
32854	Transplant of both lungs on heart-lung machine	Respiratory	Surgical Procedures on the Lungs and Pleura	Yes	None
32855	Preparation of one lung from a cadaver	Respiratory	Surgical Procedures on the Lungs and Pleura	No	None
32856	Preparation of two cadaver lungs for transplantation	Respiratory	Surgical Procedures on the Lungs and Pleura	No	None
32900	Removal of ribs	Respiratory	Surgical Procedures on the Lungs and Pleura	Yes	None
32905	Removal of infected area of chest cavity	Respiratory	Surgical Procedures on the Lungs and Pleura	Yes	None
32906	Removal of infected area in chest cavity and closure of abnormal drainage tract	Respiratory	Surgical Procedures on the Lungs and Pleura	Yes	None

32940	Release of lining covering lung from chest wall	Respiratory	Surgical Procedures on the Lungs and Pleura	Yes	None
32960	Injection of air into chest cavity to collapse lung	Respiratory	Surgical Procedures on the Lungs and Pleura	No	None
32994	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; cryoablation	Respiratory	Other Procedures	Yes	None
32997	Irrigation and drainage of one lung	Respiratory	Surgical Procedures on the Lungs and Pleura	Yes	None
32998	Destruction of growths in one lung, accessed through the skin	Respiratory	Surgical Procedures on the Lungs and Pleura	No	None
32999	Lung and lung lining procedure	Respiratory	Surgical Procedures on the Lungs and Pleura	Yes	None
33010	Aspiration of fluid from sac that covers the heart	Cardiovascular	Surgical Procedures on the Heart and Pericardium	No	AMA CodeTermed 1/1/2020, to report see 33016-33019
33011	Aspiration of fluid from sac that covers the heart	Cardiovascular	Surgical Procedures on the Heart and Pericardium	No	AMA CodeTermed 1/1/2020, to report see 33016-33019
33015	Insertion of catheter for drainage into sac that covers the heart	Cardiovascular	Surgical Procedures on the Heart and Pericardium	No	AMA CodeTermed 1/1/2020, to report see 33017-33019
33020	Removal of blood clot or foreign body from sac that covers the heart	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33025	Creation of opening or partial removal of sac that covers the heart	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33030	Removal of sac that covers the heart	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33031	Removal of sac that covers the heart on heart-lung machine	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33050	Removal of cyst or growth from sac that covers the heart	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None

33120	Removal of growth in heart on heart-lung machine	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33130	Removal of growth on outside of heart	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33140	Laser treatment of heart muscle to improve blood flow	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33141	Laser treatment of heart muscle to improve blood flow during open procedure	Cardiovascular	Surgical Procedures on the Heart and Pericardium	No	Add-On Code - This code must be billed with the appropriate primary procedure code
33202	Insertion of electrodes to outer layer of heart, open procedure	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33203	Insertion of electrodes to outer layer of heart using an endoscope	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33206	Insertion or replacement of permanent pacemaker and upper chamber electrodes	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	PA Effective 9/17/2019
33207	Insertion or replacement of permanent pacemaker and lower chamber electrodes	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	PA Effective 9/17/2019
33208	Insertion of new or replacement of permanent pacemaker including upper and lower chamber electrodes	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	PA Effective 9/17/2019
33210	Placement of temporary pacemaker leads	Cardiovascular	Surgical Procedures on the Heart and Pericardium	No	None
33211	Placement of temporary pacemaker leads	Cardiovascular	Surgical Procedures on the Heart and Pericardium	No	None
33212	Insertion of pacemaker pulse generator with existing single lead	Cardiovascular	Surgical Procedures on the Heart and Pericardium	No	None
33213	Insertion of pacemaker pulse generator with existing dual leads	Cardiovascular	Surgical Procedures on the Heart and Pericardium	No	None
33214	Conversion to two chamber pacemaker system	Cardiovascular	Surgical Procedures on the Heart and Pericardium	No	None
33215	Repositioning of implanted pacemaker or defibrillator device	Cardiovascular	Surgical Procedures on the Heart and Pericardium	No	None

33216	Insertion of electrode for permanent pacemaker or pacing defibrillator device	Cardiovascular	Surgical Procedures on the Heart and Pericardium	No	None
33217	Insertion of electrodes for permanent pacemaker or pacing defibrillator device	Cardiovascular	Surgical Procedures on the Heart and Pericardium	No	None
33218	Repair of electrode for permanent pacemaker or defibrillator device	Cardiovascular	Surgical Procedures on the Heart and Pericardium	No	None
33220	Repair of 2 electrodes for permanent pacemaker or defibrillator device	Cardiovascular	Surgical Procedures on the Heart and Pericardium	No	None
33221	Insertion of pacemaker pulse generator with existing multiple leads	Cardiovascular	Surgical Procedures on the Heart and Pericardium	No	None
33222	Relocation of pacemaker generator skin pocket	Cardiovascular	Surgical Procedures on the Heart and Pericardium	No	None
33223	Relocation of defibrillator device skin pocket	Cardiovascular	Surgical Procedures on the Heart and Pericardium	No	None
33224	Insertion of left heart electrode with attachment to pacemaker or pacing defibrillator device	Cardiovascular	Surgical Procedures on the Heart and Pericardium	No	None
33225	Insertion of left heart electrode for pacing defibrillator device	Cardiovascular	Surgical Procedures on the Heart and Pericardium	No	Add-On Code - This code must be billed with the appropriate primary procedure code
33226	Repositioning of implanted left heart electrode	Cardiovascular	Surgical Procedures on the Heart and Pericardium	No	None
33227	Removal and replacement of single lead permanent pacemaker pulse generator	Cardiovascular	Surgical Procedures on the Heart and Pericardium	No	None
33228	Removal and replacement of dual lead permanent pacemaker pulse generator	Cardiovascular	Surgical Procedures on the Heart and Pericardium	No	None
33229	Removal and replacement of multiple lead permanent pacemaker pulse generator	Cardiovascular	Surgical Procedures on the Heart and Pericardium	No	None
33230	Insertion of pacing defibrillator pulse generator with existing dual leads	Cardiovascular	Surgical Procedures on the Heart and Pericardium	No	None
33231	Insertion of pacing defibrillator pulse generator with existing multiple leads	Cardiovascular	Surgical Procedures on the Heart and Pericardium	No	None

33233	Removal of permanent pacemaker pulse generator	Cardiovascular	Surgical Procedures on the Heart and Pericardium	No	None
33234	Removal of electrode from right heart	Cardiovascular	Surgical Procedures on the Heart and Pericardium	No	None
33235	Removal of electrodes from right heart	Cardiovascular	Surgical Procedures on the Heart and Pericardium	No	None
33236	Removal of permanent right heart electrodes and pacemaker	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33237	Removal of permanent right heart electrodes and pacemaker	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33238	Removal of permanent pacemaker venous electrodes	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33240	Insertion of pacing defibrillator pulse generator with existing single lead	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	PA Effective 9/17/2019
33241	Removal of defibrillator pulse generator	Cardiovascular	Surgical Procedures on the Heart and Pericardium	No	None
33243	Removal of defibrillator electrodes	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33244	Removal of defibrillator electrodes	Cardiovascular	Surgical Procedures on the Heart and Pericardium	No	None
33249	Insertion or replacement of single or dual chamber pacing defibrillator leads	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	PA Effective 9/17/2019
33250	Destruction of pathway of abnormal heart beats	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33251	Destruction of pathway of abnormal heart beats on heart-lung machine	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33254	Partial destruction and reconstruction of upper heart chamber	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33255	Partial destruction and reconstruction of right upper heart	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None

33256	Destruction and reconstruction of right upper heart on heart-lung machine	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33257	Destruction and reconstruction of right upper heart	Cardiovascular	Surgical Procedures on the Heart and Pericardium	No	Add-On Code - This code must be billed with the appropriate primary procedure code
33258	Destruction and reconstruction of right upper heart	Cardiovascular	Surgical Procedures on the Heart and Pericardium	No	Add-On Code - This code must be billed with the appropriate primary procedure code
33259	Destruction of tissue and reconstruction of right upper heart on heart-lung machine	Cardiovascular	Surgical Procedures on the Heart and Pericardium	No	Add-On Code - This code must be billed with the appropriate primary procedure code
33261	Destruction of tissue and reconstruction of right lower heart on heart-lung machine	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33262	Removal and replacement of defibrillator pulse generator	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	PA Effective 9/17/2019
33263	Removal and replacement of defibrillator pulse generator	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	PA Effective 9/17/2019
33264	Removal and replacement of defibrillator pulse generator	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	PA Effective 9/17/2019
33265	Reconstruction of upper heart chamber tissue and alteration of electrical pathway using an endoscope	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33266	Reconstruction of upper heart chamber tissue and alteration of electrical pathway using an endoscope	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33270	Insertion or replacement of defibrillator with electrode	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	PA Effective 9/17/2019
33271	Insertion of defibrillator electrode	Cardiovascular	Surgical Procedures on the Heart and Pericardium	No	None
33272	Removal of defibrillator electrode	Cardiovascular	Surgical Procedures on the Heart and Pericardium	No	None
33273	Repositioning of previously implanted defibrillator electrode	Cardiovascular	Surgical Procedures on the Heart and Pericardium	No	None
33274	Insertion or replacement of permanent leadless pacemaker into lower right chamber of heart via catheter using imaging guidance	Cardiovascular	Pacemaker	Yes	None

33275	Removal of permanent leadless pacemaker into lower right chamber of heart via catheter using imaging guidance	Cardiovascular	Pacemaker	Yes	None
33282	Implantation patient-activated heart monitoring device	Cardiovascular	Surgical Procedures on the Heart and Pericardium	No	AMA CodeTermed 01/01/2019 To Report See 33285-33286
33284	Removal of implantable patient-activated heart monitoring device	Cardiovascular	Surgical Procedures on the Heart and Pericardium	No	AMA CodeTermed 01/01/2019 To Report See 33285-33286
33285	Insertion of heart rhythm monitor under skin	Cardiovascular	Monitors	Yes	None
33286	Removal of heart rhythm monitor from under skin	Cardiovascular	Monitors	Yes	None
33289	Insertion of wireless pressure sensor into lung artery via catheter	Cardiovascular	Transcatheter Implantation	Yes	None
33300	Repair of wound to heart	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33305	Repair of wound to heart on heart-lung machine	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33310	Incision, exploration, and removal of foreign body of upper or lower heart chamber	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33315	Incision, exploration, and removal of foreign body of upper or lower heart chamber on heart-lung machine	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33320	Suture repair of great vessels of heart and chest	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33321	Insertion of blood flow shunt from heart and great vessels	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33322	Suture repair of great vessels and heart on heart-lung machine	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33330	Insertion of great vessel graft	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33335	Insertion of great vessel graft on heart-lung machine	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33340	Repair of left upper heart	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None

33361	Replacement of aortic valve with prosthetic valve, accessed through the skin	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33362	Replacement of aortic valve with prosthetic valve, open procedure	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33363	Replacement of aortic valve with prosthetic valve, open procedure	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33364	Replacement of aortic valve with prosthetic valve, open procedure	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33365	Replacement of aortic valve with prosthetic valve	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33366	Replacement of aortic valve with prosthetic valve	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33367	Replacement of aortic valve with prosthetic valve on heart-lung machine	Cardiovascular	Surgical Procedures on the Heart and Pericardium	No	Add-On Code - This code must be billed with the appropriate primary procedure code
33368	Replacement of aortic valve with prosthetic valve on heart-lung machine, open procedure	Cardiovascular	Surgical Procedures on the Heart and Pericardium	No	Add-On Code - This code must be billed with the appropriate primary procedure code
33369	Replacement of aortic valve with prosthetic valve on heart-lung machine	Cardiovascular	Surgical Procedures on the Heart and Pericardium	No	Add-On Code - This code must be billed with the appropriate primary procedure code
33390	Simple repair of aortic valve by open procedure on heart-lung machine	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33391	Complex repair of aortic valve by open procedure on heart-lung machine	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33400	REPAIR OF AORTIC VALVE	Cardiovascular	Surgical Procedures on the Heart and Pericardium	No	AMA Deleted code Code invalid as of 1/1/2017 Check for Replacement code
33401	VALVULOPLASTY OPEN	Cardiovascular	Surgical Procedures on the Heart and Pericardium	No	AMA Deleted code Code invalid as of 1/1/2017 Check for Replacement code
33403	VALVULOPLASTY W/CP BYPASS	Cardiovascular	Surgical Procedures on the Heart and Pericardium	No	AMA Deleted code Code invalid as of 1/1/2017 Check for Replacement code
33404	Creation of blood flow from left lower heart chamber to aorta	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None

33405	Replacement of aortic valve using artificial valve on heart-lung machine, open procedure	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33406	Replacement of aortic valve using human donor valve on heart-lung machine, open procedure	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33410	Replacement of aortic valve using tissue valve on heart-lung machine, open procedure	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33411	Replacement and enlargement of left lower heart valve	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33412	Replacement of left lower heart chamber valve with enlargement of tissue ring at base of valve	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33413	Repair and enlargement of blood outflow tract to great vessels from the left or right lower heart chamber	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33414	Repair and enlargement of blood outflow tract of left lower heart chamber	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33415	Incision or removal of tissue below left lower heart valve	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33416	Removal of thickened heart muscle at left lower heart chamber	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33417	Repair of aorta at heart	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33418	Replacement of aortic valve with prosthetic valve accessed through the skin	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33419	Replacement of aortic valve with prosthetic valve accessed through the skin	Cardiovascular	Surgical Procedures on the Heart and Pericardium	No	Add-On Code - This code must be billed with the appropriate primary procedure code
33420	Removal of scar tissue of valve between left heart chambers, closed heart procedure	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33422	Removal of valve scar tissue between left heart chambers on heart-lung machine, open procedure	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33425	Repair of valve between left heart chambers on heart-lung machine	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None

33426	Insertion of artificial valve between left heart chambers on heart-lung machine	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33427	Repair of valve flaps between left heart chambers on heart-lung machine	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33430	Replacement of valve between left upper and lower chambers on heart-lung machine	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33440	Replacement of aortic valve by translocation of pulmonary valve, replacement of pulmonary valve with conduit, and enlargement of outflow tract from left lower chamber of heart	Cardiovascular	Ross-Konno Procedure	Yes	None
33460	Removal of valve between right upper and lower chambers on heart-lung machine	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33463	Repair of valve between right upper and lower heart chambers	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33464	Repair of heart valve between right chambers with insertion of prosthetic valve ring	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33465	Replacement of valve between right heart chambers on heart-lung machine	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33468	Repositioning of valve between right heart chambers	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33470	Dilation of valve between right heart chambers, closed heart procedure	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33471	Dilation of valve between right heart chambers, closed heart procedure	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33474	Incision of valve at right lower heart chamber on heart-lung machine, open procedure	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33475	Replacement of valve at right lower heart chamber	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33476	Release of restrictive muscle bands or valve leaflets at right lower heart chamber	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33477	Implantation of heart valve (pulmonary) to lungs, accessed through the skin	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None

33478	Enlargement of blood outflow tract in right lower heart chamber	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33496	Repair of artificial heart valve on heart-lung machine	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33500	Repair of drainage of heart artery and vein on heart-lung machine	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33501	Repair of drainage of heart artery and vein	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33502	Repair of abnormal heart artery	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33503	Placement of graft to repair abnormal heart artery	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33504	Repair of abnormal heart artery on heart-lung machine	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33505	Repair of abnormal heart artery with diversion of blood flow	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33506	Repair of abnormal heart artery with diversion of blood flow to aorta	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33507	Repair of abnormal heart artery at its aortic origin	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33508	Harvest of veins for coronary artery bypass procedure using an endoscope	Cardiovascular	Surgical Procedures on the Heart and Pericardium	No	Add-On Code - This code must be billed with the appropriate primary procedure code
33510	Heart artery bypass to repair one artery	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33511	Heart artery bypass to repair multiple arteries	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33512	Heart artery bypass to repair multiple arteries	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33513	Heart artery bypass to repair multiple arteries	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None

33514	Heart artery bypass to repair multiple arteries	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33516	Heart artery bypass to repair multiple arteries	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33517	Combined vein and artery heart artery bypass	Cardiovascular	Surgical Procedures on the Heart and Pericardium	No	Add-On Code - This code must be billed with the appropriate primary procedure code
33518	Combined multiple vein and artery heart artery bypasses	Cardiovascular	Surgical Procedures on the Heart and Pericardium	No	Add-On Code - This code must be billed with the appropriate primary procedure code
33519	Combined multiple vein and artery heart artery bypasses	Cardiovascular	Surgical Procedures on the Heart and Pericardium	No	Add-On Code - This code must be billed with the appropriate primary procedure code
33521	Combined multiple vein and artery heart artery bypasses	Cardiovascular	Surgical Procedures on the Heart and Pericardium	No	Add-On Code - This code must be billed with the appropriate primary procedure code
33522	Combined multiple vein and artery heart artery bypasses	Cardiovascular	Surgical Procedures on the Heart and Pericardium	No	Add-On Code - This code must be billed with the appropriate primary procedure code
33523	Combined multiple vein and artery heart artery bypasses	Cardiovascular	Surgical Procedures on the Heart and Pericardium	No	Add-On Code - This code must be billed with the appropriate primary procedure code
33530	Reoperation of heart artery bypass or valve procedure more than 1 month after original operation	Cardiovascular	Surgical Procedures on the Heart and Pericardium	No	Add-On Code - This code must be billed with the appropriate primary procedure code
33533	Heart artery bypass to repair one artery	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33534	Heart artery bypass to repair multiple arteries	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33535	Heart artery bypass to repair multiple arteries	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33536	Heart artery bypass to repair multiple arteries	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33542	Partial removal of heart muscle	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33545	Repair of lower heart chamber defect following heart attack	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None

33548	Restoration and reshaping of left lower heart chamber	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33572	Removal of plaque from heart artery at time of bypass graft procedure, open procedure	Cardiovascular	Surgical Procedures on the Heart and Pericardium	No	Add-On Code - This code must be billed with the appropriate primary procedure code
33600	Suture or patch of valve between right heart chambers	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33602	Suture or patch of two-leaflet heart valve	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33606	Connection of pulmonary (lung) artery to aorta	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33608	Repair of congenital defect in right or left heart chamber	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33610	Enlargement of congenital defect in wall between two lower heart chambers	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33611	Repair of double outlet defect of right lower heart chamber	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33612	Repair of double outlet defect and outflow track of right lower heart chamber	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33615	Closure of congenital defect in wall between two upper heart chambers	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33617	Repair to improve congenital blood flow defect from right upper heart chamber	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33619	Repair to improve congenital blood flow defect from single lower heart chamber	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33620	Placement of bands around the right and left pulmonary (lung) arteries, hybrid approach	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33621	Insertion of stent in defect between upper heart chambers	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33622	Reconstruction of complex cardiac defects	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None

33641	Repair of hole between upper heart chambers on heart-lung machine	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33645	Direct or patch closure of extra tissue between two upper heart chambers	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33647	Repair of congenital defect in wall between both upper and lower heart chamber	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33660	Repair of congenital defect between both upper and lower heart chambers	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33665	Repair of congenital defect in valve between upper and lower heart chamber	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33670	Repair of congenital valve defect between upper and lower heart chamber	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33675	Closure of congenital multiple opening defects in wall between two upper and lower heart chambers	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33676	Closure of congenital multiple opening defects in wall between two upper and lower heart chambers with release of valve tissue	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33677	Closure of congenital multiple opening defect in wall between two upper and lower heart chambers	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33681	Closure of congenital single opening in wall between lower heart chambers	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33684	Closure of congenital single opening in wall between lower heart chambers and release of valve tissue	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33688	Closure and reinforcement of congenital opening in wall between lower heart chambers	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33690	Banding pulmonary (lung) artery	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33692	Repair and correction of four congenital heart defects	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33694	Repair and correction of four congenital heart defects	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None

33697	Repair and correction of four congenital heart defects	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33702	Repair to improve blood flow to lung or heart on heart-lung machine	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33710	Repair of opening in wall between lower heart chambers on heart-lung machine	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33720	Repair of bulging vessel (aneurysm) above heart valve to lung on heart-lung machine	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33722	Repair of extra blood flow tract from left heart chamber to aorta	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33724	Repair of abnormal lung vein blood return to left upper heart chamber	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33726	Repair of abnormal blockage of pulmonary (lung) vein to left upper heart chamber	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33730	Repair of abnormal pulmonary (lung) vein blood flow to left upper heart chamber	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33732	Removal of congenital membrane at left upper heart chamber	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33735	Balloon enlargement of wall between two upper heart chambers, closed heart procedure	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33736	Enlargement of wall between two upper heart chambers, open heart procedure	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33737	Enlargement of wall between two upper heart chambers with correction of blood flow, open heart procedure	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33750	Placement of shunt from a chest artery to pulmonary (lung) artery	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33755	Placement of shunt from the aorta to pulmonary (lung) artery	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33762	Placement of shunt from the aorta to pulmonary (lung) artery	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None

33764	Placement of shunt and artificial graft from the aorta to pulmonary (lung) artery	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33766	Placement of shunt from vena cava to pulmonary (lung) artery to improve blood flow to lung	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33767	Placement of shunt from vena cava to pulmonary (lung) artery to improve blood flow to lung	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33768	Removal of congenital extra vena cava	Cardiovascular	Surgical Procedures on the Heart and Pericardium	No	Add-On Code - This code must be billed with the appropriate primary procedure code
33770	Repair of a group of congenital heart defects with reversal of blood flow	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33771	Repair of a group of congenital heart defects with reversal of blood flow	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33774	Repair of a group of congenital heart defects with reversal of blood flow on heart-lung machine	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33775	Repair of a group of congenital heart defects with reversal of blood flow on heart-lung machine	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33776	Repair of a group of congenital heart defects with reversal of blood flow on heart-lung machine	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33777	Repair of a group of congenital heart defects with reversal of blood flow on heart-lung machine	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33778	Repair of a group of congenital heart defects with redirection of blood flow	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33779	Repair of a group of congenital heart defects with redirection of blood flow	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33780	Repair of a group of congenital heart defects with redirection of blood flow	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33781	Repair of a group of congenital heart defects with redirection of blood flow	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33782	Relocation of aorta and repair of wall between two lower heart chambers	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None

33783	Relocation of aorta and repair of wall between two lower heart chambers	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33786	Repair of a group of congenital heart defects with redirection of blood flow	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33788	Reimplantation of abnormal pulmonary (lung) artery to heart	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33800	Suture of aorta to chest bone	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33802	Division of extra arch of aorta	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33803	Division and reconnection of extra arch of aorta	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33813	Repair of defect of wall between aorta and pulmonary (lung) artery	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33814	Repair of defect of wall between two lower heart chambers on heart-lung machine	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33820	Tying off congenital blood flow tract defect	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33822	Repair of congenital heart defect from pulmonary (lung) artery to aorta, patient younger than 18 years	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33824	Repair of congenital heart defect from pulmonary (lung) artery to aorta, patient 18 years and older	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33840	Repair of congenital narrowing of aorta and pulmonary (lung) artery to aorta	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33845	Repair of narrowed aorta with graft	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33851	Repair of narrowed aorta using left chest artery or prosthetic material	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33852	Repair of abnormal aortic arch	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None

33853	Repair of abnormal aortic arch on heart-lung machine	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33860	Placement of graft to aorta on heart-lung machine	Cardiovascular	Surgical Procedures on the Heart and Pericardium	No	AMA CodeTermed 1/1/2020, to report see 33858 and 33859
33863	Placement of graft to aorta on heart-lung machine	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33864	Placement of graft to aorta on heart-lung machine	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33866	Graft to half of aortic artery arch	Cardiovascular	Aortic Graft	Yes	None
33870	Placement of graft to aorta on heart-lung machine	Cardiovascular	Surgical Procedures on the Heart and Pericardium	No	AMA CodeTermed 1/1/2020, to report see 33871
33875	Placement of graft to first portion of aorta	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33877	Repair of bulging defect (aneurysm) of aorta	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33880	Repair of defect of aorta in chest	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33881	Repair of defect of aorta in chest	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33883	Repair of defect of aorta in chest	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33884	Repair of defect of aorta in chest	Cardiovascular	Surgical Procedures on the Heart and Pericardium	No	Add-On Code - This code must be billed with the appropriate primary procedure code
33886	Repair of defect of aorta in chest	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33889	Incision on one side of neck to transfer chest artery to neck artery plus endovascular procedure to repair chest aorta, open procedure	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33891	Bypass graft of neck artery	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33910	Removal of blood clot in pulmonary (lung) artery on heart-lung machine	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None

33915	Removal of blood clot in pulmonary (lung) artery	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33916	Removal of plaque from pulmonary (lung) artery on heart-lung machine	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33917	Repair of narrowing of pulmonary (lung) artery on heart-lung machine	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33920	Removal of obstructive material from wall between two lower heart chambers	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33922	Incision of lung artery on heart-lung machine	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33924	Disconnection of blood vessel shunt system used to repair a congenital heart defect	Cardiovascular	Surgical Procedures on the Heart and Pericardium	No	Add-On Code - This code must be billed with the appropriate primary procedure code
33925	Repair of defect of pulmonary (lung) artery	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33926	Repair of defect of pulmonary (lung) artery on heart-lung machine	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33927	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy	Cardiovascular	Heart/Lung Transplant	No	None
33928	Removal and replacement of total replacement heart system (artificial heart)	Cardiovascular	Heart/Lung Transplant	No	None
33929	Removal of a total replacement heart system (artificial heart) for heart transplantation (List separately in addition to code for primary procedure)	Cardiovascular	Heart/Lung Transplant	No	None
33930	Harvest of donor heart and lung	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33933	Preparation of donor heart and lung for transplantation	Cardiovascular	Surgical Procedures on the Heart and Pericardium	No	None
33935	Transplantation of donor heart and lung	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33940	Obtaining donor cadaver heart	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None

33944	Preparation of donor heart for transplantation	Cardiovascular	Surgical Procedures on the Heart and Pericardium	No	None
33945	Transplantation of donor heart	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33946	Initiation of external vein to vein blood circulation in heart and lungs using a pump	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33947	Initiation of external vein to artery blood circulation in heart and lungs using a pump	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33948	Daily management of external vein to vein blood circulation in heart and lungs using a pump	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33949	Daily management of external vein to artery blood circulation in heart and lungs using a pump	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33951	Insertion of tube accessed through the skin for external blood circulation in heart and lungs using a pump patient birth through 5 years of age	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33952	Insertion of tube accessed through the skin for external blood circulation in heart and lungs using a pump patient 6 years and older	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33953	Insertion of tube open procedure for external blood circulation in heart and lungs using a pump patient birth through 5 years of age	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33954	Insertion of tube open procedure for external blood circulation in heart and lungs using a pump patient 6 years and older	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33955	Insertion of tube accessed through the chest for external blood circulation in heart and lungs using a pump patient birth through 5 years of age	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33956	Insertion of tube accessed through the chest for external blood circulation in heart and lungs using a pump patient 6 years and older	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33957	Repositioning of tube accessed through the skin for external blood circulation in heart and lungs using a pump patient birth through 5 years of age	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33958	Repositioning of tube accessed through the skin for external blood circulation in heart and lungs using a pump patient 6 years and older	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33959	Repositioning of tube open procedure for external blood circulation in heart and lungs using a pump patient birth through 5 years of age	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None

33962	Repositioning of tube open procedure for external blood circulation in heart and lungs using a pump patient 6 years and older	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33963	Repositioning of tube accessed through the chest for external blood circulation in heart and lungs using a pump patient birth through 5 years of age	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33964	Repositioning of tube accessed through the chest for external blood circulation in heart and lungs using a pump patient 6 years and older	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33965	Removal of tube accessed through the skin for external blood circulation in heart and lungs using a pump patient birth through 5 years of age	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33966	Removal of tube accessed through the skin for external blood circulation in heart and lungs using a pump patient 6 years and older	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33967	Insertion of assistive heart blood flow device into aorta, accessed through the skin	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33968	Removal of blood flow assist device in aorta, accessed through the skin	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33969	Removal of tube open procedure for external blood circulation in heart and lungs using a pump patient birth through 5 years of age	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33970	Removal of blood flow assist device in aorta, open procedure	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33971	Removal of blood flow assist device in aorta	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33973	Insertion of heart blood flow assist device	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33974	Removal of blood flow assist device and repair of aorta	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33975	Insertion of lower heart chamber blood flow assist device	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33976	Insertion of blood flow assist device in both lower heart chambers	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33977	Removal of assistive blood flow device from one lower heart chamber	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None

33978	Removal of assistive blood flow device from both lower heart chambers	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33979	Insertion of lower heart chamber blood flow assist device	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33980	Removal of lower heart chamber assistive blood flow device	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33981	Replacement of lower heart chamber assistive blood flow device	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33982	Replacement of lower heart chamber assistive blood flow devices	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33983	Replacement of lower heart chamber assistive blood flow devices on heart-lung machine	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33984	Removal of tube open procedure for external blood circulation in heart and lungs using a pump patient 6 years and older	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33985	Removal of tube accessed through the chest for external blood circulation in heart and lungs using a pump patient birth through 5 years of age	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33986	Removal of tube accessed through the chest for external blood circulation in heart and lungs using a pump patient 6 years and older	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33987	Incision of artery for creation of a channel for blood circulation using a pump	Cardiovascular	Surgical Procedures on the Heart and Pericardium	No	Add-On Code - This code must be billed with the appropriate primary procedure code
33988	Insertion of left heart vent through chest for blood oxygenation rewarming and return	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33989	Removal of left heart vent through chest for blood oxygenation rewarming and return	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33990	Insertion of lower heart chamber blood flow assist device through the skin including radiological supervision and interpretation	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33991	Insertion of lower heart chamber blood flow assist device through the skin including radiological supervision and interpretation	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33992	Removal of lower heart chamber blood flow assist device, accessed through the skin	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None

33993	Repositioning of lower heart chamber blood flow assist device with imaging guidance	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33999	Heart surgery procedure	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
34001	Removal of blood clot in artery	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
34051	Removal of blood clot in artery	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
34101	Removal of blood clot in artery	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
34111	Removal of blood clot in artery	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
34151	Removal of blood clot in artery	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
34201	Removal of blood clot in artery	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
34203	Removal of blood clot in artery	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
34401	Removal of blood clot in vena cava	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
34421	Removal of blood clot in vena cava, pelvic or thigh artery	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
34451	Removal of blood clot in vena cava, pelvic or thigh artery	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
34471	Removal of blood clot in neck vein	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
34490	Removal of blood clot in underarm or upper chest vein	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
34501	Repair of upper leg vein valve	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None

34502	Reconstruction of vena cava	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
34510	Relocation of vein valve to another vein	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
34520	Removal of vein segment due to nonfunctioning valves	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
34530	Connection of two leg veins at back of knee	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
34701	Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)	Cardiovascular	Endovascular Repair of Abdominal Aorta and/or Iliac Arteries	No	None
34702	Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)	Cardiovascular	Endovascular Repair of Abdominal Aorta and/or Iliac Arteries	No	None
34703	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)	Cardiovascular	Endovascular Repair of Abdominal Aorta and/or Iliac Arteries	No	None

34704	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)	Cardiovascular	Endovascular Repair of Abdominal Aorta and/or Iliac Arteries	No	None
34705	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)	Cardiovascular	Endovascular Repair of Abdominal Aorta and/or Iliac Arteries	No	None
34706	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)	Cardiovascular	Endovascular Repair of Abdominal Aorta and/or Iliac Arteries	No	None
34707	Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation)	Cardiovascular	Endovascular Repair of Abdominal Aorta and/or Iliac Arteries	No	None

34708	Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, traumatic disruption)	Cardiovascular	Endovascular Repair of Abdominal Aorta and/or Iliac Arteries	No	None
34709	Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)	Cardiovascular	Endovascular Repair of Abdominal Aorta and/or Iliac Arteries	No	None
34710	Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed; initial vessel treated	Cardiovascular	Endovascular Repair of Abdominal Aorta and/or Iliac Arteries	Yes	None
34711	Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed; each additional vessel treated (List separately in addition to code for primary procedure)	Cardiovascular	Endovascular Repair of Abdominal Aorta and/or Iliac Arteries	No	None
34712	Transcatheter delivery of enhanced fixation device(s) to the endograft (eg, anchor, screw, tack) and all associated radiological supervision and interpretation	Cardiovascular	Endovascular Repair of Abdominal Aorta and/or Iliac Arteries	No	None

34713	Percutaneous access and closure of femoral artery for delivery of endograft through a large sheath (12 French or larger), including ultrasound guidance, when performed, unilateral (List separately in addition to code for primary procedure)	Cardiovascular	Endovascular Repair of Abdominal Aorta and/or Iliac Arteries	No	None
34714	Open femoral artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by groin incision, unilateral (List separately in addition to code for primary procedure)	Cardiovascular	Endovascular Repair of Abdominal Aorta and/or Iliac Arteries	No	None
34715	Open axillary/subclavian artery exposure for delivery of endovascular prosthesis by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)	Cardiovascular	Endovascular Repair of Abdominal Aorta and/or Iliac Arteries	No	None
34716	Open axillary/subclavian artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)	Cardiovascular	Endovascular Repair of Abdominal Aorta and/or Iliac Arteries	No	None
34800	Repair of bulging (aneurysm) wall or tear in abdominal aorta	Cardiovascular	Surgical Procedures on Arteries and Veins	No	AMA Termed Code 1/01/2018; To report, see 34701 - 34708
34802	Repair of bulging (aneurysm) or tear in abdominal aorta	Cardiovascular	Surgical Procedures on Arteries and Veins	No	AMA Termed Code 1/01/2018; To report, see 34701 - 34708
34803	Repair of bulging (aneurysm) or tear in abdominal aorta	Cardiovascular	Surgical Procedures on Arteries and Veins	No	AMA Termed Code 1/01/2018; To report, see 34701 - 34708
34804	Repair of bulging (aneurysm) or tear in abdominal aorta	Cardiovascular	Surgical Procedures on Arteries and Veins	No	AMA Termed Code 1/01/2018; To report, see 34701 - 34708
34805	Repair of bulging (aneurysm) or tear in abdominal aorta	Cardiovascular	Surgical Procedures on Arteries and Veins	No	AMA Termed Code 1/01/2018; To report, see 34701 - 34708
34806	Transcatheter placement of wireless sensor in bulging (aneurysm) wall of artery including radiological supervision and interpretation	Cardiovascular	Surgical Procedures on Arteries and Veins	No	AMA Termed Code 1/01/2018; To report, see 34701 - 34708
34808	Insertion of device to block groin artery	Cardiovascular	Surgical Procedures on Arteries and Veins	No	Add-On Code - This code must be billed with the appropriate primary procedure code
34812	Incision of artery in one thigh for insertion of prosthesis, open procedure	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None

34813	Insertion of prosthetic graft in upper thigh artery	Cardiovascular	Surgical Procedures on Arteries and Veins	No	Add-On Code - This code must be billed with the appropriate primary procedure code
34820	Incision of artery in one groin for insertion of prosthesis, open procedure	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
34825	Insertion of prosthetic repair of bulging (aneurysm) abdominal or groin artery	Cardiovascular	Surgical Procedures on Arteries and Veins	No	AMA Termed Code 1/01/2018; To report, see 34709 -34711
34826	Prosthetic repair of bulging (aneurysm) of aorta	Cardiovascular	Surgical Procedures on Arteries and Veins	No	AMA Termed Code 1/01/2018; To report, see 34709 -34711
34830	Repair of bulging (aneurysm) of aorta with prosthesis, open procedure	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
34831	Repair of bulging (aneurysm) of aorta or groin arteries with prosthesis, open procedure	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
34832	Repair of bulging (aneurysm) of aorta or upper thigh arteries with prosthesis, open procedure	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
34833	Incision of artery in one groin for insertion of prosthesis, open procedure	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
34834	Incision of artery in one arm for insertion of prosthesis, open procedure	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
34839	Physician planning of a patient-specific graft for repair of aorta requiring a minimum of 90 minutes of physician time	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
34841	Placement of graft for repair of aorta with radiological supervision and interpretation, with 1 artery prosthesis	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
34842	Placement of graft for repair of aorta with radiological supervision and interpretation, with 2 artery prostheses	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
34843	Placement of graft for repair of aorta with radiological supervision and interpretation, with 3 artery prostheses	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
34844	Placement of graft for repair of aorta with radiological supervision and interpretation, with 4 or more artery prostheses	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
34845	Placement of graft for repair of aorta with radiological supervision and interpretation, with 1 artery prostheses	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None

34846	Placement of graft for repair of aorta with radiological supervision and interpretation, with 2 artery prostheses	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
34847	Placement of graft for repair of aorta with radiological supervision and interpretation, with 3 artery prostheses	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
34848	Placement of graft for repair of aorta with radiological supervision and interpretation, with 4 or more artery prostheses	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
34900	Placement of graft for repair of groin artery	Cardiovascular	Surgical Procedures on Arteries and Veins	No	AMA Termed Code 1/01/2018; To report, see 34707 -34708
35001	Repair of diseased or bulging (aneurysm) artery of neck or upper chest	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35002	Repair of diseased or ruptured bulging (aneurysm) artery of neck or upper chest	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35005	Repair of diseased or bulging (aneurysm) artery of head	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35011	Repair of diseased or bulging (aneurysm) artery of arm	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
35013	Repair of diseased or ruptured bulging (aneurysm) artery of arm	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35021	Repair of diseased or bulging (aneurysm) artery of upper chest or neck	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35022	Repair of diseased or ruptured bulging (aneurysm) artery of upper chest or neck	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35045	Repair of diseased or bulging (aneurysm) artery of forearm	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
35081	Repair of diseased or bulging (aneurysm) artery of abdominal aorta	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35082	Repair of diseased or ruptured bulging (aneurysm) artery of abdominal aorta	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35091	Repair of diseased or bulging (aneurysm) artery of abdominal organ	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None

35092	Repair of diseased or ruptured bulging (aneurysm) artery of abdominal organ	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35102	Repair of diseased or ruptured bulging (aneurysm) of abdominal aorta	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35103	Repair of diseased or ruptured bulging (aneurysm) of abdominal aorta	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35111	Repair of diseased or bulging (aneurysm) artery of spleen	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35112	Repair of diseased or ruptured bulging (aneurysm) artery of spleen	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35121	Repair of diseased or bulging (aneurysm) artery of abdominal organ	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35122	Repair of diseased or ruptured bulging (aneurysm) artery of abdominal organ	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35131	Repair of diseased or bulging (aneurysm) artery of groin	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35132	Repair of diseased or ruptured bulging (aneurysm) artery of groin	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35141	Repair of diseased or bulging (aneurysm) artery of upper thigh	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35142	Repair of diseased or ruptured bulging (aneurysm) artery of upper thigh	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35151	Repair of diseased or bulging (aneurysm) artery of lower leg	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35152	Repair of diseased or ruptured bulging (aneurysm) artery of lower leg	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35180	Repair of congenital abnormal blood vessel of head and neck	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
35182	Repair of congenital abnormal artery-vein connection in chest and abdomen	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None

35184	Repair of congenital abnormal artery-vein connection in arms or legs	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
35188	Repair of abnormal artery and vein connection of head and neck	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
35189	Repair of abnormal artery-vein connection in chest and abdomen	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35190	Repair of abnormal artery-vein connection in arms or legs	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
35201	Repair of blood vessel of neck	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
35206	Repair of blood vessel of arm	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
35207	Repair of blood vessel of hand or finger	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
35211	Repair of blood vessel of chest on heart-lung machine	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35216	Repair of blood vessel of chest	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35221	Repair of blood vessel of abdomen	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35226	Repair of blood vessel of leg	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
35231	Repair of blood vessel of neck with vein graft	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
35236	Repair of blood vessel of arm with vein graft	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
35241	Repair of blood vessel of chest with vein graft on heart-lung machine	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35246	Repair of blood vessel in chest with vein graft	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None

35251	Repair of blood vessel of abdomen with vein graft	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35256	Repair of blood vessel of leg with vein graft	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
35261	Repair of blood vessel of neck with graft	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
35266	Repair of blood vessel of arm with graft	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
35271	Repair of blood vessel of chest with graft on heart-lung machine	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35276	Repair of blood vessel of chest with graft	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35281	Repair of blood vessel of abdomen with graft	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35286	Repair of blood vessel of leg with graft	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
35301	Removal of blood clot and portion of artery of neck	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35302	Removal of blood clot and portion of artery of upper thigh	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35303	Removal of blood clot and portion of artery of lower leg	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35304	Removal of blood clot and portion of artery of lower leg	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35305	Removal of blood clot and portion of artery of lower leg	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35306	Removal of blood clot and portion of artery of lower leg	Cardiovascular	Surgical Procedures on Arteries and Veins	No	Add-On Code - This code must be billed with the appropriate primary procedure code
35311	Removal of blood clot and portion of artery of neck	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None

35321	Removal of blood clot and portion of artery of upper arm	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
35331	Removal of blood clot and portion of artery of abdominal aorta	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35341	Removal of blood clot and portion of artery of abdominal organ	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35351	Removal of blood clot and portion of artery of groin	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35355	Removal of blood clot and portion of artery of upper thigh	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35361	Removal of blood clot and portion of artery of abdominal aorta and groin artery	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35363	Removal of blood clot and portion of artery of abdominal aorta and upper thigh artery	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35371	Removal of blood clot and portion of artery of upper thigh artery	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35372	Removal of blood clot and portion of artery of upper thigh artery	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35390	Reoperation of carotid artery removal of blood clot and portion of affected artery more than one month after original procedure	Cardiovascular	Surgical Procedures on Arteries and Veins	No	Add-On Code - This code must be billed with the appropriate primary procedure code
35400	Examination of blood vessel or graft using an endoscope	Cardiovascular	Surgical Procedures on Arteries and Veins	No	Add-On Code - This code must be billed with the appropriate primary procedure code
35450	REPAIR ARTERIAL BLOCKAGE	Cardiovascular	Surgical Procedures on Arteries and Veins	No	AMA Deleted code Code invalid as of 1/1/2017 Check for Replacement code
35452	REPAIR ARTERIAL BLOCKAGE	Cardiovascular	Surgical Procedures on Arteries and Veins	No	AMA Deleted code Code invalid as of 1/1/2017 Check for Replacement code
35458	REPAIR ARTERIAL BLOCKAGE	Cardiovascular	Surgical Procedures on Arteries and Veins	No	AMA Deleted code Code invalid as of 1/1/2017 Check for Replacement code
35460	REPAIR VENOUS BLOCKAGE	Cardiovascular	Surgical Procedures on Arteries and Veins	No	AMA Deleted code Code invalid as of 1/1/2017 Check for Replacement code

35471	REPAIR ARTERIAL BLOCKAGE	Cardiovascular	Surgical Procedures on Arteries and Veins	No	AMA Deleted code Code invalid as of 1/1/2017 Check for Replacement code
35472	REPAIR ARTERIAL BLOCKAGE	Cardiovascular	Surgical Procedures on Arteries and Veins	No	AMA Deleted code Code invalid as of 1/1/2017 Check for Replacement code
35475	REPAIR ARTERIAL BLOCKAGE	Cardiovascular	Surgical Procedures on Arteries and Veins	No	AMA Deleted code Code invalid as of 1/1/2017 Check for Replacement code
35476	REPAIR VENOUS BLOCKAGE	Cardiovascular	Surgical Procedures on Arteries and Veins	No	AMA Deleted code Code invalid as of 1/1/2017 Check for Replacement code
35500	Harvest of upper arm vein segment for leg or heart artery bypass	Cardiovascular	Surgical Procedures on Arteries and Veins	No	Add-On Code - This code must be billed with the appropriate primary procedure code
35501	Bypass of diseased or blocked artery (neck to brain artery)	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35506	Bypass of diseased or blocked artery (neck to chest artery)	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35508	Bypass of diseased or blocked artery (neck to brain artery)	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35509	Bypass of diseased or blocked artery (neck to opposite neck artery)	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35510	Bypass of diseased or blocked artery (neck to arm artery)	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35511	Bypass of diseased or blocked artery (chest to opposite chest artery)	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35512	Bypass of diseased or blocked artery (chest to arm artery)	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35515	Bypass of diseased or blocked artery (chest to brain artery)	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35516	Bypass of diseased or blocked artery (chest to arm artery)	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35518	Bypass of diseased or blocked artery (arm to opposite arm artery)	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None

35521	Bypass of diseased or blocked artery (arm to upper leg artery)	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35522	Bypass of diseased or blocked artery (arm to arm artery)	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35523	Bypass of diseased or blocked artery (arm to arm artery)	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35525	Bypass of diseased or blocked artery (arm to opposite arm artery)	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35526	Bypass of diseased or blocked artery (chest to neck artery)	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35531	Bypass of diseased or blocked artery (abdominal to abdominal artery)	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35533	Bypass of diseased or blocked artery (arm to upper leg artery)	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35535	Bypass of diseased or blocked artery (liver to kidney artery)	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35536	Bypass of diseased or blocked artery (spleen to kidney artery)	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35537	Bypass of diseased or blocked artery (aorta to groin artery)	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35538	Bypass of diseased or blocked artery (aorta to groin and opposite groin artery)	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35539	Bypass of diseased or blocked artery (aorta to upper leg artery)	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35540	Bypass of diseased or blocked artery (aorta to upper leg and opposite upper leg artery)	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35556	Bypass of diseased or blocked artery (upper to lower leg artery)	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35558	Bypass of diseased or blocked artery (upper leg to opposite upper leg artery)	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None

35560	Bypass of diseased or blocked artery (aorta to kidney artery)	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35563	Bypass of diseased or blocked artery (groin to opposite groin artery)	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35565	Bypass of diseased or blocked artery (groin to upper leg artery)	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35566	Bypass of diseased or blocked artery (upper leg to lower leg artery)	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35570	Bypass of diseased or blocked artery (lower leg to opposite lower leg artery)	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35571	Bypass of diseased or blocked artery (lower leg to lower leg artery)	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35572	Harvest of vein segment (upper leg to thigh)	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
35583	Bypass of diseased or blocked artery (upper leg to lower thigh artery)	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35585	Bypass of diseased or blocked artery (upper leg to lower leg artery)	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35587	Bypass of diseased or blocked artery (lower thigh to lower leg artery)	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35600	Harvest of an arm artery segment	Cardiovascular	Surgical Procedures on Arteries and Veins	No	Add-On Code - This code must be billed with the appropriate primary procedure code
35601	Bypass of diseased or blocked artery (neck to brain artery)	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35606	Bypass of diseased or blocked artery (neck to chest artery)	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35612	Bypass of diseased or blocked artery (chest to opposite chest artery)	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35616	Bypass of diseased or blocked artery (chest to arm artery)	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None

35621	Bypass of diseased or blocked artery (arm to chest artery)	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35623	Bypass of diseased or blocked artery (arm to lower leg artery)	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35626	Bypass of diseased or blocked artery (arm to lower thigh or leg artery)	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35631	Bypass of diseased or blocked artery (aorta to abdominal or kidney artery)	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35632	Bypass of diseased or blocked artery (groin to abdominal artery)	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35633	Bypass of diseased or blocked artery (groin to abdominal artery)	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35634	Bypass of diseased or blocked artery (groin to abdominal artery)	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35636	Bypass of diseased or blocked artery (spleen to kidney artery)	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35637	Bypass of diseased or blocked artery (aorta to groin artery)	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35638	Bypass of diseased or blocked artery (aorta to groin to opposite groin artery)	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35642	Bypass of diseased or blocked artery (neck to brain artery)	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35645	Bypass of diseased or blocked artery (chest to brain artery)	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35646	Bypass of diseased or blocked artery (aorta to upper leg and opposite upper leg artery)	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35647	Bypass of diseased or blocked artery (aorta to upper leg artery)	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35650	Bypass of diseased or blocked artery (arm to opposite arm artery)	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None

35654	Bypass of diseased or blocked artery (arm to both lower thigh arteries)	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35656	Bypass of diseased or blocked artery (upper leg to lower thigh artery)	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35661	Bypass of diseased or blocked artery (upper leg to opposite upper leg artery)	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35663	Bypass of diseased or blocked artery (groin to opposite groin artery)	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35665	Bypass on diseased or blocked groin to upper leg artery	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35666	Bypass of diseased or blocked artery (upper leg to lower leg arteries)	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35671	Bypass of diseased or blocked artery (upper leg to lower leg arteries)	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35681	Bypass of diseased or blocked artery	Cardiovascular	Surgical Procedures on Arteries and Veins	No	Add-On Code - This code must be billed with the appropriate primary procedure code
35682	Bypass of diseased or blocked artery	Cardiovascular	Surgical Procedures on Arteries and Veins	No	Add-On Code - This code must be billed with the appropriate primary procedure code
35683	Bypass of diseased or blocked artery	Cardiovascular	Surgical Procedures on Arteries and Veins	No	Add-On Code - This code must be billed with the appropriate primary procedure code
35685	Insertion of vein patch at lowest portion of bypass graft	Cardiovascular	Surgical Procedures on Arteries and Veins	No	Add-On Code - This code must be billed with the appropriate primary procedure code
35686	Creation of a passage between an artery and vein during procedure on leg	Cardiovascular	Surgical Procedures on Arteries and Veins	No	Add-On Code - This code must be billed with the appropriate primary procedure code
35691	Transfer and/or reimplantation of vertebral (brain) artery to carotid (neck) artery	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35693	Transfer and/or reimplantation of vertebral (brain) artery to subclavian (chest) artery	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35694	Transfer and/or reimplantation of subclavian (chest) artery to carotid (neck) artery	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None

35695	Transfer and/or reimplantation of carotid (neck) artery to subclavian (chest) artery	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35697	Reimplantation of organ artery to aortic (below kidney) prosthesis	Cardiovascular	Surgical Procedures on Arteries and Veins	No	Add-On Code - This code must be billed with the appropriate primary procedure code
35700	Reoperation of upper or lower leg artery more than 1 month after original operation	Cardiovascular	Surgical Procedures on Arteries and Veins	No	Add-On Code - This code must be billed with the appropriate primary procedure code
35701	Exploration of neck artery	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35721	Exploration of upper thigh artery	Cardiovascular	Surgical Procedures on Arteries and Veins	No	AMA CodeTermed 1/1/2020
35741	Exploration of lower leg artery	Cardiovascular	Surgical Procedures on Arteries and Veins	No	AMA CodeTermed 1/1/2020
35761	Exploration of blood vessel	Cardiovascular	Surgical Procedures on Arteries and Veins	No	AMA CodeTermed 1/1/2020
35800	Exploration of neck for postsurgical bleeding, blood clot, or infection	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35820	Exploration of chest for postsurgical bleeding, blood clot, or infection	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35840	Exploration of abdomen for postsurgical bleeding, blood clot, or infection	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35860	Exploration of arm or leg for postsurgical bleeding, blood clot, or infection	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
35870	Repair of abnormal drainage tract of blood vessel graft and bowel	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35875	Removal of blood clot of arterial or venous graft	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
35876	Removal of blood clot and revision of arterial or venous graft	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
35879	Revision of arterial bypass of leg with placement of vein patch, open procedure	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None

35881	Revision of arterial bypass of leg with placement of relocated vein, open procedure	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
35883	Revision of arterial bypass of groin with placement synthetic graft, open procedure	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
35884	Revision of arterial bypass of groin with vein patch graft, open procedure	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
35901	Removal of infected neck graft	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35903	Removal of infected graft of arm or leg	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
35905	Removal of infected chest graft	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
35907	Removal of infected abdominal graft	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
36000	Insertion of needle or catheter into a vein	Cardiovascular	Surgical Procedures on Arteries and Veins	No	Covered benefit only for Qualified Medicare Beneficiaries
36002	Injection to cause blood clot in a diseased or bulging vessel of arm or leg, accessed through the skin	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36005	Injection for X-ray imaging procedure on veins of arm or leg	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36010	Introduction of catheter into the upper or lower major vein (vena cava)	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36011	Insertion of catheter into vein	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36012	Insertion of catheter into vein	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36013	Insertion of catheter into right heart or main pulmonary (lung) artery	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36014	Insertion of catheter into left or right pulmonary (lung) artery	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None

36015	Insertion of catheter into an artery of a lobe of the lung	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36100	Insertion of needle or catheter into the carotid (neck) or vertebral (brain) artery	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36120	Insertion of needle or catheter into the brachial (arm) artery	Cardiovascular	Surgical Procedures on Arteries and Veins	No	AMA Termed Code 1/01/2018
36140	Insertion of needle or catheter into an artery of arm or leg	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36147	ACCESS AV DIAL GRFT FOR EVAL	Cardiovascular	Surgical Procedures on Arteries and Veins	No	AMA Deleted code Code invalid as of 1/1/2017 Check for Replacement code
36148	ACCESS AV DIAL GRFT FOR PROC	Cardiovascular	Surgical Procedures on Arteries and Veins	No	AMA Deleted code Code invalid as of 1/1/2017 Check for Replacement code
36160	Insertion of needle or catheter into aorta	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36200	Insertion of catheter into aorta	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36215	Insertion of catheter into chest or arm artery	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36216	Insertion of catheter into chest or arm artery	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36217	Insertion of catheter into chest or arm artery	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36218	Insertion of catheter into chest or arm artery	Cardiovascular	Surgical Procedures on Arteries and Veins	No	Add-On Code - This code must be billed with the appropriate primary procedure code
36221	Insertion of catheter into chest aorta for diagnosis or treatment including radiological supervision and interpretation	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36222	Insertion of catheter into artery on one side of neck for diagnosis or treatment including radiological supervision and interpretation	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	PA Effective 9/17/2019
36223	Insertion of catheter into artery on one side of neck for diagnosis or treatment including radiological supervision and interpretation	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	PA Effective 9/17/2019

36224	Insertion of catheter into artery on one side of neck for diagnosis or treatment including radiological supervision and interpretation	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	PA Effective 9/17/2019
36225	Insertion of catheter into artery on one side of chest for diagnosis or treatment including radiological supervision and interpretation	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	PA Effective 9/17/2019
36226	Insertion of catheter into chest artery for diagnosis or treatment including radiological supervision and interpretation	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	PA Effective 9/17/2019
36227	Insertion of catheter into artery on one side of neck for diagnosis or treatment including radiological supervision and interpretation	Cardiovascular	Surgical Procedures on Arteries and Veins	No	Add-On Code - This code must be billed with the appropriate primary procedure code
36228	Insertion of catheter into artery on one side of neck or chest for diagnosis or treatment including radiological supervision and interpretation	Cardiovascular	Surgical Procedures on Arteries and Veins	No	Add-On Code - This code must be billed with the appropriate primary procedure code
36245	Insertion of catheter into abdominal pelvic or leg artery	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	PA Effective 9/17/2019
36246	Insertion of catheter into abdominal pelvic or leg artery	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	PA Effective 9/17/2019
36247	Insertion of catheter into abdominal pelvic or leg artery	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	PA Effective 9/17/2019
36248	Insertion of catheter into each additional abdominal, pelvic or leg artery	Cardiovascular	Surgical Procedures on Arteries and Veins	No	Add-On Code - This code must be billed with the appropriate primary procedure code
36251	Insertion of catheters into main and accessory arteries of one kidney for imaging including radiological supervision and interpretation	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	PA Effective 9/17/2019
36252	Insertion of catheters into main and accessory arteries of both kidneys for imaging including radiological supervision and interpretation	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	PA Effective 9/17/2019
36253	Insertion of catheters into main and accessory arteries of one kidney for imaging including radiological supervision and interpretation	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36254	Insertion of catheters into main and accessory arteries of both kidneys for imaging including radiological supervision and interpretation	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36260	Insertion of implantable arterial infusion pump	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36261	Revision of implanted arterial infusion pump	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None

36262	Removal of implanted arterial infusion pump	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36299	Blood vessel injection procedure	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
36400	Insertion of needle into upper leg or neck vein, patient younger than 3 years	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36405	Insertion of needle into scalp vein, patient younger than 3 years	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36406	Insertion of needle into vein, patient younger than 3 years	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36410	Insertion of needle into vein, patient 3 years or older	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36415	Insertion of needle into vein for collection of blood sample	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36416	Puncture of skin for collection of blood sample	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36420	Incision of vein for insertion of needle or catheter, patient younger than 1 year	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36425	Incision of vein for insertion of needle or catheter, patient age 1 or over	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36430	Transfusion of blood or blood products	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36440	Push blood transfusion, patient 2 years or younger	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36450	Exchange blood transfusion, newborn	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36455	Exchange blood transfusion	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36456	Partial exchange transfusion, newborn	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None

36460	Intrauterine fetal transfusion	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36465	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
36466	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
36468	Injection of chemical agent into spider veins of arm, leg, or trunk	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36470	Injection of chemical agent into single vein	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
36471	Injection of chemical agent into multiple veins of same leg	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
36473	Mechanicochemical destruction of insufficient vein of arm or leg, accessed through the skin using imaging guidance	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
36474	Mechanicochemical destruction of insufficient vein of arm or leg, accessed through the skin using imaging guidance	Cardiovascular	Surgical Procedures on Arteries and Veins	No	Add-On Code - This code must be billed with the appropriate primary procedure code
36475	Destruction of insufficient vein of arm or leg, accessed through the skin	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
36476	Radiofrequency destruction of insufficient vein of arm or leg, accessed through the skin using imaging guidance	Cardiovascular	Surgical Procedures on Arteries and Veins	No	Add-On Code - This code must be billed with the appropriate primary procedure code
36478	Laser destruction of incompetent vein of arm or leg using imaging guidance, accessed through the skin	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
36479	Laser destruction of insufficient vein of arm or leg, accessed through the skin using imaging guidance	Cardiovascular	Surgical Procedures on Arteries and Veins	No	Add-On Code - This code must be billed with the appropriate primary procedure code
36481	Insertion of catheter into portal vein of liver, accessed through the skin	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	PA Effective 9/17/2019

36482	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36483	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36500	Insertion of catheter into vein with collection of blood sample	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	PA Effective 9/17/2019
36510	Insertion of catheter into vein of navel, newborn	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36511	Mechanical separation of white blood cells from the blood	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36512	Mechanical separation of red blood cells from blood	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36513	Mechanical separation of platelet cells from blood	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36514	Mechanical separation of plasma from opening blood	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36515	Mechanical separation of plasma and abnormal antibodies from blood	Cardiovascular	Surgical Procedures on Arteries and Veins	No	AMA Termed Code 1/01/2018, To report, see 36516
36516	Mechanical separation of plasma and abnormal antibodies from blood	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36522	Mechanical separation of white blood cells and platelets from blood	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	PA Effective 9/17/2019
36555	Insertion of central venous catheter for infusion, patient younger than 5 years	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None

36556	Insertion of central venous catheter for infusion, patient 5 years or older	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36557	Insertion of central venous catheter for infusion, patient younger than 5 years	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36558	Insertion of central venous catheter for infusion, patient 5 years or older	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36560	Insertion of central venous catheter and implanted device for infusion beneath the skin, patient younger than 5 years	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36561	Insertion of central venous catheter and implanted device for infusion beneath the skin, patient 5 years or older	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36563	Insertion of central venous catheter and implanted device for infusion beneath the skin	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36565	Insertion of central venous catheters for infusion, two catheters in two veins	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36566	Insertion of central venous catheters, two catheters in two veins, and implanted devices for infusion beneath the skin	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36568	Insertion of central venous catheter for infusion, patient younger than 5 years	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36569	Insertion of central venous catheter for infusion, patient 5 years or older	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36570	Insertion of central venous catheter for infusion with port beneath the skin, patient younger than 5 years	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36571	Insertion of central venous catheter for infusion with port beneath the skin, patient 5 years or older	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36572	Insertion of central venous catheter for infusion using imaging guidance, patient younger than 5 years	Cardiovascular	Percutaneous Transcatheter/Transluminal Coronary Procedures	Yes	None
36573	Insertion of central venous catheter for infusion using imaging guidance, patient 5 years or older	Cardiovascular	Percutaneous Transcatheter/Transluminal Coronary Procedures	Yes	None

36575	Repair of central venous catheter for infusion	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36576	Repair of central venous catheter for infusion	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36578	Catheter replacement of central venous access device	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36580	Replacement of central venous catheter	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36581	Replacement of central venous catheter	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36582	Replacement of central venous catheter	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36583	Replacement of central venous catheter	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36584	Replacement of peripheral venous catheter	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36585	Replacement of peripheral venous catheter	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36589	Removal of central venous catheter for infusion	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36590	Removal of peripheral venous catheter for infusion	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36591	Collection of blood specimen from a completely implantable venous access device	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36592	Collection of blood specimen from central or peripheral venous catheter	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36593	Declotting infusion of implanted central venous access device or catheter	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36595	Mechanical removal of obstructive material from central venous catheter	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None

36596	Mechanical removal of tissue or obstructive material in central venous catheter	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36597	Repositioning of central venous catheter using fluoroscopic guidance	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36598	Contrast injections for X-ray imaging procedure to evaluate central venous access device	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36600	Arterial puncture withdrawal of blood for diagnosis	Cardiovascular	Surgical Procedures on Arteries and Veins	No	Covered benefit only for Qualified Medicare Beneficiaries
36620	Insertion of arterial catheter for blood sampling or infusion, accessed through the skin	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36625	Insertion of arterial catheter for blood sampling or infusion	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36640	Insertion of arterial catheter for blood sampling or infusion	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36660	Insertion of catheter into an artery in navel, newborn	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
36680	Insertion of needle for infusion into bone	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36800	Insertion of external tube from vein to vein for dialysis	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36810	Insertion of external tube from artery to vein for dialysis	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36815	Repositioning or removal of external dialysis tube from vein to artery	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36818	Relocation of arm vein with connection to arm artery, open procedure	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36819	Relocation of arm vein with connection to arm artery, open procedure	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36820	Relocation of arm vein with connection to arm artery, open procedure	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None

36821	Relocation of arm vein with connection to arm artery, open procedure	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36823	Insertion of tubes into arm or leg for blood circulation with chemotherapy	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
36825	Connection of donor vein to an artery and vein for dialysis	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36830	Connection of tube graft to vein and artery for dialysis	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36831	Removal of blood clot from dialysis graft, open procedure	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36832	Revision of dialysis graft, open procedure	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36833	Revision of dialysis graft with removal of blood clot, open procedure	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36835	Insertion of synthetic dialysis shunt in artery or vein	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36838	Repair of dialysis access in arm	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36860	Injection for removal of blood clot from external dialysis cannula	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36861	Insertion of balloon catheter for removal of blood clot from external dialysis cannula	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36870	PERCUT THROMBECT AV FISTULA	Cardiovascular	Surgical Procedures on Arteries and Veins	No	AMA Deleted code Code invalid as of 1/1/2017 Check for Replacement code
36901	Insertion of needle and/or catheter into dialysis circuit, with imaging including radiological supervision and interpretation	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36902	Insertion of needle and/or catheter into dialysis circuit and balloon dilation of dialysis segment, with imaging including radiological supervision and interpretation	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None

36903	Insertion of needle and/or catheter into dialysis circuit and insertion of stent in dialysis segment, with imaging including radiological supervision and interpretation	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36904	Excision of blood clot and/or infusion to dissolve blood clot in dialysis circuit and balloon dilation of dialysis segment, , accessed through the skin, with imaging including radiological supervision and interpretation	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36905	Excision of blood clot and/or infusion to dissolve blood clot in dialysis circuit and balloon dilation of dialysis segment, , accessed through the skin, with imaging including radiological supervision and interpretation	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36906	Excision of blood clot and/or infusion to dissolve blood clot and balloon dilation of dialysis segment, accessed through the skin, with imaging including radiological supervision and interpretation	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
36907	Balloon dilation of dialysis segment, accessed through the skin, with imaging including radiological supervision and interpretation	Cardiovascular	Surgical Procedures on Arteries and Veins	No	Add-On Code - This code must be billed with the appropriate primary procedure code
36908	Insertion of stent in dialysis segment, with imaging including radiological supervision and interpretation	Cardiovascular	Surgical Procedures on Arteries and Veins	No	Add-On Code - This code must be billed with the appropriate primary procedure code
36909	Permanent blockage of dialysis circuit, with imaging including radiological supervision and interpretation	Cardiovascular	Surgical Procedures on Arteries and Veins	No	Add-On Code - This code must be billed with the appropriate primary procedure code
37140	Connection of vena cava and portal vein of liver, open procedure	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
37145	Connection of renal (kidney) vein and portal vein of liver, open procedure	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
37160	Connection of vena cava and abdominal vein, open procedure	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
37180	Connection of splenic (spleen) and renal (kidney) vein near aorta, open procedure	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
37181	Connection of splenic (spleen) and renal (kidney) vein, open procedure	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
37182	Insertion of shunts to bypass blood flow to liver using imaging guidance	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None

37183	Revision of shunts to bypass blood flow to liver using imaging guidance	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
37184	Removal of blood clot and injections to dissolve blood clot from artery or arterial graft using fluoroscopic guidance, accessed through the skin	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
37185	Removal of blood clot and injections to dissolve blood clot from artery or arterial graft using fluoroscopic guidance, accessed through the skin	Cardiovascular	Surgical Procedures on Arteries and Veins	No	Add-On Code - This code must be billed with the appropriate primary procedure code
37186	Removal of blood clot and injections to dissolve blood clot from artery or arterial graft using fluoroscopic guidance, accessed beneath the skin	Cardiovascular	Surgical Procedures on Arteries and Veins	No	Add-On Code - This code must be billed with the appropriate primary procedure code
37187	Removal of blood clot and injections (accessed through the skin) to dissolve blood clot from veins using fluoroscopic guidance	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
37188	Removal of blood clot and injections (accessed through the skin) to dissolve blood clot from veins using fluoroscopic guidance	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
37191	Insertion of vena cava filter by endovascular approach, including radiological supervision and interpretation	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
37192	Repositioning of vena cava filter by endovascular approach, including radiological supervision and interpretation	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
37193	Removal of vena cava filter by endovascular approach, including radiological supervision and interpretation	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
37195	Infusion of drug into a vein to dissolve blood clot obstructing blood flow to brain	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
37197	Retrieval of foreign body of blood vessels, accessed through the skin including radiological supervision and interpretation	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
37200	Biopsy of blood vessel via catheter	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
37211	Insertion of catheter into artery for drug infusion for blood clot including radiological supervision and interpretation	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
37212	Insertion of catheter into vein for drug infusion for blood clot including radiological supervision and interpretation	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
37213	Insertion of catheter into artery or vein for drug infusion for blood clot including radiological supervision and interpretation	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None

37214	Removal of catheter in artery or vein including radiological supervision and interpretation	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
37215	Insertion of stents and blood clot protection device in neck artery, open or accessed through the skin	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
37216	Insertion of stents in neck artery, open or accessed through the skin	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
37217	Insertion of intravascular stents in neck artery with radiological supervision and interpretation	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
37218	Insertion of stents in blood vessels of chest open or accessed through the skin with radiological supervision and interpretation	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
37220	Balloon dilation of artery in one side of groin, endovascular, accessed through the skin or open procedure	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	PA Effective 9/17/2019
37221	Insertion of stents in artery in one side of groin, endovascular, accessed through the skin or open procedure	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	PA Effective 9/17/2019
37222	Balloon dilation of groin artery, endovascular, open, or percutaneous approach	Cardiovascular	Surgical Procedures on Arteries and Veins	No	Add-On Code - This code must be billed with the appropriate primary procedure code
37223	Insertion of stents into groin artery, endovascular, accessed through the skin or open procedure	Cardiovascular	Surgical Procedures on Arteries and Veins	No	Add-On Code - This code must be billed with the appropriate primary procedure code
37224	Balloon dilation of arteries in one leg, endovascular, accessed through the skin or open procedure	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	PA Effective 9/17/2019
37225	Removal of plaque in arteries in one leg, endovascular, accessed through the skin or open procedure	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	PA Effective 9/17/2019
37226	Insertion of stents into arteries in one leg, endovascular, accessed through the skin or open procedure	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	PA Effective 9/17/2019
37227	Removal of plaque and insertion of stents into arteries in one leg, endovascular, accessed through the skin or open procedure	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	PA Effective 9/17/2019
37228	Balloon dilation of artery of one leg, endovascular, accessed through the skin or open procedure	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	PA Effective 9/17/2019
37229	Removal of plaque in artery in one leg, endovascular, accessed through the skin or open procedure	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	PA Effective 9/17/2019

37230	Insertion of stents into artery in one leg, endovascular, accessed through the skin or open procedure	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	PA Effective 9/17/2019
37231	Removal of plaque and insertion of stents into artery in one leg, endovascular, accessed through the skin or open procedure	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
37232	Balloon dilation of artery in one leg, endovascular, accessed through the skin or open procedure	Cardiovascular	Surgical Procedures on Arteries and Veins	No	Add-On Code - This code must be billed with the appropriate primary procedure code
37233	Removal of plaque in artery in one leg, endovascular, accessed through the skin or open procedure	Cardiovascular	Surgical Procedures on Arteries and Veins	No	Add-On Code - This code must be billed with the appropriate primary procedure code
37234	Insertion of stents into artery in one leg, endovascular, accessed through the skin or open procedure	Cardiovascular	Surgical Procedures on Arteries and Veins	No	Add-On Code - This code must be billed with the appropriate primary procedure code
37235	Removal of plaque and insertion of stents into artery in one leg, endovascular, accessed through the skin or open procedure	Cardiovascular	Surgical Procedures on Arteries and Veins	No	Add-On Code - This code must be billed with the appropriate primary procedure code
37236	Insertion of intravascular stents in artery (except lower extremity, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or accessed through the skin, with radiological supervision and interpretation	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	PA Effective 9/17/2019
37237	Insertion of intravascular stents in artery (except lower extremity, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or accessed through the skin, with radiological supervision and interpretation	Cardiovascular	Surgical Procedures on Arteries and Veins	No	Add-On Code - This code must be billed with the appropriate primary procedure code
37238	Insertion of intravascular stents in vein, open or accessed through the skin, with radiological supervision and interpretation	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	PA Effective 9/17/2019
37239	Insertion of intravascular stents in vein, open or accessed through the skin, with radiological supervision and interpretation	Cardiovascular	Surgical Procedures on Arteries and Veins	No	Add-On Code - This code must be billed with the appropriate primary procedure code
37241	Occlusion of venous malformations (other than hemorrhage) with radiological supervision and interpretation, roadmapping, and imaging guidance	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	PA Effective 9/17/2019
37242	Occlusion of artery (other than hemorrhage or tumor) with radiological supervision and interpretation, roadmapping, and imaging guidance	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	PA Effective 9/17/2019
37243	Occlusion of tumors or obstructed blood vessel with radiological supervision and interpretation, roadmapping, and imaging guidance	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	PA Effective 9/17/2019

37244	Occlusion of arterial or venous hemorrhage with radiological supervision and interpretation, roadmapping, and imaging guidance	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	PA Effective 9/17/2019
37246	Balloon dilation of artery, accessed through the skin or by open procedure, with imaging including radiological supervision and interpretation	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	PA Effective 9/17/2019
37247	Balloon dilation of artery, accessed through the skin or by open procedure, with imaging including radiological supervision and interpretation	Cardiovascular	Surgical Procedures on Arteries and Veins	No	Add-On Code - This code must be billed with the appropriate primary procedure code
37248	Balloon dilation of first vein, accessed through the skin or by open procedure, with imaging including radiological supervision and interpretation	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	PA Effective 9/17/2019
37249	Balloon dilation of additional vein, accessed through the skin or by open procedure, with imaging including radiological supervision and interpretation	Cardiovascular	Surgical Procedures on Arteries and Veins	No	Add-On Code - This code must be billed with the appropriate primary procedure code
37251	#N/A	None	None	No	AMA Deleted code Code invalid as of 1/1/2017 Check for Replacement code
37252	Ultrasound evaluation of blood vessel during diagnosis or treatment	Cardiovascular	Surgical Procedures on Arteries and Veins	No	Add-On Code - This code must be billed with the appropriate primary procedure code
37253	Ultrasound evaluation of blood vessel during diagnosis or treatment	Cardiovascular	Surgical Procedures on Arteries and Veins	No	Add-On Code - This code must be billed with the appropriate primary procedure code
37500	Tying of perforator veins in leg muscles using an endoscope	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
37501	Blood vessel procedure using an endoscope	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
37565	Tying internal jugular vein (neck)	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
37600	Tying external carotid artery	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
37605	Tying internal or common carotid artery	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
37606	Tying and gradual clamping of neck artery	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
37607	Tying or banding of a passage between an artery and vein	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None

37609	Tying or biopsy of temporal artery (side of skull)	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
37615	Tying of major neck artery	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
37616	Tying of major chest artery	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
37617	Tying of major artery of the abdomen	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
37618	Tying of major artery of arm or leg	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
37619	Tying inferior vena cava	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
37650	Tying femoral vein (upper leg vein)	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
37660	Tying common iliac vein (groin vein)	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
37700	Tying and incision leg vein	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	PA required for dx of varicose veins PA not required if billed with cardiac dx
37718	Suturing incision and stripping leg vein	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	PA required for dx of varicose veins PA not required if billed with cardiac dx
37722	Tying incision and stripping leg veins	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	PA required for dx of varicose veins PA not required if billed with cardiac dx
37735	Tying incision and complete stripping leg veins with removal of ulcer skin graft deep tissue and/or interruption of connection with veins of the leg	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	PA required for dx of varicose veins PA not required if billed with cardiac dx
37760	Tying of varicosed veins in one leg, open procedure	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	PA required for dx of varicose veins PA not required if billed with cardiac dx
37761	Tying of varicosed veins in one leg, open procedure	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	PA required for dx of varicose veins PA not required if billed with cardiac dx
37765	Multiple incisions for removal of varicose veins of arm or leg	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	PA required for dx of varicose veins PA not required if billed with cardiac dx

37766	Multiple incisions for removal of varicose veins of arm or leg	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	PA required for dx of varicose veins PA not required if billed with cardiac dx
37780	Tying and incision leg vein	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	PA required for dx of varicose veins PA not required if billed with cardiac dx
37785	Tying incision and/or removal of varicose vein clusters of leg	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	PA required for dx of varicose veins PA not required if billed with cardiac dx
37788	Restoration of blood flow in penile artery	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
37790	Occlusion of penile vein	Cardiovascular	Surgical Procedures on Arteries and Veins	No	None
37799	Blood vessel procedure	Cardiovascular	Surgical Procedures on Arteries and Veins	Yes	None
38100	Removal of spleen	Hemic and Lymphatic	Surgical Procedures on the Spleen	Yes	None
38101	Partial removal of spleen	Hemic and Lymphatic	Surgical Procedures on the Spleen	Yes	None
38102	Removal of spleen during other surgical procedure	Hemic and Lymphatic	Surgical Procedures on the Spleen	No	Add-On Code - This code must be billed with the appropriate primary procedure code
38115	Repair of ruptured spleen	Hemic and Lymphatic	Surgical Procedures on the Spleen	Yes	None
38120	Examination of spleen using an endoscope	Hemic and Lymphatic	Surgical Procedures on the Spleen	No	None
38129	Spleen procedure using an endoscope	Hemic and Lymphatic	Surgical Procedures on the Spleen	Yes	None
38200	Injection procedure for X-ray imaging of the spleen and portal (liver) vein	Hemic and Lymphatic	Surgical Procedures on the Spleen	No	None
38204	Management of stem cell donor search	Hemic and Lymphatic	General Surgical Procedures on the Hemic and Lymphatic Systems	No	Covered benefit only for Qualified Medicare Beneficiaries
38205	Collection of donor stem cells for transplantation	Hemic and Lymphatic	General Surgical Procedures on the Hemic and Lymphatic Systems	No	Covered benefit only for Qualified Medicare Beneficiaries

38206	Collection of stem cells for transplantation	Hemic and Lymphatic	General Surgical Procedures on the Hemic and Lymphatic Systems	Yes	PA Effective 9/17/2019
38207	Freezing, preservation, and storage of stem cells for transplantation	Hemic and Lymphatic	General Surgical Procedures on the Hemic and Lymphatic Systems	No	Covered benefit only for Qualified Medicare Beneficiaries
38208	Thawing of previously frozen stem cells for transplantation	Hemic and Lymphatic	General Surgical Procedures on the Hemic and Lymphatic Systems	No	Covered benefit only for Qualified Medicare Beneficiaries
38209	Thawing and washing of previously frozen stem cells for transplantation	Hemic and Lymphatic	General Surgical Procedures on the Hemic and Lymphatic Systems	No	Covered benefit only for Qualified Medicare Beneficiaries
38210	Preparation of stem cells for transplantation with removal of T cells	Hemic and Lymphatic	General Surgical Procedures on the Hemic and Lymphatic Systems	No	Covered benefit only for Qualified Medicare Beneficiaries
38211	Preparation of stem cells for transplantation with removal of tumor cells	Hemic and Lymphatic	General Surgical Procedures on the Hemic and Lymphatic Systems	No	Covered benefit only for Qualified Medicare Beneficiaries
38212	Preparation of stem cells for transplantation with red blood cell removal	Hemic and Lymphatic	General Surgical Procedures on the Hemic and Lymphatic Systems	No	Covered benefit only for Qualified Medicare Beneficiaries
38213	Preparation of stem cells for transplantation with removal of platelets	Hemic and Lymphatic	General Surgical Procedures on the Hemic and Lymphatic Systems	No	Covered benefit only for Qualified Medicare Beneficiaries
38214	Preparation of stem cells for transplantation with reduction of excessive opening blood fluid (plasma) volume	Hemic and Lymphatic	General Surgical Procedures on the Hemic and Lymphatic Systems	No	Covered benefit only for Qualified Medicare Beneficiaries
38215	Preparation of stem cells for transplantation with cell concentration	Hemic and Lymphatic	General Surgical Procedures on the Hemic and Lymphatic Systems	No	Covered benefit only for Qualified Medicare Beneficiaries

38220	Bone marrow aspiration	Hemic and Lymphatic	General Surgical Procedures on the Hemic and Lymphatic Systems	No	None
38221	Needle or trocar bone marrow biopsy	Hemic and Lymphatic	General Surgical Procedures on the Hemic and Lymphatic Systems	No	None
38222	Diagnostic bone marrow; biopsy(ies) and aspiration(s)	Hemic and Lymphatic Systems	Bone Marrow or Stem Cell Services/Procedures	No	None
38230	Harvest of donor bone marrow for transplantation	Hemic and Lymphatic	General Surgical Procedures on the Hemic and Lymphatic Systems	Yes	PA Effective 9/17/2019
38232	Harvest of patient bone marrow for transplantation	Hemic and Lymphatic	General Surgical Procedures on the Hemic and Lymphatic Systems	No	None
38240	Transplantation of donor bone marrow or blood-derived stem cells	Hemic and Lymphatic	Transplantation and Post-Transplantation Cellular Infusion Procedures on the Hemic and Lymphatic Systems	Yes	None
38241	Transplantation of patient's bone marrow or blood-derived stem cells	Hemic and Lymphatic	Transplantation and Post-Transplantation Cellular Infusion Procedures on the Hemic and Lymphatic Systems	Yes	None
38242	Transplantation of donor stem cells from bone marrow or blood with infusion of donor white blood cells	Hemic and Lymphatic	Transplantation and Post-Transplantation Cellular Infusion Procedures on the Hemic and Lymphatic Systems	Yes	None

38243	Transplantation of donor bone marrow or blood-derived stem cells	Hemic and Lymphatic	Transplantation and Post-Transplantation Cellular Infusion Procedures on the Hemic and Lymphatic Systems	Yes	None
38300	Drainage of lymph node abscess or inflammation	Hemic and Lymphatic	Surgical Procedures on the Lymph Nodes and Lymphatic Channels	No	None
38305	Drainage of extensive lymph node abscess or inflammation	Hemic and Lymphatic	Surgical Procedures on the Lymph Nodes and Lymphatic Channels	No	None
38308	Removal of growth of lymph node	Hemic and Lymphatic	Surgical Procedures on the Lymph Nodes and Lymphatic Channels	No	None
38380	Suture and/or tying chest lymph duct	Hemic and Lymphatic	Surgical Procedures on the Lymph Nodes and Lymphatic Channels	Yes	None
38381	Suture and/or tying chest lymph duct	Hemic and Lymphatic	Surgical Procedures on the Lymph Nodes and Lymphatic Channels	Yes	None
38382	Suture and/or tying chest lymph duct	Hemic and Lymphatic	Surgical Procedures on the Lymph Nodes and Lymphatic Channels	Yes	None
38500	Biopsy or removal of lymph nodes, open procedure	Hemic and Lymphatic	Surgical Procedures on the Lymph Nodes and Lymphatic Channels	No	None
38505	Needle biopsy or removal of lymph nodes	Hemic and Lymphatic	Surgical Procedures on the Lymph Nodes and Lymphatic Channels	No	None

38510	Biopsy or removal of lymph nodes of neck, open procedure	Hemic and Lymphatic	Surgical Procedures on the Lymph Nodes and Lymphatic Channels	No	None
38520	Biopsy or removal of lymph nodes of neck, open procedure	Hemic and Lymphatic	Surgical Procedures on the Lymph Nodes and Lymphatic Channels	No	None
38525	Biopsy or removal of lymph nodes of under the arm, open procedure	Hemic and Lymphatic	Surgical Procedures on the Lymph Nodes and Lymphatic Channels	No	None
38530	Biopsy or removal of breast lymph nodes, open procedure	Hemic and Lymphatic	Surgical Procedures on the Lymph Nodes and Lymphatic Channels	No	None
38531	Open biopsy or excision of lymph nodes in groin	Hemic and Lymphatic Channels	Excision	Yes	None
38542	Removal of lymph nodes of neck	Hemic and Lymphatic	Surgical Procedures on the Lymph Nodes and Lymphatic Channels	No	None
38550	Removal of congenital defect of lymph nodes at underarm or neck	Hemic and Lymphatic	Surgical Procedures on the Lymph Nodes and Lymphatic Channels	No	None
38555	Removal of congenital defect of lymph nodes at underarm or neck	Hemic and Lymphatic	Surgical Procedures on the Lymph Nodes and Lymphatic Channels	No	None
38562	Removal of pelvic or aortic lymph nodes	Hemic and Lymphatic	Surgical Procedures on the Lymph Nodes and Lymphatic Channels	Yes	None
38564	Removal of lymph nodes behind abdominal cavity	Hemic and Lymphatic	Surgical Procedures on the Lymph Nodes and Lymphatic Channels	Yes	None

38570	Removal of abdominal cavity lymph nodes using an endoscope	Hemic and Lymphatic	Surgical Procedures on the Lymph Nodes and Lymphatic Channels	No	None
38571	Removal of total lymph nodes of both sides of pelvis using an endoscope	Hemic and Lymphatic	Surgical Procedures on the Lymph Nodes and Lymphatic Channels	No	None
38572	Removal of total lymph nodes of both sides of pelvis and abdominal lymph node biopsy using an endoscope	Hemic and Lymphatic	Surgical Procedures on the Lymph Nodes and Lymphatic Channels	No	None
38573	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling, peritoneal washings, peritoneal biopsy(ies), omentectomy, and diaphragmatic washings, including diaphragmatic and other serosal biopsy(ies), when performed	Hemic and Lymphatic Systems	Laparoscopy	Yes	None
38589	Lymph node procedure using an endoscope	Hemic and Lymphatic	Surgical Procedures on the Lymph Nodes and Lymphatic Channels	Yes	None
38700	Removal of lymph nodes from chin to thyroid cartilage	Hemic and Lymphatic	Surgical Procedures on the Lymph Nodes and Lymphatic Channels	No	None
38720	Removal of neck lymph nodes	Hemic and Lymphatic	Surgical Procedures on the Lymph Nodes and Lymphatic Channels	No	None
38724	Removal of lymph nodes, muscle, and tissue of neck	Hemic and Lymphatic	Surgical Procedures on the Lymph Nodes and Lymphatic Channels	Yes	None
38740	Removal of underarm lymph nodes	Hemic and Lymphatic	Surgical Procedures on the Lymph Nodes and Lymphatic Channels	No	None
38745	Removal of all underarm lymph nodes	Hemic and Lymphatic	Surgical Procedures on the Lymph Nodes and Lymphatic Channels	No	None

38746	Removal of lymph nodes from chest cavity and breast bone	Hemic and Lymphatic	Surgical Procedures on the Lymph Nodes and Lymphatic Channels	No	Add-On Code - This code must be billed with the appropriate primary procedure code
38747	Removal of abdominal organ lymph nodes	Hemic and Lymphatic	Surgical Procedures on the Lymph Nodes and Lymphatic Channels	No	Add-On Code - This code must be billed with the appropriate primary procedure code
38760	Removal of lymph nodes at groin	Hemic and Lymphatic	Surgical Procedures on the Lymph Nodes and Lymphatic Channels	No	None
38765	Removal of lymph nodes at groin and pelvis	Hemic and Lymphatic	Surgical Procedures on the Lymph Nodes and Lymphatic Channels	Yes	None
38770	Removal of lymph nodes at groin and pelvis	Hemic and Lymphatic	Surgical Procedures on the Lymph Nodes and Lymphatic Channels	Yes	None
38780	Removal of abdominal cavity lymph nodes	Hemic and Lymphatic	Surgical Procedures on the Lymph Nodes and Lymphatic Channels	Yes	None
38790	Injection procedure for X-ray imaging of the lymphatic system	Hemic and Lymphatic	Surgical Procedures on the Lymph Nodes and Lymphatic Channels	No	None
38792	Injection of radioactive dye for X-ray identification of lymph node	Hemic and Lymphatic	Surgical Procedures on the Lymph Nodes and Lymphatic Channels	No	None
38794	Exposure of lymph node of chest cavity	Hemic and Lymphatic	Surgical Procedures on the Lymph Nodes and Lymphatic Channels	No	None
38900	Lymph node imaging during surgery	Hemic and Lymphatic	Surgical Procedures on the Lymph Nodes and Lymphatic Channels	No	Add-On Code - This code must be billed with the appropriate primary procedure code

38999	Lymph node procedure	Hemic and Lymphatic	Surgical Procedures on the Lymph Nodes and Lymphatic Channels	Yes	None
39000	Drainage, biopsy, or removal of foreign body of chest cavity	Mediastinum and Diaphragm	Surgical Procedures on the Mediastinum	Yes	None
39010	Drainage, biopsy, or removal of foreign body of chest cavity	Mediastinum and Diaphragm	Surgical Procedures on the Mediastinum	Yes	None
39200	Removal of cyst below breast bone	Mediastinum and Diaphragm	Surgical Procedures on the Mediastinum	Yes	None
39220	Removal of tumor below breast bone	Mediastinum and Diaphragm	Surgical Procedures on the Mediastinum	Yes	None
39401	Examination of chest using an endoscope with biopsy	Mediastinum and Diaphragm	Surgical Procedures on the Mediastinum	No	None
39402	Examination of chest using an endoscope with lymph node biopsy	Mediastinum and Diaphragm	Surgical Procedures on the Mediastinum	No	None
39499	Procedure at chest cavity below breast bone	Mediastinum and Diaphragm	Surgical Procedures on the Mediastinum	Yes	None
39501	Repair of muscle tissue separating the chest and abdominal cavities	Mediastinum and Diaphragm	Surgical Procedures on the Diaphragm	Yes	None
39503	Repair of congenital defect of muscle separating the chest and abdominal cavities, neonate	Mediastinum and Diaphragm	Surgical Procedures on the Diaphragm	Yes	None
39540	Repair of injury to muscle separating the chest and abdominal cavities	Mediastinum and Diaphragm	Surgical Procedures on the Diaphragm	Yes	None
39541	Repair of injury to muscle separating the chest and abdominal cavities	Mediastinum and Diaphragm	Surgical Procedures on the Diaphragm	Yes	None
39545	Suture of muscle separating the chest and abdominal cavities to restore function	Mediastinum and Diaphragm	Surgical Procedures on the Diaphragm	Yes	None
39560	Repair of the muscle separating the chest and abdominal cavities	Mediastinum and Diaphragm	Surgical Procedures on the Diaphragm	Yes	None
39561	Repair of muscle separating chest and abdominal cavities	Mediastinum and Diaphragm	Surgical Procedures on the Diaphragm	Yes	None
39599	Diaphragm procedure	Mediastinum and Diaphragm	Surgical Procedures on the Diaphragm	Yes	None
40490	Biopsy of lip	Digestive	Surgical Procedures on the Lips	No	None

40500	Removal of border of lip	Digestive	Surgical Procedures on the Lips	No	None
40510	Removal of wedge of lip tissue	Digestive	Surgical Procedures on the Lips	No	None
40520	V-shaped removal of lip tissue	Digestive	Surgical Procedures on the Lips	No	None
40525	Removal of lip with skin flap repair	Digestive	Surgical Procedures on the Lips	No	None
40527	Removal of lip with skin flap repair	Digestive	Surgical Procedures on the Lips	No	None
40530	Partial removal of lip	Digestive	Surgical Procedures on the Lips	Yes	PA Effective 9/17/2019
40650	Repair of lip and border	Digestive	Surgical Procedures on the Lips	No	None
40652	Repair of vertical lip wound extending to half of lip	Digestive	Surgical Procedures on the Lips	No	None
40654	Repair of vertical lip wound extending to over half of lip	Digestive	Surgical Procedures on the Lips	No	None
40700	Plastic repair of deformity present at birth on one side of the nose or lip	Digestive	Surgical Procedures on the Lips	Yes	PA Effective 9/17/2019
40701	Plastic repair of deformity present at birth on both sides of the nose or lip	Digestive	Surgical Procedures on the Lips	No	None
40702	Plastic repair of deformity present at birth on both sides of the nose or lip	Digestive	Surgical Procedures on the Lips	No	None
40720	Plastic repair of nasal and lip deformity present at birth	Digestive	Surgical Procedures on the Lips	No	None
40761	Plastic repair of nasal and lip deformity present at birth	Digestive	Surgical Procedures on the Lips	No	None
40799	Lip procedure	Digestive	Surgical Procedures on the Lips	Yes	None
40800	Incision of abscess, cyst, or blood accumulation in mouth	Digestive	Surgical Procedures on the Vestibule of Mouth	No	None
40801	Incision of abscess, cyst, or blood accumulation in mouth	Digestive	Surgical Procedures on the Vestibule of Mouth	No	None
40804	Removal of embedded foreign body of mouth	Digestive	Surgical Procedures on the Vestibule of Mouth	No	None
40805	Removal of embedded foreign body of mouth	Digestive	Surgical Procedures on the Vestibule of Mouth	No	None

40806	Incision of tissue joining lip and gums	Digestive	Surgical Procedures on the Vestibule of Mouth	No	None
40808	Biopsy of mouth	Digestive	Surgical Procedures on the Vestibule of Mouth	No	None
40810	Removal of growth of tissue of mouth	Digestive	Surgical Procedures on the Vestibule of Mouth	No	None
40812	Removal of growth of mouth	Digestive	Surgical Procedures on the Vestibule of Mouth	No	None
40814	Removal of growth of mouth with plastic repair	Digestive	Surgical Procedures on the Vestibule of Mouth	No	None
40816	Removal of tissue and muscle growth of mouth	Digestive	Surgical Procedures on the Vestibule of Mouth	No	None
40818	Removal of mouth tissue for grafting	Digestive	Surgical Procedures on the Vestibule of Mouth	No	None
40819	Removal of tissue at dental edge and cheek	Digestive	Surgical Procedures on the Vestibule of Mouth	No	None
40820	Destruction of growth or scar of mouth	Digestive	Surgical Procedures on the Vestibule of Mouth	No	None
40830	Suture of (2.5 centimeter or less) mouth laceration	Digestive	Surgical Procedures on the Vestibule of Mouth	No	None
40831	Suture of (over 2.5 centimeter) mouth laceration	Digestive	Surgical Procedures on the Vestibule of Mouth	No	None
40840	Repair to increase depth of mouth	Digestive	Surgical Procedures on the Vestibule of Mouth	No	None
40842	Repair to increase depth on one side of the mouth	Digestive	Surgical Procedures on the Vestibule of Mouth	No	None
40843	Repair to increase depth on both sides of the mouth	Digestive	Surgical Procedures on the Vestibule of Mouth	No	None
40844	Repair to increase depth of mouth	Digestive	Surgical Procedures on the Vestibule of Mouth	No	None

40845	Repair to increase depth of mouth	Digestive	Surgical Procedures on the Vestibule of Mouth	No	None
40899	Mouth procedure	Digestive	Surgical Procedures on the Vestibule of Mouth	Yes	None
41000	Drainage of abscess, cyst, or blood accumulation of tongue	Digestive	Surgical Procedures on the Tongue and Floor of Mouth	No	None
41005	Drainage of abscess, cyst, or blood accumulation under the tongue	Digestive	Surgical Procedures on the Tongue and Floor of Mouth	No	None
41006	Drainage of abscess, cyst, or blood accumulation under the tongue	Digestive	Surgical Procedures on the Tongue and Floor of Mouth	No	None
41007	Drainage of abscess, cyst, or blood accumulation under the tongue or lower lip	Digestive	Surgical Procedures on the Tongue and Floor of Mouth	No	None
41008	Drainage of abscess, cyst, or blood accumulation under the jaw bone	Digestive	Surgical Procedures on the Tongue and Floor of Mouth	No	None
41009	Drainage of abscess, cyst, or blood accumulation under lower teeth	Digestive	Surgical Procedures on the Tongue and Floor of Mouth	No	None
41010	Incision of tissue connecting tongue and floor of mouth	Digestive	Surgical Procedures on the Tongue and Floor of Mouth	Yes	PA Effective 9/17/2019
41015	Drainage of abscess, cyst, or blood accumulation under the tongue	Digestive	Surgical Procedures on the Tongue and Floor of Mouth	No	None
41016	Drainage of abscess, cyst, or blood accumulation under the tongue or lower lip	Digestive	Surgical Procedures on the Tongue and Floor of Mouth	No	None
41017	Drainage of abscess, cyst, or blood accumulation under the tongue or jaw bone	Digestive	Surgical Procedures on the Tongue and Floor of Mouth	No	None

41018	Drainage of abscess, cyst, or blood accumulation under the tongue or lower teeth	Digestive	Surgical Procedures on the Tongue and Floor of Mouth	No	None
41019	Insertion of needles, catheters, or devices into head and/or neck for radiation delivery	Digestive	Surgical Procedures on the Tongue and Floor of Mouth	No	None
41100	Biopsy of tongue	Digestive	Surgical Procedures on the Tongue and Floor of Mouth	No	None
41105	Biopsy of tongue	Digestive	Surgical Procedures on the Tongue and Floor of Mouth	No	None
41108	Biopsy of floor of mouth	Digestive	Surgical Procedures on the Tongue and Floor of Mouth	No	None
41110	Removal of growth of tongue	Digestive	Surgical Procedures on the Tongue and Floor of Mouth	No	None
41112	Removal of growth of tongue	Digestive	Surgical Procedures on the Tongue and Floor of Mouth	No	None
41113	Removal of growth of tongue	Digestive	Surgical Procedures on the Tongue and Floor of Mouth	No	None
41114	Removal of growth of tongue	Digestive	Surgical Procedures on the Tongue and Floor of Mouth	No	None
41115	Removal of tissue connecting tongue and floor of mouth	Digestive	Surgical Procedures on the Tongue and Floor of Mouth	No	None
41116	Removal of growth of floor of mouth	Digestive	Surgical Procedures on the Tongue and Floor of Mouth	No	None
41120	Partial removal of tongue	Digestive	Surgical Procedures on the Tongue and Floor of Mouth	Yes	PA Effective 9/17/2019

41130	Partial removal of tongue	Digestive	Surgical Procedures on the Tongue and Floor of Mouth	Yes	None
41135	Partial removal of tongue and surrounding lymph nodes on one side of neck	Digestive	Surgical Procedures on the Tongue and Floor of Mouth	Yes	None
41140	Complete removal of tongue	Digestive	Surgical Procedures on the Tongue and Floor of Mouth	Yes	None
41145	Complete removal of tongue and surrounding lymph nodes on one side of neck	Digestive	Surgical Procedures on the Tongue and Floor of Mouth	Yes	None
41150	Removal of tongue, floor of mouth, and jaw bone	Digestive	Surgical Procedures on the Tongue and Floor of Mouth	Yes	None
41153	Removal of tongue, floor of mouth, soft tissue, and lymph nodes	Digestive	Surgical Procedures on the Tongue and Floor of Mouth	Yes	None
41155	Removal of tongue, floor of mouth, jaw bone, tissue, and lymph nodes	Digestive	Surgical Procedures on the Tongue and Floor of Mouth	Yes	None
41250	Repair of (2.5 centimeter or less) laceration to floor of mouth and/or tongue	Digestive	Surgical Procedures on the Tongue and Floor of Mouth	No	None
41251	Repair of (2.5 centimeter or less) laceration to floor of mouth or tongue	Digestive	Surgical Procedures on the Tongue and Floor of Mouth	No	None
41252	Repair of (over 2.6 laceration) to floor of mouth or tongue	Digestive	Surgical Procedures on the Tongue and Floor of Mouth	No	None
41500	Wiring of tongue to jaw bone	Digestive	Surgical Procedures on the Tongue and Floor of Mouth	No	AMA Termed Code 1/01/2019
41510	Suture of tongue to lip	Digestive	Surgical Procedures on the Tongue and Floor of Mouth	No	None

41512	Suture of tongue	Digestive	Surgical Procedures on the Tongue and Floor of Mouth	No	None
41520	Revision of tissue connecting tongue to floor of mouth	Digestive	Surgical Procedures on the Tongue and Floor of Mouth	Yes	PA Effective 9/17/2019
41530	Destruction of tongue tissue, per session	Digestive	Surgical Procedures on the Tongue and Floor of Mouth	No	None
41599	Tongue or floor of mouth procedure	Digestive	Surgical Procedures on the Tongue and Floor of Mouth	Yes	None
41800	Drainage of abscess, cyst, or blood accumulation of dental bone	Digestive	Surgical Procedures on the Dentoalveolar Structures	No	None
41805	Removal of embedded foreign body from soft tissue of tooth bearing bone	Digestive	Surgical Procedures on the Dentoalveolar Structures	No	None
41806	Removal of foreign body in dental bone	Digestive	Surgical Procedures on the Dentoalveolar Structures	No	None
41820	Removal of overgrown gum tissue	Digestive	Surgical Procedures on the Dentoalveolar Structures	No	None
41821	Removal of gum tissue around tooth	Digestive	Surgical Procedures on the Dentoalveolar Structures	No	None
41822	Removal of tissue fiber at dental bone	Digestive	Surgical Procedures on the Dentoalveolar Structures	No	None
41823	Removal of dental bone	Digestive	Surgical Procedures on the Dentoalveolar Structures	No	None
41825	Removal of growth of dental bone	Digestive	Surgical Procedures on the Dentoalveolar Structures	No	None

41826	Removal of growth of dental bone with repair	Digestive	Surgical Procedures on the Dentoalveolar Structures	No	None
41827	Removal of growth of dental bone with repair	Digestive	Surgical Procedures on the Dentoalveolar Structures	No	None
41828	Removal of enlarged membrane covering of teeth or tooth socket	Digestive	Surgical Procedures on the Dentoalveolar Structures	No	None
41830	Removal of tissue overgrowth at teeth or tooth socket	Digestive	Surgical Procedures on the Dentoalveolar Structures	No	None
41850	Destruction of growth of dental bone	Digestive	Surgical Procedures on the Dentoalveolar Structures	No	None
41870	Relocation of tissue lining the mouth to gum surface	Digestive	Surgical Procedures on the Dentoalveolar Structures	No	None
41872	Relocation of mouth tissue to gum surface	Digestive	Surgical Procedures on the Dentoalveolar Structures	No	None
41874	Reshaping of tooth bone	Digestive	Surgical Procedures on the Dentoalveolar Structures	No	None
41899	Relocation of mouth tissue to gum surface	Digestive	Surgical Procedures on the Dentoalveolar Structures	Yes	None
42000	Incision and drainage of roof of mouth or its soft tissue projection	Digestive	Surgical Procedures on the Palate and Uvula	No	None
42100	Biopsy of roof of mouth	Digestive	Surgical Procedures on the Palate and Uvula	No	None
42104	Removal of growth of roof of mouth	Digestive	Surgical Procedures on the Palate and Uvula	No	None
42106	Removal of growth of roof of mouth	Digestive	Surgical Procedures on the Palate and Uvula	No	None

42107	Removal of growth of roof of mouth	Digestive	Surgical Procedures on the Palate and Uvula	No	None
42120	Partial removal of roof of mouth	Digestive	Surgical Procedures on the Palate and Uvula	No	None
42140	Removal of soft tissue at roof of mouth	Digestive	Surgical Procedures on the Palate and Uvula	No	None
42145	Removal of soft tissue at roof of mouth	Digestive	Surgical Procedures on the Palate and Uvula	Yes	PA Effective 9/17/2019
42160	Destruction of growth or soft tissue at roof of mouth	Digestive	Surgical Procedures on the Palate and Uvula	No	None
42180	Repair of (up to 2 centimeters) laceration at roof of mouth	Digestive	Surgical Procedures on the Palate and Uvula	No	None
42182	Repair of (over 2 centimeters) laceration at roof of mouth	Digestive	Surgical Procedures on the Palate and Uvula	No	None
42200	Repair of defect of roof of mouth	Digestive	Surgical Procedures on the Palate and Uvula	Yes	PA Effective 9/17/2019
42205	Repair of defect of roof of mouth	Digestive	Surgical Procedures on the Palate and Uvula	Yes	PA Effective 9/17/2019
42210	Repair of defect of roof of mouth	Digestive	Surgical Procedures on the Palate and Uvula	Yes	PA Effective 9/17/2019
42215	Repair of defect of roof of mouth	Digestive	Surgical Procedures on the Palate and Uvula	Yes	PA Effective 9/17/2019
42220	Lengthening of roof of mouth	Digestive	Surgical Procedures on the Palate and Uvula	Yes	PA Effective 9/17/2019
42225	Repair of defect of roof of mouth	Digestive	Surgical Procedures on the Palate and Uvula	Yes	PA Effective 9/17/2019
42226	Lengthening of roof of mouth	Digestive	Surgical Procedures on the Palate and Uvula	No	None
42227	Lengthening of roof of mouth using mucous membrane flap	Digestive	Surgical Procedures on the Palate and Uvula	No	None

42235	Lengthening of roof of mouth	Digestive	Surgical Procedures on the Palate and Uvula	Yes	PA Effective 9/17/2019
42260	Repair of abnormal connection from nasal sinus to skin surface	Digestive	Surgical Procedures on the Palate and Uvula	No	None
42280	Impression of cheek bone for prosthesis at roof of mouth	Digestive	Surgical Procedures on the Palate and Uvula	No	None
42281	Insertion of roof of mouth prosthesis	Digestive	Surgical Procedures on the Palate and Uvula	No	None
42299	Mouth procedure	Digestive	Surgical Procedures on the Palate and Uvula	Yes	None
42300	Drainage of abscess of salivary gland	Digestive	Surgical Procedures on the Salivary Gland and Ducts	No	None
42305	Drainage of abscess of salivary gland	Digestive	Surgical Procedures on the Salivary Gland and Ducts	No	None
42310	Drainage of lower jaw abscess	Digestive	Surgical Procedures on the Salivary Gland and Ducts	No	None
42320	Drainage of lower jaw abscess	Digestive	Surgical Procedures on the Salivary Gland and Ducts	No	None
42330	Removal of salivary gland stone	Digestive	Surgical Procedures on the Salivary Gland and Ducts	No	None
42335	Removal of salivary gland stone	Digestive	Surgical Procedures on the Salivary Gland and Ducts	No	None
42340	Removal of salivary gland stone	Digestive	Surgical Procedures on the Salivary Gland and Ducts	No	None
42381	#N/A	None	None	No	AMA Deleted code Code invalid as of 1/1/2017 Check for Replacement code

42400	Needle biopsy of salivary gland	Digestive	Surgical Procedures on the Salivary Gland and Ducts	No	None
42405	Biopsy of salivary gland	Digestive	Surgical Procedures on the Salivary Gland and Ducts	No	None
42408	Removal of salivary cyst under tongue	Digestive	Surgical Procedures on the Salivary Gland and Ducts	No	None
42409	Creation of tract to drain salivary gland cyst	Digestive	Surgical Procedures on the Salivary Gland and Ducts	No	None
42410	Removal of salivary gland growth or salivary gland, lateral lobe	Digestive	Surgical Procedures on the Salivary Gland and Ducts	No	None
42415	Partial removal of salivary gland growth with release of facial nerve	Digestive	Surgical Procedures on the Salivary Gland and Ducts	No	None
42420	Removal of total salivary gland growth or salivary gland with release of facial nerve	Digestive	Surgical Procedures on the Salivary Gland and Ducts	No	None
42425	Removal of total salivary gland growth or salivary gland and facial nerve	Digestive	Surgical Procedures on the Salivary Gland and Ducts	No	None
42426	Removal of total salivary gland growth or salivary gland and surrounding lymph nodes on one side of neck	Digestive	Surgical Procedures on the Salivary Gland and Ducts	Yes	None
42440	Removal of salivary gland under floor of mouth	Digestive	Surgical Procedures on the Salivary Gland and Ducts	No	None
42450	Removal of salivary gland under tongue	Digestive	Surgical Procedures on the Salivary Gland and Ducts	No	None
42500	Plastic repair of salivary duct	Digestive	Surgical Procedures on the Salivary Gland and Ducts	No	None

42505	Plastic repair of salivary duct	Digestive	Surgical Procedures on the Salivary Gland and Ducts	No	None
42507	Creation of new drainage tracts of major salivary gland ducts on both sides of mouth	Digestive	Surgical Procedures on the Salivary Gland and Ducts	No	None
42509	Creation of new drainage tracts of major salivary gland ducts on both sides of mouth with excision of both salivary glands	Digestive	Surgical Procedures on the Salivary Gland and Ducts	No	None
42510	Creation of new drainage tracts of major salivary gland ducts on both sides of mouth with tying of salivary gland ducts	Digestive	Surgical Procedures on the Salivary Gland and Ducts	No	None
42550	Injection of dye for X-ray of salivary glands	Digestive	Surgical Procedures on the Salivary Gland and Ducts	No	None
42600	Closure of abnormal salivary gland drainage tract	Digestive	Surgical Procedures on the Salivary Gland and Ducts	No	None
42650	Insertion of probe for salivary gland duct dilation	Digestive	Surgical Procedures on the Salivary Gland and Ducts	No	None
42660	Salivary gland duct dilation	Digestive	Surgical Procedures on the Salivary Gland and Ducts	No	None
42665	Tying salivary gland duct	Digestive	Surgical Procedures on the Salivary Gland and Ducts	No	None
42699	Salivary gland or duct procedure	Digestive	Surgical Procedures on the Salivary Gland and Ducts	Yes	None
42700	Drainage of tonsil abscess	Digestive	Surgical Procedures on the Pharynx, Adenoids, and Tonsils	No	None
42720	Drainage of throat abscess	Digestive	Surgical Procedures on the Pharynx, Adenoids, and Tonsils	No	None

42725	Drainage of throat abscess	Digestive	Surgical Procedures on the Pharynx, Adenoids, and Tonsils	No	None
42800	Biopsy of back of throat	Digestive	Surgical Procedures on the Pharynx, Adenoids, and Tonsils	No	None
42804	Biopsy of throat lesion behind nose	Digestive	Surgical Procedures on the Pharynx, Adenoids, and Tonsils	No	None
42806	Biopsy of throat lesion behind nose	Digestive	Surgical Procedures on the Pharynx, Adenoids, and Tonsils	No	None
42808	Removal or destruction of throat growth	Digestive	Surgical Procedures on the Pharynx, Adenoids, and Tonsils	No	None
42809	Removal of foreign body from throat	Digestive	Surgical Procedures on the Pharynx, Adenoids, and Tonsils	No	None
42810	Removal of congenital skin and tissue cyst	Digestive	Surgical Procedures on the Pharynx, Adenoids, and Tonsils	No	None
42815	Removal of congenital cyst or abnormal drainage tract into mouth	Digestive	Surgical Procedures on the Pharynx, Adenoids, and Tonsils	No	None
42820	Removal of tonsils and adenoid glands patient younger than age 12	Digestive	Surgical Procedures on the Pharynx, Adenoids, and Tonsils	Yes	PA Effective 9/17/2019
42821	Removal of tonsils and adenoid glands patient age 12 or over	Digestive	Surgical Procedures on the Pharynx, Adenoids, and Tonsils	Yes	PA Effective 9/17/2019
42825	Removal of tonsils patient younger than age 12	Digestive	Surgical Procedures on the Pharynx, Adenoids, and Tonsils	Yes	PA Effective 9/17/2019
42826	Removal of tonsils patient age 12 or over	Digestive	Surgical Procedures on the Pharynx, Adenoids, and Tonsils	Yes	PA Effective 9/17/2019

42830	Removal of adenoids patient younger than age 12	Digestive	Surgical Procedures on the Pharynx, Adenoids, and Tonsils	Yes	PA Effective 9/17/2019
42831	Removal of adenoids patient age 12 or over	Digestive	Surgical Procedures on the Pharynx, Adenoids, and Tonsils	Yes	PA Effective 9/17/2019
42835	Removal of adenoids patient younger than age 12	Digestive	Surgical Procedures on the Pharynx, Adenoids, and Tonsils	Yes	PA Effective 9/17/2019
42836	Removal of adenoids patient age 12 or over	Digestive	Surgical Procedures on the Pharynx, Adenoids, and Tonsils	Yes	PA Effective 9/17/2019
42842	Removal of tonsils, tissue, muscle, and bone	Digestive	Surgical Procedures on the Pharynx, Adenoids, and Tonsils	No	None
42844	Removal of tonsils, tissue, muscle, and bone	Digestive	Surgical Procedures on the Pharynx, Adenoids, and Tonsils	No	None
42845	Removal of tonsils, tissue, muscle, and bone	Digestive	Surgical Procedures on the Pharynx, Adenoids, and Tonsils	Yes	None
42860	Removal of remaining tonsil tissue	Digestive	Surgical Procedures on the Pharynx, Adenoids, and Tonsils	No	None
42870	Removal or destruction of growth of tongue lymph node	Digestive	Surgical Procedures on the Pharynx, Adenoids, and Tonsils	No	None
42890	Partial removal of throat	Digestive	Surgical Procedures on the Pharynx, Adenoids, and Tonsils	No	None
42892	Removal of throat tissue	Digestive	Surgical Procedures on the Pharynx, Adenoids, and Tonsils	No	None
42894	Removal of throat tissue	Digestive	Surgical Procedures on the Pharynx, Adenoids, and Tonsils	Yes	None

42900	Suture of wound or injury in the throat	Digestive	Surgical Procedures on the Pharynx, Adenoids, and Tonsils	No	None
42950	Plastic or reconstructive repair of the throat	Digestive	Surgical Procedures on the Pharynx, Adenoids, and Tonsils	No	None
42953	Repair of the throat at esophagus	Digestive	Surgical Procedures on the Pharynx, Adenoids, and Tonsils	Yes	None
42955	Incision of throat for feeding	Digestive	Surgical Procedures on the Pharynx, Adenoids, and Tonsils	No	None
42960	Control of bleeding of throat	Digestive	Surgical Procedures on the Pharynx, Adenoids, and Tonsils	No	None
42961	Control of bleeding of throat requiring hospitalization	Digestive	Surgical Procedures on the Pharynx, Adenoids, and Tonsils	Yes	None
42962	Control of bleeding of throat	Digestive	Surgical Procedures on the Pharynx, Adenoids, and Tonsils	No	None
42970	Control of bleeding of throat with insertion of packing	Digestive	Surgical Procedures on the Pharynx, Adenoids, and Tonsils	No	None
42971	Control of bleeding of throat with insertion of packing requiring hospitalization	Digestive	Surgical Procedures on the Pharynx, Adenoids, and Tonsils	Yes	None
42972	Control of bleeding of throat with insertion of packing	Digestive	Surgical Procedures on the Pharynx, Adenoids, and Tonsils	No	None
42999	Throat, adenoids, or tonsils procedure	Digestive	Surgical Procedures on the Pharynx, Adenoids, and Tonsils	Yes	None
43020	Removal of foreign body in esophagus	Digestive	Surgical Procedures on the Esophagus	No	None
43030	Severing of muscle at upper esophagus	Digestive	Surgical Procedures on the Esophagus	No	None

43045	Removal of foreign body in esophagus	Digestive	Surgical Procedures on the Esophagus	Yes	None
43100	Removal of growth of esophagus	Digestive	Surgical Procedures on the Esophagus	Yes	None
43101	Removal of growth of esophagus	Digestive	Surgical Procedures on the Esophagus	Yes	None
43107	Removal of esophagus	Digestive	Surgical Procedures on the Esophagus	Yes	None
43108	Removal of esophagus	Digestive	Surgical Procedures on the Esophagus	Yes	None
43112	Removal of esophagus	Digestive	Surgical Procedures on the Esophagus	Yes	None
43113	Removal of esophagus	Digestive	Surgical Procedures on the Esophagus	Yes	None
43116	Partial removal of upper esophagus	Digestive	Surgical Procedures on the Esophagus	Yes	None
43117	Partial removal of lower esophagus	Digestive	Surgical Procedures on the Esophagus	Yes	None
43118	Partial removal of lower esophagus, open chest and abdominal procedure	Digestive	Surgical Procedures on the Esophagus	Yes	None
43121	Partial removal of lower esophagus, open chest procedure	Digestive	Surgical Procedures on the Esophagus	Yes	None
43122	Partial removal of lower esophagus, open chest and abdominal procedure or open abdominal procedure	Digestive	Surgical Procedures on the Esophagus	Yes	None
43123	Partial removal of esophagus	Digestive	Surgical Procedures on the Esophagus	Yes	None
43124	Removal of esophagus with creation of artificial opening into the esophagus	Digestive	Surgical Procedures on the Esophagus	Yes	None
43130	Removal of defect in wall of esophagus	Digestive	Surgical Procedures on the Esophagus	No	None
43135	Removal of defect in wall of esophagus	Digestive	Surgical Procedures on the Esophagus	Yes	None
43180	Removal of esophagus tissue using an endoscope	Digestive	Surgical Procedures on the Esophagus	No	None
43191	Diagnostic examination of esophagus using an endoscope	Digestive	Surgical Procedures on the Esophagus	No	None
43192	Injections of substance in tissue lining of esophagus using an endoscope	Digestive	Surgical Procedures on the Esophagus	No	None
43193	Biopsy of esophagus using an endoscope	Digestive	Surgical Procedures on the Esophagus	No	None

43194	Removal of foreign bodies of esophagus using an endoscope	Digestive	Surgical Procedures on the Esophagus	No	None
43195	Balloon dilation of esophagus using an endoscope	Digestive	Surgical Procedures on the Esophagus	No	None
43196	Insertion of wire and dilation of esophagus using an endoscope	Digestive	Surgical Procedures on the Esophagus	No	None
43197	Diagnostic examination of esophagus using an endoscope	Digestive	Surgical Procedures on the Esophagus	No	None
43198	Biopsy of esophagus using an endoscope	Digestive	Surgical Procedures on the Esophagus	No	None
43200	Diagnostic examination of esophagus using an endoscope	Digestive	Surgical Procedures on the Esophagus	No	None
43201	Injections into esophagus using an endoscope	Digestive	Surgical Procedures on the Esophagus	No	None
43202	Biopsy of esophagus using an endoscope	Digestive	Surgical Procedures on the Esophagus	No	None
43204	Injection of dilated esophageal veins using an endoscope	Digestive	Surgical Procedures on the Esophagus	No	None
43205	Tying of esophageal veins using an endoscope	Digestive	Surgical Procedures on the Esophagus	No	None
43206	Microscopic examination of esophagus using an endoscope	Digestive	Surgical Procedures on the Esophagus	No	None
43210	Diagnostic examination of esophagus, stomach, and/or upper small bowel with repair of muscle at esophagus and stomach using an endoscope	Digestive	Surgical Procedures on the Esophagus	No	None
43211	Removal of tissue lining of esophagus using an endoscope	Digestive	Surgical Procedures on the Esophagus	No	None
43212	Placement of stent on esophagus using an endoscope	Digestive	Surgical Procedures on the Esophagus	No	None
43213	Dilation of esophagus using an endoscope	Digestive	Surgical Procedures on the Esophagus	No	None
43214	Balloon dilation of esophagus using an endoscope	Digestive	Surgical Procedures on the Esophagus	No	None
43215	Removal of foreign bodies in esophagus using an endoscope	Digestive	Surgical Procedures on the Esophagus	No	None
43216	Removal of esophageal polyps or growths using an endoscope	Digestive	Surgical Procedures on the Esophagus	No	None
43217	Removal of esophageal polyps or growths using an endoscope	Digestive	Surgical Procedures on the Esophagus	No	None
43220	Balloon dilation of esophagus using an endoscope	Digestive	Surgical Procedures on the Esophagus	No	None

43226	Insertion of guide wire for dilation of esophagus using an endoscope	Digestive	Surgical Procedures on the Esophagus	No	None
43227	Control of esophageal bleeding using an endoscope	Digestive	Surgical Procedures on the Esophagus	No	None
43229	Destruction of growths of esophagus using an endoscope	Digestive	Surgical Procedures on the Esophagus	No	None
43231	Ultrasound examination of esophagus using an endoscope	Digestive	Surgical Procedures on the Esophagus	No	None
43232	Ultrasound guided fine needle aspiration or biopsy of esophagus using an endoscope	Digestive	Surgical Procedures on the Esophagus	No	None
43233	Balloon dilation of esophagus, stomach, and/or upper small bowel using an endoscope	Digestive	Surgical Procedures on the Esophagus	Yes	PA Effective 9/17/2019
43235	Diagnostic examination of esophagus, stomach, and/or upper small bowel using an endoscope	Digestive	Surgical Procedures on the Esophagus	Yes	PA Effective 9/17/2019
43236	Injections of esophagus, stomach, and/or upper small bowel using an endoscope	Digestive	Surgical Procedures on the Esophagus	Yes	PA Effective 9/17/2019
43237	Ultrasound examination of esophagus, stomach, and/or upper small bowel using an endoscope	Digestive	Surgical Procedures on the Esophagus	Yes	PA Effective 9/17/2019
43238	Ultrasound guided needle aspiration or biopsies of esophagus using an endoscope	Digestive	Surgical Procedures on the Esophagus	Yes	PA Effective 9/17/2019
43239	Biopsy of the esophagus, stomach, and/or upper small bowel using an endoscope	Digestive	Surgical Procedures on the Esophagus	Yes	PA Effective 9/17/2019
43240	Drainage of cyst of the esophagus, stomach, and/or upper small bowel using an endoscope	Digestive	Surgical Procedures on the Esophagus	Yes	PA Effective 9/17/2019
43241	Insertion of catheter or tube in esophagus stomach and/or upper small bowel using an endoscope	Digestive	Surgical Procedures on the Esophagus	Yes	PA Effective 9/17/2019
43242	Ultrasound guided needle aspiration or biopsy of esophagus, stomach, and/or upper small bowel using an endoscope	Digestive	Surgical Procedures on the Esophagus	Yes	PA Effective 9/17/2019
43243	Injection of dilated veins of stomach and/or esophagus using an endoscope	Digestive	Surgical Procedures on the Esophagus	No	None
43244	Tying of dilated veins of stomach and/or esophagus using an endoscope	Digestive	Surgical Procedures on the Esophagus	Yes	PA Effective 9/17/2019
43245	Dilation of stomach outlet using an endoscope	Digestive	Surgical Procedures on the Esophagus	Yes	PA Effective 9/17/2019
43246	Insertion of stomach tube using an endoscope	Digestive	Surgical Procedures on the Esophagus	Yes	PA Effective 9/17/2019
43247	Removal of foreign bodies of esophagus, stomach, and/or upper small bowel using an endoscope	Digestive	Surgical Procedures on the Esophagus	Yes	PA Effective 9/17/2019
43248	Insertion of guide wire with dilation of esophagus using an endoscope	Digestive	Surgical Procedures on the Esophagus	Yes	PA Effective 9/17/2019

43249	Balloon dilation of esophagus using an endoscope	Digestive	Surgical Procedures on the Esophagus	Yes	PA Effective 9/17/2019
43250	Removal of polyps or growths of esophagus, stomach, and/or upper small bowel using an endoscope	Digestive	Surgical Procedures on the Esophagus	Yes	PA Effective 9/17/2019
43251	Removal of polyps or growths of esophagus, stomach, and/or upper small bowel using an endoscope	Digestive	Surgical Procedures on the Esophagus	Yes	PA Effective 9/17/2019
43252	Microscopic examination of esophagus, stomach, and/or upper small bowel using an endoscope	Digestive	Surgical Procedures on the Esophagus	Yes	PA Effective 9/17/2019
43253	Injection of diagnostic or therapeutic substances or markers in esophagus, stomach, and/or upper small bowel using an endoscope	Digestive	Surgical Procedures on the Esophagus	Yes	PA Effective 9/17/2019
43254	Removal of tissue lining of esophagus, stomach, and/or upper small bowel using an endoscope	Digestive	Surgical Procedures on the Esophagus	Yes	PA Effective 9/17/2019
43255	Control of bleeding of esophagus, stomach, and/or upper small bowel using an endoscope	Digestive	Surgical Procedures on the Esophagus	Yes	PA Effective 9/17/2019
43257	Heat delivery to muscle at esophagus and/or stomach to treat gastric reflux using an endoscope	Digestive	Surgical Procedures on the Esophagus	No	None
43259	Ultrasound examination of esophagus, stomach and/or upper small bowel using an endoscope	Digestive	Surgical Procedures on the Esophagus	Yes	PA Effective 9/17/2019
43260	Diagnostic examination of gallbladder and pancreatic, liver, and bile ducts using an endoscope	Digestive	Surgical Procedures on the Esophagus	Yes	PA Effective 9/17/2019
43261	Biopsy of gallbladder, pancreatic, liver, and bile ducts using an endoscope	Digestive	Surgical Procedures on the Esophagus	Yes	PA Effective 9/17/2019
43262	Incision of pancreatic outlet muscle using an endoscope	Digestive	Surgical Procedures on the Esophagus	Yes	PA Effective 9/17/2019
43263	Pressure measurement of pancreatic or bile duct using an endoscope	Digestive	Surgical Procedures on the Esophagus	No	None
43264	Removal of stone from bile or pancreatic duct using an endoscope	Digestive	Surgical Procedures on the Esophagus	Yes	PA Effective 9/17/2019
43265	Destruction of stone in bile or pancreatic duct using an endoscope	Digestive	Surgical Procedures on the Esophagus	Yes	PA Effective 9/17/2019
43266	Placement of stent in esophagus, stomach, and/or upper small bowel using an endoscope	Digestive	Surgical Procedures on the Esophagus	Yes	PA Effective 9/17/2019
43270	Destruction of growths on esophagus, stomach, and/or upper small bowel using an endoscope	Digestive	Surgical Procedures on the Esophagus	No	None
43273	Examination of common bile and/or pancreatic ducts using an endoscope	Digestive	Surgical Procedures on the Esophagus	No	Add-On Code - This code must be billed with the appropriate primary procedure code
43274	Placement of stent pancreatic or bile duct using an endoscope	Digestive	Surgical Procedures on the Esophagus	Yes	PA Effective 9/17/2019
43275	Removal of foreign body or stent from pancreatic or bile duct using an endoscope	Digestive	Surgical Procedures on the Esophagus	Yes	PA Effective 9/17/2019

43276	Replacement of stent pancreatic or bile duct using an endoscope	Digestive	Surgical Procedures on the Esophagus	Yes	PA Effective 9/17/2019
43277	Balloon dilation of pancreatic or bile duct using an endoscope	Digestive	Surgical Procedures on the Esophagus	Yes	PA Effective 9/17/2019
43278	Destruction of mass on gallbladder, pancreatic, liver, and bile ducts using an endoscope	Digestive	Surgical Procedures on the Esophagus	No	None
43279	Repair of muscle to lower esophagus and stomach using an endoscope	Digestive	Surgical Procedures on the Esophagus	Yes	None
43280	Repair of muscle at esophagus and stomach using an endoscope	Digestive	Surgical Procedures on the Esophagus	Yes	PA Effective 9/17/2019
43281	Repair of hernia of muscle at esophagus and stomach using an endoscope	Digestive	Surgical Procedures on the Esophagus	Yes	PA Effective 9/17/2019
43282	Repair of hernia of muscle at esophagus and stomach with implantation of mesh using an endoscope	Digestive	Surgical Procedures on the Esophagus	Yes	PA Effective 9/17/2019
43283	Lengthening of esophagus using an endoscope	Digestive	Surgical Procedures on the Esophagus	No	Add-On Code - This code must be billed with the appropriate primary procedure code
43284	Placement of augmentation device in sphincter of esophagus using laparoscope	Digestive	Surgical Procedures on the Esophagus	Yes	PA Effective 9/17/2019
43285	Removal of augmentation device from sphincter of esophagus	Digestive	Surgical Procedures on the Esophagus	No	None
43286	Esophagectomy, total or near total, with laparoscopic mobilization of the abdominal and mediastinal esophagus and proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with open cervical pharyngogastrostomy or esophagogastrostomy (ie, laparoscopic transhiatal esophagectomy)	Digestive	Laparoscopy	Yes	None
43287	Esophagectomy, distal two-thirds, with laparoscopic mobilization of the abdominal and lower mediastinal esophagus and proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with separate thoracoscopic mobilization of the middle and upper mediastinal esophagus and thoracic esophagogastrostomy (ie, laparoscopic thoracoscopic esophagectomy, Ivor Lewis esophagectomy)	Digestive	Laparoscopy	Yes	None

43288	Esophagectomy, total or near total, with thoracoscopic mobilization of the upper, middle, and lower mediastinal esophagus, with separate laparoscopic proximal gastrectomy, with laparoscopic pyloric drainage procedure if performed, with open cervical pharyngogastrostomy or esophagogastrostomy (ie, thoracoscopic, laparoscopic and cervical incision esophagectomy, McKeown esophagectomy, tri-incisional esophagectomy)	Digestive	Laparoscopy	Yes	None
43289	Esophagus procedure using an endoscope	Digestive	Surgical Procedures on the Esophagus	Yes	None
43300	Repair and reconstruction of defect of esophagus	Digestive	Surgical Procedures on the Esophagus	Yes	None
43305	Repair of esophageal defect with repair of abnormal drainage tract	Digestive	Surgical Procedures on the Esophagus	Yes	None
43310	Repair of esophageal defect with repair of abnormal drainage tract	Digestive	Surgical Procedures on the Esophagus	Yes	None
43312	Repair of esophageal defect with repair of abnormal drainage tract	Digestive	Surgical Procedures on the Esophagus	Yes	None
43313	Repair of congenital esophageal defect	Digestive	Surgical Procedures on the Esophagus	Yes	None
43314	Repair of congenital esophageal defect and repair abnormal drainage tract	Digestive	Surgical Procedures on the Esophagus	Yes	None
43320	Repair of muscle at lower esophagus and stomach	Digestive	Surgical Procedures on the Esophagus	Yes	None
43325	Repair of muscle at lower esophagus and stomach	Digestive	Surgical Procedures on the Esophagus	Yes	None
43327	Repair of muscle at lower esophagus and stomach	Digestive	Surgical Procedures on the Esophagus	Yes	None
43328	Repair of muscle at lower esophagus and stomach	Digestive	Surgical Procedures on the Esophagus	Yes	None
43330	Repair of esophagus	Digestive	Surgical Procedures on the Esophagus	Yes	None
43331	Repair of esophagus	Digestive	Surgical Procedures on the Esophagus	Yes	None
43332	Repair of paraesophageal hernia	Digestive	Surgical Procedures on the Esophagus	Yes	None
43333	Repair of paraesophageal hernia with mesh implant	Digestive	Surgical Procedures on the Esophagus	Yes	None
43334	Repair of paraesophageal hernia	Digestive	Surgical Procedures on the Esophagus	Yes	None

43335	Repair of paraesophageal hernia with mesh implant	Digestive	Surgical Procedures on the Esophagus	Yes	None
43336	Repair of paraesophageal hernia	Digestive	Surgical Procedures on the Esophagus	Yes	None
43337	Repair of paraesophageal hernia with mesh implant	Digestive	Surgical Procedures on the Esophagus	Yes	None
43338	Lengthening of esophagus	Digestive	Surgical Procedures on the Esophagus	No	Add-On Code - This code must be billed with the appropriate primary procedure code
43340	Partial removal of esophagus and stomach	Digestive	Surgical Procedures on the Esophagus	Yes	None
43341	Partial removal of esophagus and stomach	Digestive	Surgical Procedures on the Esophagus	Yes	None
43351	Relocation of esophagus	Digestive	Surgical Procedures on the Esophagus	Yes	None
43352	Relocation of esophagus	Digestive	Surgical Procedures on the Esophagus	Yes	None
43360	Repositioning of remnant stomach to esophagus	Digestive	Surgical Procedures on the Esophagus	Yes	None
43361	Repositioning of remnant stomach to esophagus	Digestive	Surgical Procedures on the Esophagus	Yes	None
43400	Tying dilated esophagus veins	Digestive	Surgical Procedures on the Esophagus	Yes	None
43401	Incision and repair esophagus for varicose veins	Digestive	Surgical Procedures on the Esophagus	No	AMA CodeTermed 1/1/2020
43405	Tying or stapling of perforation at junction of esophagus and stomach	Digestive	Surgical Procedures on the Esophagus	Yes	None
43410	Suture of wound or injury to esophagus	Digestive	Surgical Procedures on the Esophagus	Yes	None
43415	Suture of wound or injury to esophagus	Digestive	Surgical Procedures on the Esophagus	Yes	None
43420	Repair of abnormal drainage tract of esophagus	Digestive	Surgical Procedures on the Esophagus	No	None
43425	Repair of abnormal drainage tract of esophagus	Digestive	Surgical Procedures on the Esophagus	Yes	None
43450	Dilation of esophagus	Digestive	Surgical Procedures on the Esophagus	Yes	PA Effective 9/17/2019
43453	Dilation of esophagus	Digestive	Surgical Procedures on the Esophagus	Yes	PA Effective 9/17/2019
43460	Control of esophageal bleeding	Digestive	Surgical Procedures on the Esophagus	Yes	None

43496	Relocation of upper small bowel	Digestive	Surgical Procedures on the Esophagus	Yes	None
43499	Esophagus procedure	Digestive	Surgical Procedures on the Esophagus	Yes	None
43500	Removal of foreign body from stomach	Digestive	Surgical Procedures on the Stomach	Yes	None
43501	Suture of bleeding stomach ulcer	Digestive	Surgical Procedures on the Stomach	Yes	None
43502	Suture of stomach laceration	Digestive	Surgical Procedures on the Stomach	Yes	None
43510	Insertion of permanent stomach tube with dilation of esophagus	Digestive	Surgical Procedures on the Stomach	No	None
43520	Severing of muscle at stomach outlet to upper small bowel	Digestive	Surgical Procedures on the Stomach	Yes	PA Effective 9/17/2019
43605	Biopsy of stomach	Digestive	Surgical Procedures on the Stomach	Yes	None
43610	Removal of stomach ulcer or growth	Digestive	Surgical Procedures on the Stomach	Yes	None
43611	Removal of malignant growth of stomach	Digestive	Surgical Procedures on the Stomach	Yes	None
43620	Removal of stomach with upper small bowel attachment to esophagus	Digestive	Surgical Procedures on the Stomach	Yes	None
43621	Removal of stomach with lower small bowel attachment to esophagus	Digestive	Surgical Procedures on the Stomach	Yes	None
43622	Removal of stomach with intestinal pouch attachment to esophagus	Digestive	Surgical Procedures on the Stomach	Yes	None
43631	Partial removal of stomach	Digestive	Surgical Procedures on the Stomach	Yes	None
43632	Partial removal of stomach	Digestive	Surgical Procedures on the Stomach	Yes	None
43633	Removal of end portion of stomach with attachment to small bowel	Digestive	Surgical Procedures on the Stomach	Yes	None
43634	Partial removal of stomach	Digestive	Surgical Procedures on the Stomach	Yes	None
43635	Partial removal of stomach with severing of vagus nerve	Digestive	Surgical Procedures on the Stomach	No	Add-On Code - This code must be billed with the appropriate primary procedure code
43640	Severing of vagus nerve to stomach	Digestive	Surgical Procedures on the Stomach	Yes	None
43641	Repair of stomach outlet muscle and severing of vagus nerve	Digestive	Surgical Procedures on the Stomach	Yes	PA Effective 9/17/2019

43644	Bypass operation of stomach using an endoscope	Digestive	Surgical Procedures on the Stomach	Yes	None
43645	Bypass operation of stomach with reconstruction of small bowel using an endoscope	Digestive	Surgical Procedures on the Stomach	Yes	None
43647	Implantation or replacement of neurostimulator electrodes in upper stomach using an endoscope	Digestive	Surgical Procedures on the Stomach	Yes	None
43648	Revision or removal of neurostimulator electrodes in upper stomach using an endoscope	Digestive	Surgical Procedures on the Stomach	Yes	None
43651	Incision of vagus nerves in stomach using an endoscope	Digestive	Surgical Procedures on the Stomach	No	None
43652	Incision of vagus nerves of stomach using an endoscope	Digestive	Surgical Procedures on the Stomach	No	None
43653	Creation of stomach feeding tube using an endoscope	Digestive	Surgical Procedures on the Stomach	Yes	PA Effective 9/17/2019
43659	Stomach procedure using an endoscope	Digestive	Surgical Procedures on the Stomach	Yes	None
43752	Insertion of nasal or oral stomach tube using fluoroscopic guidance	Digestive	Surgical Procedures on the Stomach	No	None
43753	Insertion of stomach tube and aspirations of gastric contents	Digestive	Surgical Procedures on the Stomach	No	None
43754	Diagnostic insertion of stomach tube and aspiration of gastric contents	Digestive	Surgical Procedures on the Stomach	No	None
43755	Diagnostic insertion of stomach tube and multiple aspirations of gastric contents	Digestive	Surgical Procedures on the Stomach	No	None
43756	Diagnostic insertion of small bowel tube and specimen collection using imaging guidance	Digestive	Surgical Procedures on the Stomach	No	None
43757	Diagnostic insertion of small bowel tube and multiple specimen collection using imaging guidance	Digestive	Surgical Procedures on the Stomach	No	None
43760	Change of stomach feeding, accessed through the skin	Digestive	Surgical Procedures on the Stomach	No	AMA CodeTermed 01/01/2019 To Report See 43762-73763
43761	Repositioning of stomach feeding tube	Digestive	Surgical Procedures on the Stomach	No	None
43762	Replacement of stomach stoma tube accessed through skin	Digestive	Procedures on the Stomach	Yes	None
43763	Replacement of stomach stoma tube accessed through skin with revision of stoma opening	Digestive	Procedures on the Stomach	Yes	None
43770	Insertion of adjustable stomach reduction device using an endoscope	Digestive	Surgical Procedures on the Stomach	Yes	None
43771	Revision of stomach reduction device using an endoscope	Digestive	Surgical Procedures on the Stomach	Yes	None

43772	Removal of stomach reduction device using an endoscope	Digestive	Surgical Procedures on the Stomach	No	None
43773	Replacement of stomach reduction device using an endoscope	Digestive	Surgical Procedures on the Stomach	Yes	None
43774	Removal of stomach reduction device and port beneath the skin using an endoscope	Digestive	Surgical Procedures on the Stomach	Yes	PA Effective 9/17/2019
43775	Stomach reduction procedure with partial removal of stomach using an endoscope	Digestive	Surgical Procedures on the Stomach	Yes	None
43800	Repair of muscle of stomach outlet into upper small bowel	Digestive	Surgical Procedures on the Stomach	Yes	None
43810	Removal of end portion of stomach with attachment to upper small bowel	Digestive	Surgical Procedures on the Stomach	Yes	None
43820	Partial removal of stomach	Digestive	Surgical Procedures on the Stomach	Yes	None
43825	Partial removal of stomach and severing of vagus nerve	Digestive	Surgical Procedures on the Stomach	Yes	None
43830	Insertion of stomach feeding tube, open procedure	Digestive	Surgical Procedures on the Stomach	Yes	None
43831	Insertion of stomach feeding tube, open procedure	Digestive	Surgical Procedures on the Stomach	Yes	None
43832	Creation of stomach feeding tube, open procedure	Digestive	Surgical Procedures on the Stomach	Yes	None
43840	Suture of perforated ulcer, wound, or injury of stomach or upper small bowel	Digestive	Surgical Procedures on the Stomach	Yes	None
43842	Banding of upper stomach to reduce size	Digestive	Surgical Procedures on the Stomach	Yes	None
43843	Reduction of size of upper stomach	Digestive	Surgical Procedures on the Stomach	Yes	None
43845	Partial removal of stomach	Digestive	Surgical Procedures on the Stomach	Yes	None
43846	Partial removal of stomach	Digestive	Surgical Procedures on the Stomach	Yes	None
43847	Partial removal of stomach	Digestive	Surgical Procedures on the Stomach	Yes	None
43848	Revision of upper stomach bypass, open procedure	Digestive	Surgical Procedures on the Stomach	Yes	None
43850	Revision of attachment of stomach and small bowel	Digestive	Surgical Procedures on the Stomach	Yes	None
43855	Revision of attachment of stomach to upper small bowel	Digestive	Surgical Procedures on the Stomach	Yes	None

43860	Revision of attachment of stomach to small bowel	Digestive	Surgical Procedures on the Stomach	Yes	None
43865	Revision of attachment of stomach to small bowel	Digestive	Surgical Procedures on the Stomach	Yes	None
43870	Closure of skin opening to stomach	Digestive	Surgical Procedures on the Stomach	Yes	None
43880	Closure of abnormal drainage tract from stomach to large bowel	Digestive	Surgical Procedures on the Stomach	Yes	None
43881	Replacement of stimulator electrodes in upper stomach, open procedure	Digestive	Surgical Procedures on the Stomach	Yes	None
43882	Removal of stimulator electrodes in upper stomach, open procedure	Digestive	Surgical Procedures on the Stomach	Yes	None
43886	Revision of skin level port of stomach banding device, open procedure	Digestive	Surgical Procedures on the Stomach	No	None
43887	Removal of skin level port of stomach banding device, open procedure	Digestive	Surgical Procedures on the Stomach	No	None
43888	Removal and replacement of skin level port of stomach banding device, open procedure	Digestive	Surgical Procedures on the Stomach	Yes	None
43999	Stomach procedure	Digestive	Surgical Procedures on the Stomach	Yes	None
44005	Release of intestinal scar tissue	Digestive	Surgical Procedures on the Intestines (Except Rectum)	Yes	PA Effective 9/17/2019
44010	Biopsy or foreign body removal in small bowel	Digestive	Surgical Procedures on the Intestines (Except Rectum)	Yes	None
44015	Insertion of feeding tube or catheter into upper small bowel	Digestive	Surgical Procedures on the Intestines (Except Rectum)	No	Add-On Code - This code must be billed with the appropriate primary procedure code
44020	Incision of small bowel for exploration, biopsy, or foreign body removal	Digestive	Surgical Procedures on the Intestines (Except Rectum)	Yes	None
44021	Incision of small bowel for insertion of tube	Digestive	Surgical Procedures on the Intestines (Except Rectum)	Yes	None
44025	Biopsy or foreign body removal in large bowel	Digestive	Surgical Procedures on the Intestines (Except Rectum)	Yes	None

44050	Incisional repair of twisted or herniated small bowel	Digestive	Surgical Procedures on the Intestines (Except Rectum)	Yes	None
44055	Incisional correction of abnormal rotation of small bowel	Digestive	Surgical Procedures on the Intestines (Except Rectum)	Yes	None
44100	Biopsy of small bowel by capsule or tube	Digestive	Surgical Procedures on the Intestines (Except Rectum)	No	None
44110	Removal of growth of small or large bowels	Digestive	Surgical Procedures on the Intestines (Except Rectum)	Yes	None
44111	Removal of multiple small or large bowel growths	Digestive	Surgical Procedures on the Intestines (Except Rectum)	Yes	None
44120	Partial removal of small bowel	Digestive	Surgical Procedures on the Intestines (Except Rectum)	Yes	None
44121	Partial removal of small bowel	Digestive	Surgical Procedures on the Intestines (Except Rectum)	No	Add-On Code - This code must be billed with the appropriate primary procedure code
44125	Partial removal of small bowel with creation of drainage tract to skin surface	Digestive	Surgical Procedures on the Intestines (Except Rectum)	Yes	None
44126	Partial removal of small bowel to correct congenital defect	Digestive	Surgical Procedures on the Intestines (Except Rectum)	Yes	None
44127	Partial removal of small bowel to correct congenital defect	Digestive	Surgical Procedures on the Intestines (Except Rectum)	Yes	None
44128	Partial removal of small bowel to correct congenital defect	Digestive	Surgical Procedures on the Intestines (Except Rectum)	No	Add-On Code - This code must be billed with the appropriate primary procedure code
44130	Creation of connection between two segments of small bowel	Digestive	Surgical Procedures on the Intestines (Except Rectum)	Yes	None

44132	Removal of donor small bowel, open procedure	Digestive	Surgical Procedures on the Intestines (Except Rectum)	Yes	None
44133	Partial removal of donor small bowel for transplantation, open procedure	Digestive	Surgical Procedures on the Intestines (Except Rectum)	Yes	None
44135	Transplantation of small bowel from cadaver donor	Digestive	Surgical Procedures on the Intestines (Except Rectum)	Yes	None
44136	Transplantation of donor small bowel	Digestive	Surgical Procedures on the Intestines (Except Rectum)	Yes	None
44137	Removal of transplanted donor small bowel	Digestive	Surgical Procedures on the Intestines (Except Rectum)	Yes	None
44139	Release of large bowel from spleen and abdominal wall	Digestive	Surgical Procedures on the Intestines (Except Rectum)	No	Add-On Code - This code must be billed with the appropriate primary procedure code
44140	Partial removal of large bowel	Digestive	Surgical Procedures on the Intestines (Except Rectum)	Yes	None
44141	Partial removal of large bowel with creation of opening to the skin	Digestive	Surgical Procedures on the Intestines (Except Rectum)	Yes	None
44143	Partial removal of large bowel with creation of opening	Digestive	Surgical Procedures on the Intestines (Except Rectum)	Yes	None
44144	Partial removal of large bowel with creation of small or large bowel opening	Digestive	Surgical Procedures on the Intestines (Except Rectum)	Yes	None
44145	Partial removal of large bowel and reattachment to rectum	Digestive	Surgical Procedures on the Intestines (Except Rectum)	Yes	None
44146	Partial removal of large bowel and reattachment to rectum and creation of large bowel opening	Digestive	Surgical Procedures on the Intestines (Except Rectum)	Yes	None

44147	Partial removal of large bowel	Digestive	Surgical Procedures on the Intestines (Except Rectum)	Yes	None
44150	Removal of large bowel with attachment of small bowel to rectum or creation of small bowel opening	Digestive	Surgical Procedures on the Intestines (Except Rectum)	Yes	None
44151	Removal of large bowel with creation of small bowel opening	Digestive	Surgical Procedures on the Intestines (Except Rectum)	Yes	None
44155	Removal of large bowel and rectum with creation of small bowel opening	Digestive	Surgical Procedures on the Intestines (Except Rectum)	Yes	None
44156	Removal of large bowel and rectum with creation of small bowel opening	Digestive	Surgical Procedures on the Intestines (Except Rectum)	Yes	None
44157	Removal of large bowel and rectum with attachment of small bowel to anus	Digestive	Surgical Procedures on the Intestines (Except Rectum)	Yes	None
44158	Removal of large bowel and rectum with attachment of small bowel to anus	Digestive	Surgical Procedures on the Intestines (Except Rectum)	Yes	None
44160	Partial removal of small and large bowel with attachment of small and large bowel	Digestive	Surgical Procedures on the Intestines (Except Rectum)	Yes	None
44180	Release of small bowel scar tissue using an endoscope	Digestive	Surgical Procedures on the Intestines (Except Rectum)	No	None
44186	Creation of small bowel opening using an endoscope	Digestive	Surgical Procedures on the Intestines (Except Rectum)	No	None
44187	Creation of small bowel opening using an endoscope	Digestive	Surgical Procedures on the Intestines (Except Rectum)	Yes	None
44188	Creation of large bowel opening using an endoscope	Digestive	Surgical Procedures on the Intestines (Except Rectum)	Yes	None

44202	Partial removal of small bowel using an endoscope	Digestive	Surgical Procedures on the Intestines (Except Rectum)	Yes	None
44203	Partial removal of small bowel using an endoscope	Digestive	Surgical Procedures on the Intestines (Except Rectum)	No	Add-On Code - This code must be billed with the appropriate primary procedure code
44204	Partial removal of large bowel using an endoscope	Digestive	Surgical Procedures on the Intestines (Except Rectum)	Yes	None
44205	Partial removal of small and large bowel with attachment of small and large bowel using an endoscope	Digestive	Surgical Procedures on the Intestines (Except Rectum)	Yes	None
44206	Partial removal of large bowel with creation of opening using an endoscope	Digestive	Surgical Procedures on the Intestines (Except Rectum)	Yes	None
44207	Partial removal of large bowel and reattachment to rectum using an endoscope	Digestive	Surgical Procedures on the Intestines (Except Rectum)	Yes	None
44208	Partial removal of large bowel and reattachment to rectum and creation of large bowel opening using an endoscope	Digestive	Surgical Procedures on the Intestines (Except Rectum)	Yes	None
44210	Removal of large bowel with attachment of small bowel to rectum or creation of small bowel opening using an endoscope	Digestive	Surgical Procedures on the Intestines (Except Rectum)	Yes	None
44211	Removal of large bowel and rectum with attachment of small bowel to anus and creation of small bowel opening using an endoscope	Digestive	Surgical Procedures on the Intestines (Except Rectum)	Yes	None
44212	Removal of large bowel and rectum with creation of small bowel opening using an endoscope	Digestive	Surgical Procedures on the Intestines (Except Rectum)	Yes	None
44213	Partial release of large bowel using an endoscope	Digestive	Surgical Procedures on the Intestines (Except Rectum)	No	Add-On Code - This code must be billed with the appropriate primary procedure code
44227	Closure of large or small bowel opening using an endoscope	Digestive	Surgical Procedures on the Intestines (Except Rectum)	Yes	None

44238	Bowel procedure using an endoscope	Digestive	Surgical Procedures on the Intestines (Except Rectum)	Yes	None
44300	Insertion of small bowel tube, open procedure	Digestive	Surgical Procedures on the Intestines (Except Rectum)	Yes	None
44310	Creation of small bowel feeding tube	Digestive	Surgical Procedures on the Intestines (Except Rectum)	Yes	None
44312	Revision of small bowel opening and scar tissue release	Digestive	Surgical Procedures on the Intestines (Except Rectum)	No	None
44314	Reconstruction of small bowel opening	Digestive	Surgical Procedures on the Intestines (Except Rectum)	Yes	None
44316	Creation of small bowel pouch with valve	Digestive	Surgical Procedures on the Intestines (Except Rectum)	Yes	None
44320	Creation of large bowel drainage tract to skin surface	Digestive	Surgical Procedures on the Intestines (Except Rectum)	Yes	None
44322	Creation of large bowel opening with multiple biopsies	Digestive	Surgical Procedures on the Intestines (Except Rectum)	Yes	None
44340	Revision of large bowel opening and scar tissue release	Digestive	Surgical Procedures on the Intestines (Except Rectum)	No	None
44345	Reconstruction of large bowel opening	Digestive	Surgical Procedures on the Intestines (Except Rectum)	Yes	None
44346	Revision of large bowel opening and hernia repair	Digestive	Surgical Procedures on the Intestines (Except Rectum)	Yes	None
44360	Examination of small bowel using an endoscope	Digestive	Surgical Procedures on the Intestines (Except Rectum)	No	None

44361	Biopsy of small bowel using an endoscope	Digestive	Surgical Procedures on the Intestines (Except Rectum)	No	None
44363	Removal of foreign bodies in small bowel using an endoscope	Digestive	Surgical Procedures on the Intestines (Except Rectum)	No	None
44364	Removal of small bowel polyps or growths using an endoscope	Digestive	Surgical Procedures on the Intestines (Except Rectum)	No	None
44365	Removal of small bowel polyps or growths using an endoscope	Digestive	Surgical Procedures on the Intestines (Except Rectum)	No	None
44366	Control of bleeding in small bowel using an endoscope	Digestive	Surgical Procedures on the Intestines (Except Rectum)	No	None
44369	Destruction of small bowel polyps or growths using an endoscope	Digestive	Surgical Procedures on the Intestines (Except Rectum)	No	None
44370	Insertion of small bowel stent using an endoscope	Digestive	Surgical Procedures on the Intestines (Except Rectum)	No	None
44372	Insertion of feeding tube (accessed beneath the skin) into small bowel using an endoscope	Digestive	Surgical Procedures on the Intestines (Except Rectum)	No	None
44373	Convert stomach tube to small bowel tube (accessed beneath the skin) using an endoscope	Digestive	Surgical Procedures on the Intestines (Except Rectum)	No	None
44376	Diagnostic examination of small bowel using an endoscope	Digestive	Surgical Procedures on the Intestines (Except Rectum)	No	None
44377	Biopsy of small bowel using an endoscope	Digestive	Surgical Procedures on the Intestines (Except Rectum)	No	None
44378	Control of bleeding beyond second portion of small bowel using an endoscope	Digestive	Surgical Procedures on the Intestines (Except Rectum)	No	None

44379	Insertion of small bowel stent using an endoscope	Digestive	Surgical Procedures on the Intestines (Except Rectum)	No	None
44380	Diagnostic examination of small bowel using an endoscope which is inserted through abdominal opening	Digestive	Surgical Procedures on the Intestines (Except Rectum)	No	None
44381	Balloon dilation of small bowel using an endoscope which is inserted through abdominal opening	Digestive	Surgical Procedures on the Intestines (Except Rectum)	No	None
44382	Biopsy of small bowel using an endoscope which is inserted through abdominal opening	Digestive	Surgical Procedures on the Intestines (Except Rectum)	No	None
44384	Placement of stent in small bowel using an endoscope which is inserted through abdominal opening	Digestive	Surgical Procedures on the Intestines (Except Rectum)	No	None
44385	Diagnostic examination of defect in wall of small bowel using an endoscope	Digestive	Surgical Procedures on the Intestines (Except Rectum)	No	None
44386	Biopsy of small bowel using an endoscope	Digestive	Surgical Procedures on the Intestines (Except Rectum)	No	None
44388	Diagnostic examination of large bowel using an endoscope which is inserted through abdominal opening	Digestive	Surgical Procedures on the Intestines (Except Rectum)	No	None
44389	Biopsies of large bowel using an endoscope which is inserted through abdominal opening	Digestive	Surgical Procedures on the Intestines (Except Rectum)	No	None
44390	Removal of foreign bodies from large bowel using an endoscope which is inserted through abdominal opening	Digestive	Surgical Procedures on the Intestines (Except Rectum)	No	None
44391	Control of bleeding in large bowel using an endoscope which is inserted through abdominal opening	Digestive	Surgical Procedures on the Intestines (Except Rectum)	No	None
44392	Removal of polyps or growths of large bowel using an endoscope which is inserted through abdominal opening	Digestive	Surgical Procedures on the Intestines (Except Rectum)	No	None

44394	Removal of large bowel polyps or growths using an endoscope	Digestive	Surgical Procedures on the Intestines (Except Rectum)	No	None
44401	Destruction of large bowel growths using an endoscope which is inserted through abdominal opening	Digestive	Surgical Procedures on the Intestines (Except Rectum)	No	None
44402	Stent placement in large bowel using an endoscope which is inserted through abdominal opening	Digestive	Surgical Procedures on the Intestines (Except Rectum)	No	None
44403	Resection of large bowel tissue using an endoscope which is inserted through abdominal opening	Digestive	Surgical Procedures on the Intestines (Except Rectum)	No	None
44404	Injections of large bowel using an endoscope which is inserted through abdominal opening	Digestive	Surgical Procedures on the Intestines (Except Rectum)	No	None
44405	Balloon dilation of large bowel using an endoscope which is inserted through abdominal opening	Digestive	Surgical Procedures on the Intestines (Except Rectum)	No	None
44406	Ultrasound examination of large bowel using an endoscope which is inserted through abdominal opening	Digestive	Surgical Procedures on the Intestines (Except Rectum)	No	None
44407	Ultrasound guided fine needle aspiration/biopsies of large bowel using an endoscope which is inserted through abdominal opening	Digestive	Surgical Procedures on the Intestines (Except Rectum)	No	None
44408	Decompression of large bowel using an endoscope which is inserted through abdominal opening	Digestive	Surgical Procedures on the Intestines (Except Rectum)	No	None
44500	Oral introduction of long drainage tube into small bowel	Digestive	Surgical Procedures on the Intestines (Except Rectum)	No	None
44602	Suture of small bowel for perforated ulcer, pouch, wound, injury or rupture	Digestive	Surgical Procedures on the Intestines (Except Rectum)	Yes	None
44603	Suture of multiple small bowel ulcers, defects, wounds, injuries, or rupture	Digestive	Surgical Procedures on the Intestines (Except Rectum)	Yes	None

44604	Suture of large bowel ulcer, defect, wound, injury, or rupture	Digestive	Surgical Procedures on the Intestines (Except Rectum)	Yes	None
44605	Suture of large bowel ulcer, defect, wound, injury, or rupture with creation of opening	Digestive	Surgical Procedures on the Intestines (Except Rectum)	Yes	None
44615	Release of small bowel obstruction	Digestive	Surgical Procedures on the Intestines (Except Rectum)	Yes	None
44620	Closure of large or small bowel opening	Digestive	Surgical Procedures on the Intestines (Except Rectum)	Yes	None
44625	Closure of large or small bowel opening with bowel removal and reattachment	Digestive	Surgical Procedures on the Intestines (Except Rectum)	Yes	None
44626	Closure of large or small bowel opening with bowel removal and reattachment of large bowel and rectum	Digestive	Surgical Procedures on the Intestines (Except Rectum)	Yes	None
44640	Closure of abnormal drainage tract of small bowel	Digestive	Surgical Procedures on the Intestines (Except Rectum)	Yes	None
44650	Closure of abnormal drainage tract within small bowel or small to large bowel	Digestive	Surgical Procedures on the Intestines (Except Rectum)	Yes	None
44660	Closure of abnormal drainage tract of small bowel	Digestive	Surgical Procedures on the Intestines (Except Rectum)	Yes	None
44661	Closure of abnormal drainage tract from small bowel into urinary bladder	Digestive	Surgical Procedures on the Intestines (Except Rectum)	Yes	None
44680	Surgical folding of upper small bowel upon itself	Digestive	Surgical Procedures on the Intestines (Except Rectum)	Yes	None
44700	Suspension of small bowel using mesh or prosthesis	Digestive	Surgical Procedures on the Intestines (Except Rectum)	Yes	None

44701	Irrigation of large bowel during surgery	Digestive	Surgical Procedures on the Intestines (Except Rectum)	No	Add-On Code - This code must be billed with the appropriate primary procedure code
44705	Assessment and overseeing preparation of donor fecal specimen	Digestive	Surgical Procedures on the Intestines (Except Rectum)	No	None
44715	Preparation of donor small bowel for transplantation	Digestive	Surgical Procedures on the Intestines (Except Rectum)	No	None
44720	Reconstruction of donor small bowel for transplantation	Digestive	Surgical Procedures on the Intestines (Except Rectum)	No	None
44721	Reconstruction of donor small bowel for transplantation	Digestive	Surgical Procedures on the Intestines (Except Rectum)	No	None
44799	Small bowel procedure	Digestive	Surgical Procedures on the Intestines (Except Rectum)	Yes	None
44800	Repair of congenital bowel defect	Digestive	Surgical Procedures on Meckel's Diverticulum and the Mesentery	Yes	None
44820	Removal of growth from abdominal cavity	Digestive	Surgical Procedures on Meckel's Diverticulum and the Mesentery	Yes	None
44850	Suture of abdominal cavity tissue	Digestive	Surgical Procedures on Meckel's Diverticulum and the Mesentery	Yes	None
44899	Procedure for congenital bowel defect	Digestive	Surgical Procedures on Meckel's Diverticulum and the Mesentery	Yes	None
44900	Drainage of abscess of appendix, open procedure	Digestive	Surgical Procedures on the Appendix	Yes	None
44950	Removal of appendix	Digestive	Surgical Procedures on the Appendix	No	None

44955	Removal of appendix	Digestive	Surgical Procedures on the Appendix	No	Add-On Code - This code must be billed with the appropriate primary procedure code
44960	Removal of ruptured infected appendix	Digestive	Surgical Procedures on the Appendix	Yes	None
44970	Removal of appendix using an endoscope	Digestive	Surgical Procedures on the Appendix	Yes	PA Effective 9/17/2019
44979	Appendix procedure using an endoscope	Digestive	Surgical Procedures on the Appendix	Yes	None
45000	Drainage of pelvic abscess	Digestive	Surgical Procedures on the Rectum	No	None
45005	Drainage of rectal abscess	Digestive	Surgical Procedures on the Rectum	No	None
45020	Drainage of pelvic or rectal abscess	Digestive	Surgical Procedures on the Rectum	No	None
45100	Biopsy of rectum	Digestive	Surgical Procedures on the Rectum	No	None
45108	Removal of rectal muscle growth	Digestive	Surgical Procedures on the Rectum	No	None
45110	Removal of rectum with creation of large bowel opening, open abdominal and rectal procedure	Digestive	Surgical Procedures on the Rectum	Yes	None
45111	Partial removal of rectum, open abdominal procedure	Digestive	Surgical Procedures on the Rectum	Yes	None
45112	Removal of rectum, open abdominal and rectal procedure	Digestive	Surgical Procedures on the Rectum	Yes	None
45113	Partial removal of rectum and attachment of small bowel to anus	Digestive	Surgical Procedures on the Rectum	Yes	None
45114	Partial removal of rectum	Digestive	Surgical Procedures on the Rectum	Yes	None
45116	Partial removal of rectum	Digestive	Surgical Procedures on the Rectum	Yes	None
45119	Removal of rectum, open abdominal and rectal procedure	Digestive	Surgical Procedures on the Rectum	Yes	None
45120	Removal of congenital rectal defect	Digestive	Surgical Procedures on the Rectum	Yes	None
45121	Removal of congenital rectal defect and large bowel with multiple biopsies, open abdominal and rectal procedure	Digestive	Surgical Procedures on the Rectum	Yes	None
45123	Partial removal of rectum	Digestive	Surgical Procedures on the Rectum	Yes	None
45126	Removal of large bowel, rectum, prostate, urinary structures and/or uterus and cervix	Digestive	Surgical Procedures on the Rectum	Yes	None

45130	Repair of prolapsed rectum	Digestive	Surgical Procedures on the Rectum	Yes	None
45135	Repair of prolapsed rectum	Digestive	Surgical Procedures on the Rectum	Yes	None
45136	Removal of small bowel pouch with creation of small bowel opening	Digestive	Surgical Procedures on the Rectum	Yes	None
45150	Removal of scar tissue in rectum	Digestive	Surgical Procedures on the Rectum	No	None
45160	Removal of rectal growth	Digestive	Surgical Procedures on the Rectum	No	None
45171	Removal of rectal growth	Digestive	Surgical Procedures on the Rectum	No	None
45172	Removal of rectal muscle growth	Digestive	Surgical Procedures on the Rectum	No	None
45190	Destruction of rectal growth	Digestive	Surgical Procedures on the Rectum	No	None
45300	Diagnostic examination of rectum and large bowel using an endoscope	Digestive	Surgical Procedures on the Rectum	No	None
45303	Dilation of rectum and large bowel using an endoscope	Digestive	Surgical Procedures on the Rectum	No	None
45305	Biopsy of rectum and large bowel using an endoscope	Digestive	Surgical Procedures on the Rectum	No	None
45307	Foreign body removal in rectum and large bowel using an endoscope	Digestive	Surgical Procedures on the Rectum	No	None
45308	Removal of polyp or growth of rectum and large bowel using an endoscope	Digestive	Surgical Procedures on the Rectum	No	None
45309	Removal of polyp or growth of rectum and large bowel using an endoscope	Digestive	Surgical Procedures on the Rectum	No	None
45315	Removal of multiple polyps or growths in rectum and large bowel using an endoscope	Digestive	Surgical Procedures on the Rectum	No	None
45317	Control of bleeding in rectum and large bowel using an endoscope	Digestive	Surgical Procedures on the Rectum	No	None
45320	Destruction of polyps or growths of the rectum and large bowel using an endoscope	Digestive	Surgical Procedures on the Rectum	No	None
45321	Release of twisted bowel in rectum and large bowel using an endoscope	Digestive	Surgical Procedures on the Rectum	No	None
45327	Insertion of rectal or large bowel stent using an endoscope	Digestive	Surgical Procedures on the Rectum	No	None
45330	Diagnostic examination of large bowel using an endoscope	Digestive	Surgical Procedures on the Rectum	No	None

45331	Biopsy of large bowel using an endoscope	Digestive	Surgical Procedures on the Rectum	No	None
45332	Removal of foreign bodies in large bowel using an endoscope	Digestive	Surgical Procedures on the Rectum	No	None
45333	Removal of polyps or growths of large bowel using an endoscope	Digestive	Surgical Procedures on the Rectum	No	None
45334	Control of bleeding in large bowel using an endoscope	Digestive	Surgical Procedures on the Rectum	No	None
45335	Injections into large bowel using an endoscope	Digestive	Surgical Procedures on the Rectum	No	None
45337	Release of twisted large bowel using an endoscope	Digestive	Surgical Procedures on the Rectum	No	None
45338	Removal of polyps or growths of large bowel using an endoscope	Digestive	Surgical Procedures on the Rectum	No	None
45340	Dilation of large bowel stricture using an endoscope	Digestive	Surgical Procedures on the Rectum	No	None
45341	Ultrasound examination of large bowel using an endoscope	Digestive	Surgical Procedures on the Rectum	No	None
45342	Ultrasound guided needle aspiration or biopsy of large bowel using an endoscope	Digestive	Surgical Procedures on the Rectum	No	None
45346	Destruction of polyps or growths of large bowel using an endoscope	Digestive	Surgical Procedures on the Rectum	No	None
45347	Placement of stent in large bowel using an endoscope	Digestive	Surgical Procedures on the Rectum	No	None
45349	Removal of large bowel tissue using an endoscope	Digestive	Surgical Procedures on the Rectum	No	None
45350	Rubber banding of large bowel using an endoscope	Digestive	Surgical Procedures on the Rectum	No	None
45378	Diagnostic examination of large bowel using an endoscope	Digestive	Surgical Procedures on the Rectum	No	None
45379	Removal of foreign bodies in large bowel using an endoscope	Digestive	Surgical Procedures on the Rectum	No	None
45380	Biopsy of large bowel using an endoscope	Digestive	Surgical Procedures on the Rectum	No	None
45381	Injections of large bowel using an endoscope	Digestive	Surgical Procedures on the Rectum	No	None
45382	Control of bleeding in large bowel using an endoscope	Digestive	Surgical Procedures on the Rectum	No	None
45384	Removal of polyps or growths in large bowel using an endoscope	Digestive	Surgical Procedures on the Rectum	No	None

45385	Removal of polyps or growths of large bowel using an endoscope	Digestive	Surgical Procedures on the Rectum	No	None
45386	Balloon dilation of large bowel using an endoscope	Digestive	Surgical Procedures on the Rectum	No	None
45388	Destruction of large bowel growths using an endoscope	Digestive	Surgical Procedures on the Rectum	No	None
45389	Stent placement of large bowel using an endoscope	Digestive	Surgical Procedures on the Rectum	No	None
45390	Removal of large bowel tissue using an endoscope	Digestive	Surgical Procedures on the Rectum	No	None
45391	Ultrasound examination of lower large bowel using an endoscope	Digestive	Surgical Procedures on the Rectum	No	None
45392	Ultrasound guided needle aspiration or biopsy of lower large bowel using an endoscope	Digestive	Surgical Procedures on the Rectum	No	None
45393	Decompression of large bowel using an endoscope	Digestive	Surgical Procedures on the Rectum	No	None
45395	Removal of rectum with creation of large bowel opening through using an endoscope, abdominoperineal approach	Digestive	Surgical Procedures on the Rectum	Yes	None
45397	Removal of rectum using an endoscope, abdominoperineal approach	Digestive	Surgical Procedures on the Rectum	Yes	None
45398	Tying of large bowel using an endoscope	Digestive	Surgical Procedures on the Rectum	No	None
45399	Large bowel procedure	Digestive	Surgical Procedures on the Rectum	No	None
45400	Repair of rectal prolapse using an endoscope	Digestive	Surgical Procedures on the Rectum	Yes	None
45402	Repair of rectal prolapse with partial removal of lower large bowel using an endoscope	Digestive	Surgical Procedures on the Rectum	Yes	None
45499	Rectal procedure using an endoscope	Digestive	Surgical Procedures on the Rectum	Yes	None
45500	Release of scar tissue and repair of rectum	Digestive	Surgical Procedures on the Rectum	No	None
45505	Repair of rectal prolapse	Digestive	Surgical Procedures on the Rectum	No	None
45520	Injection of veins in rectum	Digestive	Surgical Procedures on the Rectum	No	None
45540	Fixation of rectum to sacrum, open abdominal procedure	Digestive	Surgical Procedures on the Rectum	Yes	None
45541	Fixation of rectum to sacrum, perineal approach	Digestive	Surgical Procedures on the Rectum	No	None

45550	Fixation of rectum to sacrum with removal of large bowel, open abdominal procedure	Digestive	Surgical Procedures on the Rectum	Yes	None
45560	Repair of herniated rectum	Digestive	Surgical Procedures on the Rectum	No	None
45562	Repair of rectal wound	Digestive	Surgical Procedures on the Rectum	Yes	None
45563	Repair of rectal wound	Digestive	Surgical Procedures on the Rectum	Yes	None
45800	Repair of herniated rectum	Digestive	Surgical Procedures on the Rectum	Yes	None
45805	Repair of herniated rectum with creation of large bowel opening	Digestive	Surgical Procedures on the Rectum	Yes	None
45820	Repair of abnormal rectal drainage tract	Digestive	Surgical Procedures on the Rectum	Yes	None
45825	Repair of abnormal rectal drainage tract with creation of large bowel opening	Digestive	Surgical Procedures on the Rectum	Yes	None
45900	Repair of rectal prolapse under anesthesia	Digestive	Surgical Procedures on the Rectum	No	None
45905	Dilation of anal muscle under anesthesia	Digestive	Surgical Procedures on the Rectum	No	None
45910	Dilation of rectal scar tissue under anesthesia	Digestive	Surgical Procedures on the Rectum	No	None
45915	Removal of impacted stool or foreign body under anesthesia	Digestive	Surgical Procedures on the Rectum	No	None
45990	Diagnostic examination of anus and rectum under anesthesia	Digestive	Surgical Procedures on the Rectum	No	None
45999	Rectal procedure	Digestive	Surgical Procedures on the Rectum	Yes	None
46020	Insertion of drain device in anus	Digestive	Surgical Procedures on the Anus	No	None
46030	Removal of drain device from anus	Digestive	Surgical Procedures on the Anus	No	None
46040	Drainage of rectal abscess	Digestive	Surgical Procedures on the Anus	No	None
46045	Drainage of rectal abscess under anesthesia	Digestive	Surgical Procedures on the Anus	No	None
46050	Drainage of rectal abscess	Digestive	Surgical Procedures on the Anus	No	None
46060	Drainage of anal abscess	Digestive	Surgical Procedures on the Anus	No	None

46070	Incision of anal tissue, infant	Digestive	Surgical Procedures on the Anus	No	None
46080	Division of muscle of anus	Digestive	Surgical Procedures on the Anus	No	None
46083	Incision of engorged external hemorrhoid	Digestive	Surgical Procedures on the Anus	No	None
46200	Excision of abnormal anal drainage tract	Digestive	Surgical Procedures on the Anus	No	None
46220	Removal of anal growth	Digestive	Surgical Procedures on the Anus	No	None
46221	Removal of hemorrhoid by rubber banding	Digestive	Surgical Procedures on the Anus	No	None
46230	Removal of multiple external anal growths	Digestive	Surgical Procedures on the Anus	No	None
46250	Removal of multiple external hemorrhoids	Digestive	Surgical Procedures on the Anus	No	None
46255	Removal of internal and external hemorrhoids	Digestive	Surgical Procedures on the Anus	No	None
46257	Removal of internal and external hemorrhoids with excision of abnormal anal drainage tract	Digestive	Surgical Procedures on the Anus	No	None
46258	Removal of internal and external hemorrhoids with repair of abnormal anal drainage tract	Digestive	Surgical Procedures on the Anus	No	None
46260	Removal of multiple internal and external hemorrhoids	Digestive	Surgical Procedures on the Anus	No	None
46261	Removal of multiple internal and external hemorrhoids with excision of abnormal anal drainage tract	Digestive	Surgical Procedures on the Anus	No	None
46262	Removal of multiple internal and external hemorrhoids with repair of abnormal anal drainage tract	Digestive	Surgical Procedures on the Anus	No	None
46270	Repair of abnormal anal drainage tract	Digestive	Surgical Procedures on the Anus	No	None
46275	Repair of anal muscle and abnormal anal drainage tract	Digestive	Surgical Procedures on the Anus	No	None
46280	Repair of anal muscle and abnormal anal drainage tract	Digestive	Surgical Procedures on the Anus	No	None
46285	Repair of abnormal anal drainage tract	Digestive	Surgical Procedures on the Anus	No	None
46288	Repair of abnormal anal drainage tract	Digestive	Surgical Procedures on the Anus	No	None
46320	Removal of engorged hemorrhoid	Digestive	Surgical Procedures on the Anus	No	None

46500	Injection of hemorrhoids	Digestive	Surgical Procedures on the Anus	No	None
46505	Injection of agent to paralyze anal muscle	Digestive	Surgical Procedures on the Anus	No	None
46600	Diagnostic examination of the anus using an endoscope	Digestive	Surgical Procedures on the Anus	No	None
46601	Diagnostic examination of anus with magnification and chemical agent enhancement using an endoscope	Digestive	Surgical Procedures on the Anus	No	None
46604	Dilation of anus using an endoscope	Digestive	Surgical Procedures on the Anus	No	None
46606	Biopsy of anus using an endoscope	Digestive	Surgical Procedures on the Anus	No	None
46607	Biopsies of anus with magnification and chemical agent enhancement using an endoscope	Digestive	Surgical Procedures on the Anus	No	None
46608	Removal of foreign body in anus using an endoscope	Digestive	Surgical Procedures on the Anus	No	None
46610	Removal of anal polyps or growths using an endoscope	Digestive	Surgical Procedures on the Anus	No	None
46611	Removal of single anal polyp or growth using an endoscope	Digestive	Surgical Procedures on the Anus	No	None
46612	Removal of multiple anal polyps or growths using an endoscope	Digestive	Surgical Procedures on the Anus	No	None
46614	Control of anal bleeding using an endoscope	Digestive	Surgical Procedures on the Anus	No	None
46615	Destruction of anal polyps or growths using an endoscope	Digestive	Surgical Procedures on the Anus	No	None
46700	Plastic repair of anal stricture, adult	Digestive	Surgical Procedures on the Anus	No	None
46705	Plastic repair of anal stricture, infant	Digestive	Surgical Procedures on the Anus	Yes	None
46706	Repair of abnormal anal drainage tract	Digestive	Surgical Procedures on the Anus	No	None
46707	Repair of abnormal anal drainage tract	Digestive	Surgical Procedures on the Anus	No	None
46710	Repair of abnormal anal drainage tract	Digestive	Surgical Procedures on the Anus	Yes	None
46712	Repair of abnormal anal drainage tract	Digestive	Surgical Procedures on the Anus	Yes	None
46715	Creation of an anal opening	Digestive	Surgical Procedures on the Anus	Yes	None

46716	Reconstruction of absent anal opening	Digestive	Surgical Procedures on the Anus	Yes	None
46730	Repair of absent anal opening	Digestive	Surgical Procedures on the Anus	Yes	None
46735	Repair of absent anal opening	Digestive	Surgical Procedures on the Anus	Yes	None
46740	Repair of absent anal opening	Digestive	Surgical Procedures on the Anus	Yes	None
46742	Repair of absent anal opening	Digestive	Surgical Procedures on the Anus	Yes	None
46744	Repair of defect for single channel outlet of rectum, vagina, and urinary tract	Digestive	Surgical Procedures on the Anus	Yes	None
46746	Repair of defect for single channel outlet of rectum, vagina, and urinary tract	Digestive	Surgical Procedures on the Anus	Yes	None
46748	Repair of defect for single channel outlet of rectum, vagina, and urinary tract	Digestive	Surgical Procedures on the Anus	Yes	None
46750	Repair of anal muscle for incontinence or prolapse, adult	Digestive	Surgical Procedures on the Anus	No	None
46751	Repair of anal muscle for incontinence or prolapse, child	Digestive	Surgical Procedures on the Anus	Yes	None
46753	Repair of muscle of anus for incontinence and/or prolapse using wire or suture	Digestive	Surgical Procedures on the Anus	No	None
46754	Removal of anal muscle wire or suture	Digestive	Surgical Procedures on the Anus	No	None
46760	Repair of anal muscle to correct incontinence, adult	Digestive	Surgical Procedures on the Anus	No	None
46761	Repair of anal muscle to correct incontinence, adult	Digestive	Surgical Procedures on the Anus	No	None
46762	Repair of anal muscle to correct incontinence with implant, adult	Digestive	Surgical Procedures on the Anus	No	AMA Termed Code 1/01/2019
46900	Chemical destruction of anal growths	Digestive	Surgical Procedures on the Anus	No	None
46910	Destruction of anal growths using electric current	Digestive	Surgical Procedures on the Anus	No	None
46916	Freezing destruction of anal growths	Digestive	Surgical Procedures on the Anus	No	None
46917	Laser destruction of anal growths	Digestive	Surgical Procedures on the Anus	No	None
46922	Excisional destruction of anal growths	Digestive	Surgical Procedures on the Anus	No	None

46924	Destruction of anal growths	Digestive	Surgical Procedures on the Anus	No	None
46930	Destruction of internal anal hemorrhoids	Digestive	Surgical Procedures on the Anus	No	None
46940	Repair of anal tear with dilation of anal muscle	Digestive	Surgical Procedures on the Anus	No	None
46942	Repair of anal tear with dilation of anal muscle	Digestive	Surgical Procedures on the Anus	No	None
46945	Removal and tying hemorrhoid group	Digestive	Surgical Procedures on the Anus	No	None
46946	Removal and tying 2 or more hemorrhoid group	Digestive	Surgical Procedures on the Anus	No	None
46947	Repair of prolapsing hemorrhoids	Digestive	Surgical Procedures on the Anus	No	None
46999	Anus procedure	Digestive	Surgical Procedures on the Anus	Yes	None
47000	Needle biopsy of liver, accessed through the skin	Digestive	Surgical Procedures on the Liver	No	None
47001	Needle biopsy of liver	Digestive	Surgical Procedures on the Liver	No	Add-On Code - This code must be billed with the appropriate primary procedure code
47010	Drainage of liver abscess or cyst, open procedure	Digestive	Surgical Procedures on the Liver	Yes	None
47015	Injection and/or drainage of liver abscesses or cysts	Digestive	Surgical Procedures on the Liver	Yes	None
47100	Partial removal of liver tissue	Digestive	Surgical Procedures on the Liver	Yes	None
47120	Partial removal of liver lobe	Digestive	Surgical Procedures on the Liver	Yes	None
47122	Removal of right liver lobe with partial removal of left liver lobe	Digestive	Surgical Procedures on the Liver	Yes	None
47125	Removal of left liver lobe	Digestive	Surgical Procedures on the Liver	Yes	None
47130	Removal of right liver lobe	Digestive	Surgical Procedures on the Liver	Yes	None
47133	Removal of donor liver	Digestive	Surgical Procedures on the Liver	Yes	None
47135	Transplantation of donor liver to anatomic position	Digestive	Surgical Procedures on the Liver	Yes	None
47140	Partial removal of donor liver left segment	Digestive	Surgical Procedures on the Liver	Yes	None

47141	Removal of donor liver left lobe	Digestive	Surgical Procedures on the Liver	Yes	None
47142	Removal of donor liver right lobe	Digestive	Surgical Procedures on the Liver	Yes	None
47143	Preparation of donor liver for transplantation	Digestive	Surgical Procedures on the Liver	No	None
47144	Preparation of donor liver for transplantation	Digestive	Surgical Procedures on the Liver	No	None
47145	Preparation of donor liver for transplantation	Digestive	Surgical Procedures on the Liver	No	None
47146	Preparation of donor liver for transplantation	Digestive	Surgical Procedures on the Liver	No	None
47147	Preparation of donor liver for transplantation	Digestive	Surgical Procedures on the Liver	No	None
47300	Creation of tract to drain liver cyst or abscess	Digestive	Surgical Procedures on the Liver	Yes	None
47350	Suture of liver wound to control bleeding	Digestive	Surgical Procedures on the Liver	Yes	None
47360	Suturing liver wound to control bleeding	Digestive	Surgical Procedures on the Liver	Yes	None
47361	Suture of liver wound to control bleeding	Digestive	Surgical Procedures on the Liver	Yes	None
47362	Re-exploration of liver wound with removal of packing	Digestive	Surgical Procedures on the Liver	Yes	None
47370	Destruction of liver growths using an endoscope	Digestive	Surgical Procedures on the Liver	No	None
47371	Freezing of liver growths using an endoscope	Digestive	Surgical Procedures on the Liver	No	None
47379	Liver procedure using an endoscope	Digestive	Surgical Procedures on the Liver	Yes	None
47380	Destruction of 1 or more growths on liver, open procedure	Digestive	Surgical Procedures on the Liver	Yes	None
47381	Destruction of 1 or more growths on liver, open procedure	Digestive	Surgical Procedures on the Liver	Yes	None
47382	Destruction of 1 or more growths in liver, accessed through the skin	Digestive	Surgical Procedures on the Liver	Yes	PA Effective 9/17/2019
47383	Destruction of 1 or more liver growths, accessed through the skin	Digestive	Surgical Procedures on the Liver	No	None
47399	Liver procedure	Digestive	Surgical Procedures on the Liver	Yes	None

47400	Drainage or removal of liver duct stone	Digestive	Surgical Procedures on the Biliary Tract	Yes	None
47420	Drainage or removal of liver duct stone	Digestive	Surgical Procedures on the Biliary Tract	Yes	None
47425	Drainage or removal of bile duct stone with redirection of bile flow	Digestive	Surgical Procedures on the Biliary Tract	Yes	None
47460	Repair of bile duct	Digestive	Surgical Procedures on the Biliary Tract	Yes	None
47480	Drainage or removal of stones from gallbladder, open procedure	Digestive	Surgical Procedures on the Biliary Tract	Yes	None
47490	Insertion of catheter (accessed through the skin) into gallbladder using imaging guidance including radiological supervision and interpretation	Digestive	Surgical Procedures on the Biliary Tract	No	None
47531	Injection of bile duct for X-ray imaging procedure accessed through the skin using imaging guidance including radiological supervision and interpretation	Digestive	Surgical Procedures on the Biliary Tract	No	None
47532	Injection of bile duct for X-ray imaging procedure accessed through the skin using imaging guidance including radiological supervision and interpretation	Digestive	Surgical Procedures on the Biliary Tract	No	None
47533	Placement of drainage catheter of biliary duct, accessed through the skin with imaging including radiological supervision and interpretation	Digestive	Surgical Procedures on the Biliary Tract	No	None
47534	Placement of drainage catheter of biliary duct, accessed through the skin with imaging including radiological supervision and interpretation	Digestive	Surgical Procedures on the Biliary Tract	Yes	PA Effective 9/17/2019
47535	Conversion of external biliary drainage catheter to internal-external biliary drainage catheter accessed through the skin using imaging guidance with study of bile ducts and radiological supervision and interpretation	Digestive	Surgical Procedures on the Biliary Tract	No	None
47536	Replacement of liver duct drainage catheter accessed through the skin with imaging and radiological supervision and interpretation	Digestive	Surgical Procedures on the Biliary Tract	Yes	PA Effective 9/17/2019
47537	Removal of biliary drainage catheter, accessed through the skin using imaging guidance and radiological supervision and interpretation	Digestive	Surgical Procedures on the Biliary Tract	No	None
47538	Placement of stent of biliary duct, accessed through the skin with imaging including radiological supervision and interpretation	Digestive	Surgical Procedures on the Biliary Tract	No	None

47539	Placement of stent of biliary duct, accessed through the skin with imaging including radiological supervision and interpretation	Digestive	Surgical Procedures on the Biliary Tract	No	None
47540	Placement of stent and drainage catheter of biliary duct, accessed through the skin with imaging including radiological supervision and interpretation	Digestive	Surgical Procedures on the Biliary Tract	No	None
47541	Placement of access device into biliary tract, accessed through the skin with imaging including radiological supervision and interpretation	Digestive	Surgical Procedures on the Biliary Tract	No	None
47542	Balloon dilation of bile duct accessed through the skin using imaging guidance including radiological supervision and interpretation	Digestive	Surgical Procedures on the Biliary Tract	No	Add-On Code - This code must be billed with the appropriate primary procedure code
47543	Biopsy of bile duct or liver duct accessed through the skin using imaging guidance with radiological supervision and interpretation	Digestive	Surgical Procedures on the Biliary Tract	No	Add-On Code - This code must be billed with the appropriate primary procedure code
47544	Removal of biliary duct or gallbladder stone, accessed through the skin using imaging guidance and radiological supervision and interpretation	Digestive	Surgical Procedures on the Biliary Tract	No	Add-On Code - This code must be billed with the appropriate primary procedure code
47550	Examination of bile ducts during surgery using an endoscope	Digestive	Surgical Procedures on the Biliary Tract	No	Add-On Code - This code must be billed with the appropriate primary procedure code
47552	Diagnostic examination of bile ducts using an endoscope, accessed through the skin	Digestive	Surgical Procedures on the Biliary Tract	No	None
47553	Biopsy of bile ducts using an endoscope, accessed through the skin	Digestive	Surgical Procedures on the Biliary Tract	No	None
47554	Removal of bile duct stones using an endoscope, accessed through the skin	Digestive	Surgical Procedures on the Biliary Tract	No	None
47555	Dilation of bile ducts using an endoscope, accessed through the skin	Digestive	Surgical Procedures on the Biliary Tract	No	None
47556	Dilation of bile ducts with stent insertion using an endoscope, accessed through the skin	Digestive	Surgical Procedures on the Biliary Tract	No	None
47562	Removal of gallbladder using an endoscope	Digestive	Surgical Procedures on the Biliary Tract	Yes	PA Effective 9/17/2019
47563	Removal of gallbladder with X-ray study of bile ducts using endoscope	Digestive	Surgical Procedures on the Biliary Tract	Yes	PA Effective 9/17/2019
47564	Removal of gallbladder with exploration of common bile duct using endoscope	Digestive	Surgical Procedures on the Biliary Tract	Yes	PA Effective 9/17/2019

47570	Connection of gall bladder to bowel using an endoscope	Digestive	Surgical Procedures on the Biliary Tract	Yes	None
47579	Bile duct procedure using an endoscope	Digestive	Surgical Procedures on the Biliary Tract	Yes	None
47600	Removal of gallbladder	Digestive	Surgical Procedures on the Biliary Tract	Yes	PA Effective 9/17/2019
47605	Removal of gallbladder with X-ray study of bile ducts	Digestive	Surgical Procedures on the Biliary Tract	Yes	PA Effective 9/17/2019
47610	Removal of gallbladder with exploration of common bile duct	Digestive	Surgical Procedures on the Biliary Tract	Yes	None
47612	Removal of gallbladder and creation of bile duct drainage to bowel	Digestive	Surgical Procedures on the Biliary Tract	Yes	None
47620	Removal of gallbladder and creation of bile duct drainage to bowel	Digestive	Surgical Procedures on the Biliary Tract	Yes	None
47700	Exploration of congenital bile duct defect	Digestive	Surgical Procedures on the Biliary Tract	Yes	None
47701	Connection of portion of upper small bowel to bile duct	Digestive	Surgical Procedures on the Biliary Tract	Yes	None
47711	Removal of bile duct growth	Digestive	Surgical Procedures on the Biliary Tract	Yes	None
47712	Removal of bile duct growth	Digestive	Surgical Procedures on the Biliary Tract	Yes	None
47715	Removal of gallbladder cyst	Digestive	Surgical Procedures on the Biliary Tract	Yes	None
47720	Incision of gallbladder cyst with creation of drainage tract into abdomen	Digestive	Surgical Procedures on the Biliary Tract	Yes	None
47721	Incision of gallbladder cyst with creation of drainage tract to small bowel	Digestive	Surgical Procedures on the Biliary Tract	Yes	None
47740	Incision of gallbladder cyst with creation of drainage tract from bile duct in liver to small bowel	Digestive	Surgical Procedures on the Biliary Tract	Yes	None

47741	Incision of gallbladder cyst with creation of drainage tract to stomach and small bowel	Digestive	Surgical Procedures on the Biliary Tract	Yes	None
47760	Connection of bile duct to small bowel	Digestive	Surgical Procedures on the Biliary Tract	Yes	None
47765	Connection of bile duct to small bowel	Digestive	Surgical Procedures on the Biliary Tract	Yes	None
47780	Connection of bile duct to small bowel	Digestive	Surgical Procedures on the Biliary Tract	Yes	None
47785	Connection of bile duct to small bowel	Digestive	Surgical Procedures on the Biliary Tract	Yes	None
47800	Reconstruction of bile duct	Digestive	Surgical Procedures on the Biliary Tract	Yes	None
47801	Insertion of stent into bile duct	Digestive	Surgical Procedures on the Biliary Tract	Yes	None
47802	Creation of drainage from liver bile duct to bowel	Digestive	Surgical Procedures on the Biliary Tract	Yes	None
47900	Suture of injured bile duct	Digestive	Surgical Procedures on the Biliary Tract	Yes	None
47999	Bile duct procedure	Digestive	Surgical Procedures on the Biliary Tract	Yes	None
48000	Insertion of external drains from gallbladder, bile duct and small bowel	Digestive	Surgical Procedures on the Pancreas	Yes	None
48001	Insertion of external drains from gallbladder, bile duct and small bowel	Digestive	Surgical Procedures on the Pancreas	Yes	None
48020	Removal of pancreatic duct stones	Digestive	Surgical Procedures on the Pancreas	Yes	None
48100	Biopsy of pancreas, open procedure	Digestive	Surgical Procedures on the Pancreas	Yes	None
48102	Needle biopsy of pancreas, accessed through the skin	Digestive	Surgical Procedures on the Pancreas	No	None
48105	Removal of pancreatic tissue	Digestive	Surgical Procedures on the Pancreas	Yes	None
48120	Removal of growth of pancreas	Digestive	Surgical Procedures on the Pancreas	Yes	None

48140	Partial removal of pancreas	Digestive	Surgical Procedures on the Pancreas	Yes	None
48145	Partial removal of pancreas with connection of pancreas to small bowel	Digestive	Surgical Procedures on the Pancreas	Yes	None
48146	Partial removal of pancreas	Digestive	Surgical Procedures on the Pancreas	Yes	None
48148	Partial removal of pancreatic and common bile ducts	Digestive	Surgical Procedures on the Pancreas	Yes	None
48150	Partial removal of pancreas, bile duct and small bowel with connection of pancreas to small bowel	Digestive	Surgical Procedures on the Pancreas	Yes	None
48152	Partial removal of pancreas, bile duct and small bowel	Digestive	Surgical Procedures on the Pancreas	Yes	None
48153	Partial removal of pancreas, bile duct and small bowel with connection of pancreas to small bowel	Digestive	Surgical Procedures on the Pancreas	Yes	None
48154	Partial removal of pancreas, bile duct, and small bowel	Digestive	Surgical Procedures on the Pancreas	Yes	None
48155	Removal of pancreas	Digestive	Surgical Procedures on the Pancreas	Yes	None
48160	Removal of pancreas with pancreatic cell transplantation	Digestive	Surgical Procedures on the Pancreas	No	None
48400	Injection for X-ray study of pancreas during surgery	Digestive	Surgical Procedures on the Pancreas	No	Add-On Code - This code must be billed with the appropriate primary procedure code
48500	Creation of drainage tract of pancreatic cyst	Digestive	Surgical Procedures on the Pancreas	Yes	None
48510	Insertion of drain from pancreatic cyst into abdominal cavity, open procedure	Digestive	Surgical Procedures on the Pancreas	Yes	None
48520	Creation of drainage tract from pancreatic cyst to small bowel	Digestive	Surgical Procedures on the Pancreas	Yes	None
48540	Creation of drainage tract from pancreatic cyst to small bowel	Digestive	Surgical Procedures on the Pancreas	Yes	None
48545	Suture of pancreatic injury	Digestive	Surgical Procedures on the Pancreas	Yes	None
48547	Repair of pancreatic injury	Digestive	Surgical Procedures on the Pancreas	Yes	None
48548	Creation of pancreatic drainage tract from pancreas and upper small bowel	Digestive	Surgical Procedures on the Pancreas	Yes	None
48550	Removal of donor pancreas	Digestive	Surgical Procedures on the Pancreas	No	None
48551	Preparation of donor pancreas for transplantation	Digestive	Surgical Procedures on the Pancreas	No	None

48552	Preparation of donor pancreas for transplantation	Digestive	Surgical Procedures on the Pancreas	No	None
48554	Transplantation of donor pancreas	Digestive	Surgical Procedures on the Pancreas	Yes	None
48556	Removal of transplanted donor pancreas	Digestive	Surgical Procedures on the Pancreas	Yes	None
48999	Pancreas procedure	Digestive	Surgical Procedures on the Pancreas	Yes	None
49000	Exploration of abdomen and abdominal organs	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	Yes	None
49002	Reopening of recent abdominal incision	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	Yes	None
49010	Exploration behind abdominal cavity	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	Yes	None
49020	Drainage of abdominal abscess or infection, open procedure	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	Yes	None
49040	Drainage of abscess of muscle separating chest and abdomen (diaphragm), open procedure	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	Yes	None
49060	Drainage of abscess behind abdominal cavity, open procedure	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	Yes	None
49062	Drainage of accumulated abdominal lymph fluid, open procedure	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	Yes	None
49082	Drainage of fluid from abdominal cavity	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	No	None
49083	Drainage of fluid from abdominal cavity using imaging guidance	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	No	None

49084	Irrigation of abdominal cavity	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	No	None
49180	Needle biopsy of abdominal cavity growth, accessed through the skin	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	No	None
49185	Injection of abnormal fluid accumulation using imaging guidance with radiological supervision and interpretation	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	No	None
49203	Removal or destruction of (5 centimeters or less) abdominal cavity growths, cysts, or abnormal tissue, open procedure	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	Yes	None
49204	Removal or destruction of (5.1 to 10.0 centimeters) abdominal cavity growths, cysts, or abnormal tissue, open abdominal procedure	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	Yes	None
49205	Removal or destruction of (greater than 10.0 centimeters) abdominal cavity growths, cysts, or abnormal tissue, open procedure	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	Yes	None
49215	Removal of pelvic or tailbone growth	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	Yes	None
49220	Liver and/or bone marrow biopsy with removal of spleen and lymph nodes	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	No	Code termed 01/01/2021
49250	Removal of navel and surrounding tissue	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	No	None
49255	Removal of lining covering abdominal organs	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	Yes	None
49320	Diagnostic examination of the abdomen using an endoscope	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	No	None
49321	Biopsy of abdomen using an endoscope	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	No	None

49322	Aspiration of abdominal cavity or cyst using an endoscope	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	No	None
49323	Drainage of lymph fluid to abdominal cavity using an endoscope	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	No	None
49324	Insertion of abdominal cavity catheter using an endoscope	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	No	None
49325	Revision of abdominal cavity catheter using an endoscope	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	No	None
49326	Suture of internal abdominal lining using an endoscope	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	No	Add-On Code - This code must be billed with the appropriate primary procedure code
49327	Examination of abdomen with insertion of devices for radiation therapy using endoscope	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	No	Add-On Code - This code must be billed with the appropriate primary procedure code
49329	Procedure on abdomen using an endoscope	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	Yes	None
49400	Injection of air or X-ray contrast material into abdominal cavity	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	No	None
49402	Removal of foreign body from abdominal cavity	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	No	None
49405	Fluid collection drainage by catheter using imaging guidance, accessed through the skin	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	No	None
49406	Fluid collection drainage by catheter using imaging guidance, accessed through the skin	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	No	None
49407	Fluid collection drainage by catheter using imaging guidance, accessed through vagina or rectum	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	No	None

49411	Insertion of devices in abdominal cavity for radiation therapy guidance, accessed through the skin	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	No	None
49412	Insertion of devices for radiation therapy guidance in abdominal cavity, open procedure	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	No	Add-On Code - This code must be billed with the appropriate primary procedure code
49418	Insertion of abdominal catheter through the skin using imaging guidance including radiological supervision and interpretation	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	No	None
49419	Insertion of abdominal cavity catheter for drug delivery beneath the skin	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	No	None
49421	Insertion of abdominal cavity catheter for drainage or dialysis, open procedure	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	No	None
49422	Removal of abdominal cavity catheter	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	No	None
49423	Exchange of abdominal cavity drainage catheter using imaging guidance	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	No	None
49424	Injection of contrast through abdominal cavity catheter for X-ray study	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	No	None
49425	Insertion of shunt from jugular vein to abdominal cavity	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	Yes	None
49426	Revision of shunt from jugular vein to abdominal cavity	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	No	None
49427	Injection for X-ray study of shunt from jugular vein to abdominal cavity	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	No	None
49428	Closure of venous shunt abdominal cavity	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	Yes	None

49429	Removal of shunt from jugular vein to abdominal cavity	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	No	None
49435	Insertion of abdominal cavity catheter extension, beneath the skin	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	No	Add-On Code - This code must be billed with the appropriate primary procedure code
49436	Creation of abdominal cavity catheter exit site	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	No	None
49440	Insertion of stomach tube (accessed through the skin) using fluoroscopic guidance with contrast	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	No	None
49441	Percutaneous insertion of small bowel tube (accessed through the skin) using fluoroscopic guidance with contrast	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	No	None
49442	Insertion of large bowel tube (accessed through the skin) using fluoroscopic guidance with contrast	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	No	None
49446	Conversion of stomach tube to small bowel tube using fluoroscopic guidance with contrast, accessed through the skin	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	No	None
49450	Replacement of stomach or large bowel tube using fluoroscopic guidance with contrast, accessed through the skin	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	No	None
49451	Replacement of small bowel tube using fluoroscopic guidance with contrast, accessed through the skin	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	No	None
49452	Replacement of stomach to small bowel tube using fluoroscopic guidance with contrast, accessed through the skin	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	No	None
49460	Mechanical removal of obstructive material in stomach, large, or small bowel tube using fluoroscopic guidance with contrast	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	No	None
49465	Contrast injections for x-ray imaging through existing tube in stomach, small bowel or large bowel, accessed through the skin	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	No	None

49491	Repair of groin hernia preterm infant younger than 37 weeks gestation performed from birth to 50 weeks postconception	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	Yes	PA Effective 9/17/2019
49492	Repair of trapped groin hernia preterm infant younger than 37 weeks gestation performed from birth to 50 weeks postconception	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	No	None
49495	Repair of groin hernia full term infant younger than age 6 months or preterm infant older than 50 weeks postconception age and younger than age 6 months at time of surgery	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	Yes	PA Effective 9/17/2019
49496	Repair of trapped groin hernia full term infant younger than age 6 months or preterm infant older than 50 weeks postconception age and younger than age 6 months at time of surgery	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	No	None
49500	Repair of groin hernia patient age 6 months to younger than 5 years	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	Yes	PA Effective 9/17/2019
49501	Repair of trapped groin hernia patient age 6 months to younger than 5 years	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	No	None
49505	Repair of groin hernia patient age 5 years or older	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	Yes	PA Effective 9/17/2019
49507	Repair of trapped groin hernia patient age 5 years or older	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	Yes	PA Effective 9/17/2019
49520	Repair of trapped groin hernia	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	Yes	PA Effective 9/17/2019
49521	Repair of trapped groin hernia	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	Yes	PA Effective 9/17/2019
49525	Repositioning of sliding groin hernia	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	Yes	PA Effective 9/17/2019
49540	Repair of abdominal muscle herniation	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	No	None

49550	Repositioning of groin hernia	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	Yes	PA Effective 9/17/2019
49553	Repositioning of trapped groin hernia	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	Yes	PA Effective 9/17/2019
49555	Repositioning of groin hernia	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	Yes	PA Effective 9/17/2019
49557	Repositioning of trapped groin hernia	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	No	None
49560	Repair of incisional or abdominal hernia	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	Yes	PA Effective 9/17/2019
49561	Repair of trapped incisional or abdominal hernia	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	Yes	PA Effective 9/17/2019
49565	Repair of incisional or abdominal hernia	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	Yes	PA Effective 9/17/2019
49566	Repair of incisional or abdominal hernia	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	Yes	PA Effective 9/17/2019
49568	Placement of mesh to repair incisional or abdominal hernia, open procedure	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	No	Add-On Code - This code must be billed with the appropriate primary procedure code
49570	Repair of trapped incisional or abdominal hernia	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	Yes	PA Effective 9/17/2019
49572	Repair of trapped incisional or abdominal hernia	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	Yes	PA Effective 9/17/2019
49580	Repair of hernia at navel patient younger than age 5 years	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	Yes	PA Effective 9/17/2019

49582	Repair of trapped hernia at navel patient younger than age 5 years	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	Yes	PA Effective 9/17/2019
49585	Repair of hernia at navel patient age 5 years or older	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	Yes	PA Effective 9/17/2019
49587	Repair of trapped hernia at navel patient age 5 years or older	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	Yes	PA Effective 9/17/2019
49590	Repair of hernia between abdominal muscles	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	No	None
49600	Repair of fluid accumulation at navel	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	No	None
49605	Repair of fluid accumulation or abdominal wall defect at navel	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	Yes	None
49606	Repair of fluid accumulation or abdominal wall defect at navel	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	Yes	None
49610	Repair of fluid accumulation or abdominal wall defect at navel	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	Yes	None
49611	Repair of fluid accumulation or abdominal wall defect at navel	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	Yes	None
49650	Repair of groin hernia using an endoscope	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	Yes	PA Effective 9/17/2019
49651	Repositioning of recurrent groin hernia using an endoscope	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	Yes	PA Effective 9/17/2019
49652	Repair of hernia using an endoscope	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	Yes	PA Effective 9/17/2019

49653	Repair of trapped hernia using an endoscope	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	Yes	PA Effective 9/17/2019
49654	Repair of incisional hernia using an endoscope	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	Yes	PA Effective 9/17/2019
49655	Repair of trapped incisional hernia using an endoscope	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	Yes	PA Effective 9/17/2019
49656	Repair of incisional hernia using an endoscope	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	Yes	PA Effective 9/17/2019
49657	Repair of trapped incisional hernia using an endoscope	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	Yes	PA Effective 9/17/2019
49659	Hernia repair procedure using an endoscope	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	Yes	None
49900	Suture of postsurgical abdominal wall opening	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	Yes	None
49904	Harvest of abdominal cavity lining for grafting	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	Yes	None
49905	Placement of flap to repair abdominal wall	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	No	Add-On Code - This code must be billed with the appropriate primary procedure code
49906	Placement of flap of lining of abdominal cavity including blood vessels	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	Yes	None
49999	Abdominal procedure	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	Yes	None
50010	Exploration of kidney	Urinary	Surgical Procedures on the Kidney	Yes	None
50020	Incision and drainage of kidney abscess, open procedure	Urinary	Surgical Procedures on the Kidney	No	None

50040	Insertion of tube for kidney drainage	Urinary	Surgical Procedures on the Kidney	Yes	None
50045	Exploration of kidney	Urinary	Surgical Procedures on the Kidney	Yes	None
50060	Removal of kidney stone	Urinary	Surgical Procedures on the Kidney	Yes	None
50065	Removal of kidney stone	Urinary	Surgical Procedures on the Kidney	Yes	None
50070	Incision of kidney complicated by congenital abnormality	Urinary	Surgical Procedures on the Kidney	Yes	None
50075	Removal of kidney stones	Urinary	Surgical Procedures on the Kidney	Yes	None
50080	Removal or crushing kidney stone (up to 2 centimeters) or insert kidney stent using an endoscope, accessed through the skin	Urinary	Surgical Procedures on the Kidney	Yes	PA Effective 9/17/2019
50081	Removal or crushing kidney stone (over 2 centimeters) or insert kidney stent using an endoscope, accessed through the skin	Urinary	Surgical Procedures on the Kidney	Yes	PA Effective 9/17/2019
50100	Incision or repositioning of abnormal kidney blood vessels	Urinary	Surgical Procedures on the Kidney	Yes	None
50120	Exploration of kidney	Urinary	Surgical Procedures on the Kidney	Yes	None
50125	Incision and drainage of kidney	Urinary	Surgical Procedures on the Kidney	Yes	None
50130	Removal of kidney stone	Urinary	Surgical Procedures on the Kidney	Yes	None
50135	Incision of kidney complicated by congenital defect	Urinary	Surgical Procedures on the Kidney	Yes	None
50200	Needle biopsy of kidney, accessed through the skin	Urinary	Surgical Procedures on the Kidney	No	None
50205	Biopsy of kidney	Urinary	Surgical Procedures on the Kidney	Yes	None
50220	Removal of kidney and partial removal of urinary duct (ureter), open procedure	Urinary	Surgical Procedures on the Kidney	Yes	None
50225	Removal of kidney and partial removal of urinary duct (ureter), open procedure	Urinary	Surgical Procedures on the Kidney	Yes	None
50230	Removal of kidney, lymph nodes, and/or blood clot from major vein (vena cava) with partial removal of urinary duct (ureter), open procedure	Urinary	Surgical Procedures on the Kidney	Yes	None
50234	Removal of kidney and urinary duct (ureter) with partial removal of bladder	Urinary	Surgical Procedures on the Kidney	Yes	None

50236	Removal of kidney and urinary duct (ureter) with partial removal of bladder	Urinary	Surgical Procedures on the Kidney	Yes	None
50240	Partial removal of kidney	Urinary	Surgical Procedures on the Kidney	Yes	None
50250	Destruction of 1 or more growths in kidney, open procedure	Urinary	Surgical Procedures on the Kidney	Yes	None
50280	Removal of kidney cysts	Urinary	Surgical Procedures on the Kidney	Yes	None
50290	Removal of kidney cysts	Urinary	Surgical Procedures on the Kidney	Yes	None
50300	Removal of donor kidney	Urinary	Surgical Procedures on the Kidney	Yes	None
50320	Removal of donor kidney, open procedure	Urinary	Surgical Procedures on the Kidney	Yes	None
50323	Preparation of donor kidney for transplantation	Urinary	Surgical Procedures on the Kidney	No	Covered benefit only for Qualified Medicare Beneficiaries
50325	Preparation of donor kidney for transplantation, open or endoscopic procedure	Urinary	Surgical Procedures on the Kidney	No	None
50327	Preparation of donor kidney for transplantation	Urinary	Surgical Procedures on the Kidney	No	None
50328	Preparation of donor kidney for transplantation	Urinary	Surgical Procedures on the Kidney	No	Covered benefit only for Qualified Medicare Beneficiaries
50329	Preparation of donor kidney for transplantation	Urinary	Surgical Procedures on the Kidney	No	None
50340	Removal of kidney from patient receiving donor kidney	Urinary	Surgical Procedures on the Kidney	Yes	None
50360	Transplantation of donor kidney	Urinary	Surgical Procedures on the Kidney	Yes	None
50365	Removal of kidney and transplantation of donor kidney	Urinary	Surgical Procedures on the Kidney	Yes	None
50370	Removal of previously transplanted donor kidney	Urinary	Surgical Procedures on the Kidney	Yes	None
50380	Removal with relocation of kidney	Urinary	Surgical Procedures on the Kidney	Yes	None
50382	Removal and replacement of indwelling stent in urinary duct (ureter) including radiological supervision and interpretation, accessed through the skin	Urinary	Surgical Procedures on the Kidney	No	None
50384	Removal of indwelling stent in urinary duct (ureter) including radiological supervision and interpretation, accessed through the skin	Urinary	Surgical Procedures on the Kidney	No	None

50385	Removal and replacement of indwelling stent in urinary duct (ureter) including radiological supervision and interpretation	Urinary	Surgical Procedures on the Kidney	No	None
50386	Removal of indwelling stent in urinary duct (ureter) including radiological supervision and interpretation	Urinary	Surgical Procedures on the Kidney	No	None
50387	Removal and replacement of stent in kidney and urinary duct (ureter) using fluoroscopic guidance including radiological supervision and interpretation	Urinary	Surgical Procedures on the Kidney	No	None
50389	Removal of kidney drainage tube (ureter) using fluoroscopic guidance	Urinary	Surgical Procedures on the Kidney	No	None
50390	Aspiration and/or injection kidney cyst, accessed through the skin	Urinary	Surgical Procedures on the Kidney	No	None
50391	Instillations of drug into kidney and/or urinary duct (ureter)	Urinary	Surgical Procedures on the Kidney	No	None
50395	Dilation of kidney and/or urinary duct (ureter) with creation of drainage tract, accessed through the skin	Urinary	Surgical Procedures on the Kidney	No	AMA CodeTermed 01/01/2019 To Report See 50436, 50437
50396	Measurement of urine flow in kidneys and urinary ducts (ureters)	Urinary	Surgical Procedures on the Kidney	No	None
50400	Reconstruction of kidney	Urinary	Surgical Procedures on the Kidney	Yes	PA Effective 9/17/2019
50405	Reconstruction of congenital kidney defect	Urinary	Surgical Procedures on the Kidney	Yes	PA Effective 9/17/2019
50430	Injection procedure for x-ray imaging of kidney and urinary duct (ureter) using imaging guidance including radiological supervision and interpretation	Urinary	Surgical Procedures on the Kidney	No	None
50431	Injection procedure for x-ray imaging of kidney and urinary duct (ureter) using imaging guidance including radiological supervision and interpretation	Urinary	Surgical Procedures on the Kidney	No	None
50432	Placement of catheter of kidney, accessed through the skin using imaging guidance with radiological supervision and interpretation	Urinary	Surgical Procedures on the Kidney	No	None
50433	Placement of catheter of kidney and urinary tube (ureter), accessed through the skin using imaging guidance with radiological supervision and interpretation	Urinary	Surgical Procedures on the Kidney	No	None
50434	Conversion of nephrostomy catheter to nephroureteral catheter accessed through the skin using imaging guidance with study of kidney and ureter and radiological supervision and interpretation	Urinary	Surgical Procedures on the Kidney	No	None
50435	Replacement of kidney drainage catheter accessed through the skin with imaging and radiological supervision and interpretation	Urinary	Surgical Procedures on the Kidney	No	None

50436	Enlargement of existing opening into urinary tract accessed through skin using imaging guidance	Urinary	Percutaneous Dialation	Yes	None
50437	Enlargement of existing opening into urinary tract accessed through skin and creation of new access into urine collecting system of kidney, using imaging guidance	Urinary	Percutaneous Dialation	Yes	None
50500	Suture of wound or injury of kidney	Urinary	Surgical Procedures on the Kidney	Yes	None
50520	Closure of abnormal drainage tract from kidney to skin surface	Urinary	Surgical Procedures on the Kidney	Yes	None
50525	Closure of abnormal drainage tract from kidney to other abdominal organ	Urinary	Surgical Procedures on the Kidney	Yes	None
50526	Closure of abnormal drainage tract from kidney to other abdominal organ	Urinary	Surgical Procedures on the Kidney	Yes	None
50540	Repair of abnormally shaped kidney	Urinary	Surgical Procedures on the Kidney	Yes	None
50541	Destruction of kidney cysts using an endoscope	Urinary	Surgical Procedures on the Kidney	No	None
50542	Destruction of kidney growths using an endoscope	Urinary	Surgical Procedures on the Kidney	No	None
50543	Partial removal of kidney using an endoscope	Urinary	Surgical Procedures on the Kidney	Yes	PA Effective 9/17/2019
50544	Repair of kidney using an endoscope	Urinary	Surgical Procedures on the Kidney	Yes	PA Effective 9/17/2019
50545	Removal of kidney and lymph nodes using an endoscope	Urinary	Surgical Procedures on the Kidney	Yes	PA Effective 9/17/2019
50546	Removal of kidney and partial removal of urinary duct (ureter) using an endoscope	Urinary	Surgical Procedures on the Kidney	Yes	None
50547	Removal of kidney from living donor using an endoscope	Urinary	Surgical Procedures on the Kidney	Yes	None
50548	Removal of kidney and urinary duct (ureter) using an endoscope	Urinary	Surgical Procedures on the Kidney	Yes	None
50549	Kidney procedure using an endoscope	Urinary	Surgical Procedures on the Kidney	Yes	None
50551	Examination of kidney using an endoscopy which is inserted through an already created kidney opening	Urinary	Surgical Procedures on the Kidney	No	None
50553	Insertion of catheter into urinary duct (ureter) using an endoscopy which is inserted through an already created kidney opening	Urinary	Surgical Procedures on the Kidney	No	None
50555	Kidney biopsy using an endoscopy which is inserted through an already created kidney opening	Urinary	Surgical Procedures on the Kidney	No	None

50557	Destruction and/or removal of kidney growths using an endoscopy which is inserted through an already created kidney opening	Urinary	Surgical Procedures on the Kidney	No	None
50561	Removal of kidney foreign body or stone using an endoscopy which is inserted through an already created kidney opening	Urinary	Surgical Procedures on the Kidney	No	None
50562	Removal of kidney tumor using an endoscopy which is inserted through an already created kidney opening	Urinary	Surgical Procedures on the Kidney	No	None
50570	Examination of kidney using an endoscope	Urinary	Surgical Procedures on the Kidney	No	None
50572	Insertion of catheter into urinary duct (ureter) using an endoscope	Urinary	Surgical Procedures on the Kidney	No	None
50574	Kidney biopsy using an endoscope	Urinary	Surgical Procedures on the Kidney	No	None
50575	Dilation and urinary duct (ureter) stent insertion using an endoscope	Urinary	Surgical Procedures on the Kidney	No	None
50576	Destruction and/or removal of kidney growths using an endoscope	Urinary	Surgical Procedures on the Kidney	No	None
50580	Removal of kidney foreign body or stone using an endoscope	Urinary	Surgical Procedures on the Kidney	No	None
50590	Shock wave crushing of kidney stones	Urinary	Surgical Procedures on the Kidney	Yes	PA Effective 9/17/2019
50592	Destruction of 1 or more growths in one kidney, accessed through the skin	Urinary	Surgical Procedures on the Kidney	Yes	PA Effective 9/17/2019
50593	Destruction of growths in one kidney, accessed through the skin	Urinary	Surgical Procedures on the Kidney	Yes	PA Effective 9/17/2019
50600	Exploration of urinary duct (ureter)	Urinary	Surgical Procedures on the Ureter	Yes	None
50605	Insertion of stent in urinary duct (ureter)	Urinary	Surgical Procedures on the Ureter	Yes	None
50606	Biopsy of urinary duct using imaging guidance with radiological supervision and interpretation	Urinary	Surgical Procedures on the Ureter	No	Add-On Code - This code must be billed with the appropriate primary procedure code
50610	Removal of stone from upper urinary duct (ureter)	Urinary	Surgical Procedures on the Ureter	Yes	None
50620	Removal of stone from middle urinary duct (ureter)	Urinary	Surgical Procedures on the Ureter	Yes	None
50630	Removal of stone from lower urinary duct (ureter)	Urinary	Surgical Procedures on the Ureter	Yes	None
50650	Removal of urinary duct (ureter) and partial removal of bladder	Urinary	Surgical Procedures on the Ureter	Yes	None

50660	Removal of an extra urinary duct (ureter)	Urinary	Surgical Procedures on the Ureter	Yes	None
50684	Injection of urinary duct (ureter) for X-ray imaging	Urinary	Surgical Procedures on the Ureter	No	None
50686	Measurement of urine flow in urinary duct (ureter)	Urinary	Surgical Procedures on the Ureter	No	None
50688	Change of tube or stent in urinary duct (ureter)	Urinary	Surgical Procedures on the Ureter	No	None
50690	Injection of bladder and urinary duct (ureter) for X-ray imaging	Urinary	Surgical Procedures on the Ureter	No	None
50693	Placement of stent of urinary duct (ureter), accessed through the skin with imaging including radiological supervision and interpretation	Urinary	Surgical Procedures on the Ureter	No	None
50694	Placement of stent of urinary duct (ureter), accessed through the skin with imaging including radiological supervision and interpretation	Urinary	Surgical Procedures on the Ureter	No	None
50695	Placement of stent of urinary duct (ureter), accessed through the skin with imaging including radiological supervision and interpretation	Urinary	Surgical Procedures on the Ureter	No	None
50700	Reconstruction of urinary duct (ureter)	Urinary	Surgical Procedures on the Ureter	Yes	None
50705	Occlusion of urinary duct (ureter) using imaging guidance with radiological supervision and interpretation	Urinary	Surgical Procedures on the Ureter	No	Add-On Code - This code must be billed with the appropriate primary procedure code
50706	Balloon dilation treatment of stricture of urinary duct (ureter) using imaging guidance with radiological supervision and interpretation	Urinary	Surgical Procedures on the Ureter	No	Add-On Code - This code must be billed with the appropriate primary procedure code
50715	Release of scar tissue at urinary duct (ureter)	Urinary	Surgical Procedures on the Ureter	Yes	None
50722	Release of abnormal veins blocking urinary duct (ureter)	Urinary	Surgical Procedures on the Ureter	Yes	None
50725	Repair and repositioning of abnormally positioned duct (ureter)	Urinary	Surgical Procedures on the Ureter	Yes	None
50727	Revision of opening from urinary tract to skin	Urinary	Surgical Procedures on the Ureter	No	None
50728	Revision of opening from urinary tract to skin with repair of hernia	Urinary	Surgical Procedures on the Ureter	Yes	None
50740	Connection of urinary duct (ureter) to kidney	Urinary	Surgical Procedures on the Ureter	Yes	None
50750	Connection of urinary duct (ureter) to kidney	Urinary	Surgical Procedures on the Ureter	Yes	None
50760	Removal and reconnection of diseased or injured portion of urinary duct (ureter)	Urinary	Surgical Procedures on the Ureter	Yes	None

50770	Partial removal of urinary duct (ureter) with connection to opposite urinary duct	Urinary	Surgical Procedures on the Ureter	Yes	None
50780	Connection to bladder of lower portion of urinary duct (ureter)	Urinary	Surgical Procedures on the Ureter	Yes	None
50782	Connection of extra urinary duct (ureter) to bladder	Urinary	Surgical Procedures on the Ureter	Yes	None
50783	Connection of lower portion of urinary duct (ureter) to bladder	Urinary	Surgical Procedures on the Ureter	Yes	None
50785	Repair of urinary duct (ureter) with creation of bladder and muscle flap	Urinary	Surgical Procedures on the Ureter	Yes	None
50800	Connection of urinary duct (ureter) to bowel	Urinary	Surgical Procedures on the Ureter	Yes	None
50810	Connection of urinary duct (ureter) to large bowel with creation of opening	Urinary	Surgical Procedures on the Ureter	Yes	None
50815	Connection of urinary duct (ureter) to large bowel with creation of opening	Urinary	Surgical Procedures on the Ureter	Yes	None
50820	Connection of urinary duct (ureter) to small bowel with creation of opening	Urinary	Surgical Procedures on the Ureter	Yes	None
50825	Connection of urinary duct (ureter) to large and/or small bowel with creation of opening	Urinary	Surgical Procedures on the Ureter	Yes	None
50830	Repair to restore urine flow in urinary duct (ureter)	Urinary	Surgical Procedures on the Ureter	Yes	None
50840	Replacement of urinary duct (ureter) using bowel	Urinary	Surgical Procedures on the Ureter	Yes	None
50845	Connection of the bladder to pouch at junction of small and large bowel	Urinary	Surgical Procedures on the Ureter	Yes	None
50860	Connection of urinary duct (ureter) to skin surface	Urinary	Surgical Procedures on the Ureter	Yes	None
50900	Suture repair of urinary duct (ureter)	Urinary	Surgical Procedures on the Ureter	Yes	None
50920	Closure of abnormal drainage tract from urinary duct (ureter) to skin surface	Urinary	Surgical Procedures on the Ureter	Yes	None
50930	Closure of abnormal drainage tract from urinary duct (ureter) to an abdominal organ	Urinary	Surgical Procedures on the Ureter	Yes	None
50940	Removal of previously-placed suture or wire in urinary duct (ureter)	Urinary	Surgical Procedures on the Ureter	Yes	None
50945	Removal of stone from urinary duct (ureter) using an endoscope	Urinary	Surgical Procedures on the Ureter	No	None
50947	Repositioning of urinary duct (ureter) and insertion of stent using an endoscope	Urinary	Surgical Procedures on the Ureter	No	None

50948	Repositioning of urinary duct (ureter) using an endoscope	Urinary	Surgical Procedures on the Ureter	No	None
50949	Urinary duct (ureter) procedure using an endoscope	Urinary	Surgical Procedures on the Ureter	Yes	None
50951	Examination of kidney and urinary duct (ureter) using an endoscopy which is inserted through an already created urinary duct (ureter) opening	Urinary	Surgical Procedures on the Ureter	No	None
50953	Insertion of catheter into urinary duct (ureter) using an endoscopy which is inserted through an already created urinary duct (ureter) opening	Urinary	Surgical Procedures on the Ureter	No	None
50955	Biopsy of kidney or urinary duct (ureter) using an endoscopy which is inserted through an already created urinary duct (ureter) opening	Urinary	Surgical Procedures on the Ureter	No	None
50957	Destruction and/or removal of kidney or urinary duct (ureter) growths using an endoscopy which is inserted through an already created urinary duct (ureter) opening	Urinary	Surgical Procedures on the Ureter	No	None
50961	Removal of foreign body or stone from kidney or urinary duct (ureter) using an endoscopy which is inserted through an already created urinary duct (ureter) opening	Urinary	Surgical Procedures on the Ureter	No	None
50970	Examination of kidney and urinary duct (ureter) using an endoscope	Urinary	Surgical Procedures on the Ureter	No	None
50972	Insertion of catheter into urinary duct (ureter) using an endoscope	Urinary	Surgical Procedures on the Ureter	No	None
50974	Biopsy of kidney or urinary duct (ureter) using an endoscope	Urinary	Surgical Procedures on the Ureter	No	None
50976	Destruction and/or removal of kidney or urinary duct (ureter) growths using an endoscope	Urinary	Surgical Procedures on the Ureter	No	None
50980	Removal of foreign body or stone from kidney or urinary duct (ureter) using an endoscope	Urinary	Surgical Procedures on the Ureter	No	None
51020	Incision of bladder with destruction of growths and/or insertion of radioactive material	Urinary	Surgical Procedures on the Bladder	No	None
51030	Incision of bladder with destruction of bladder growth	Urinary	Surgical Procedures on the Bladder	No	None
51040	Incision of bladder with drainage	Urinary	Surgical Procedures on the Bladder	No	None
51045	Incision of bladder with insertion of catheter or stent in urinary duct (ureter)	Urinary	Surgical Procedures on the Bladder	No	None
51050	Incision of bladder with removal of bladder stone	Urinary	Surgical Procedures on the Bladder	No	None
51060	Incision of bladder with removal of stone in urinary duct (ureter)	Urinary	Surgical Procedures on the Bladder	No	None

51065	Incision of bladder with basket removal and/or ultrasonic crushing of stones in urinary duct (ureter)	Urinary	Surgical Procedures on the Bladder	No	None
51080	Incision and drainage of bladder abscess	Urinary	Surgical Procedures on the Bladder	No	None
51100	Needle aspiration of bladder	Urinary	Surgical Procedures on the Bladder	No	None
51101	Aspiration of bladder using catheter or trocar	Urinary	Surgical Procedures on the Bladder	No	None
51102	Aspiration of bladder with insertion of bladder tube to skin surface	Urinary	Surgical Procedures on the Bladder	No	None
51500	Repair of congenital bladder defect	Urinary	Surgical Procedures on the Bladder	No	None
51520	Removal of bladder neck	Urinary	Surgical Procedures on the Bladder	No	None
51525	Repair of ruptured bowel into bladder	Urinary	Surgical Procedures on the Bladder	Yes	None
51530	Removal of bladder growth	Urinary	Surgical Procedures on the Bladder	Yes	None
51535	Incision, removal, or repair of abnormal drainage tract from bladder into bowel	Urinary	Surgical Procedures on the Bladder	No	None
51550	Partial removal of bladder	Urinary	Surgical Procedures on the Bladder	Yes	None
51555	Partial removal of bladder	Urinary	Surgical Procedures on the Bladder	Yes	None
51565	Partial removal of bladder with reimplantation of urinary ducts (ureters)	Urinary	Surgical Procedures on the Bladder	Yes	None
51570	Removal of bladder	Urinary	Surgical Procedures on the Bladder	Yes	None
51575	Removal of bladder and lymph nodes on both sides of pelvis	Urinary	Surgical Procedures on the Bladder	Yes	None
51580	Removal of bladder with transplantation of urinary ducts (ureters)	Urinary	Surgical Procedures on the Bladder	Yes	None
51585	Removal of bladder and lymph nodes on both sides of pelvis	Urinary	Surgical Procedures on the Bladder	Yes	None
51590	Removal of bladder with transplantation of urinary ducts (ureters) to small or large bowel with creation of urinary opening	Urinary	Surgical Procedures on the Bladder	Yes	None
51595	Removal of bladder and lymph nodes on both sides of pelvis with transplantation of urinary ducts (ureters) to small or large bowel with creation of urinary opening	Urinary	Surgical Procedures on the Bladder	Yes	None

51596	Removal of bladder and lymph nodes on both sides of pelvis with transplantation of urinary ducts (ureters) to small and/or large bowel with creation of urinary opening, open procedure	Urinary	Surgical Procedures on the Bladder	Yes	None
51597	Removal of bladder, urinary ducts (ureters)	Urinary	Surgical Procedures on the Bladder	Yes	None
51600	Injection procedure for X-ray imaging of the bladder or during voiding	Urinary	Surgical Procedures on the Bladder	No	None
51605	Injection procedure for X-ray imaging of the bladder and bladder canal (urethra)	Urinary	Surgical Procedures on the Bladder	No	None
51610	Injection procedure through the bladder and bladder canal (urethra) for X-ray imaging	Urinary	Surgical Procedures on the Bladder	No	None
51700	Bladder irrigation and/or instillation	Urinary	Surgical Procedures on the Bladder	No	None
51701	Insertion of temporary bladder catheter	Urinary	Surgical Procedures on the Bladder	No	None
51702	Insertion of indwelling bladder catheter	Urinary	Surgical Procedures on the Bladder	No	None
51703	Insertion of indwelling bladder catheter	Urinary	Surgical Procedures on the Bladder	No	None
51705	Removal of skin suture with change of bladder tube	Urinary	Surgical Procedures on the Bladder	No	None
51710	Removal of suture around skin surface tube with change of bladder tube	Urinary	Surgical Procedures on the Bladder	No	None
51715	Injection or implant of synthetic material into bladder and/or bladder canal (urethra) using an endoscope	Urinary	Surgical Procedures on the Bladder	No	None
51720	Bladder instillation of cancer preventive, inhibiting, or suppressive agent	Urinary	Surgical Procedures on the Bladder	No	None
51725	Insertion of device into bladder to measure pressure of urine flow	Urinary	Surgical Procedures on the Bladder	No	None
51726	Insertion of electronic device into bladder with measurement of urine flow pressure	Urinary	Surgical Procedures on the Bladder	No	None
51727	Insertion of electronic device into bladder with bladder canal (urethra) pressure studies	Urinary	Surgical Procedures on the Bladder	No	None
51728	Insertion of electronic device into bladder with voiding pressure studies	Urinary	Surgical Procedures on the Bladder	No	None
51729	Insertion of electronic device into bladder with voiding and bladder canal (urethra) pressure studies	Urinary	Surgical Procedures on the Bladder	No	None
51736	Timed assessment of bladder emptying	Urinary	Surgical Procedures on the Bladder	No	None

51741	Electronic assessment of bladder emptying	Urinary	Surgical Procedures on the Bladder	No	None
51784	Non-needle measurement and recording of electrical activity of muscles at bladder and bowel openings	Urinary	Surgical Procedures on the Bladder	No	None
51785	Needle measurement and recording of electrical activity of muscles at bladder and bowel openings	Urinary	Surgical Procedures on the Bladder	No	None
51792	Assessment of muscle signal of pelvic nerves	Urinary	Surgical Procedures on the Bladder	No	None
51797	Insertion of device into the abdomen with measurement of pressure and urine flow rate	Urinary	Surgical Procedures on the Bladder	No	Add-On Code - This code must be billed with the appropriate primary procedure code
51798	Ultrasound measurement of bladder capacity after voiding	Urinary	Surgical Procedures on the Bladder	No	None
51800	Repair of bladder and/or bladder canal (urethra)	Urinary	Surgical Procedures on the Bladder	Yes	None
51820	Repair of bladder, bladder canal (urethra) and urinary duct (ureter)	Urinary	Surgical Procedures on the Bladder	Yes	None
51840	Suture of bladder neck to vaginal wall and pubic bone with bladder canal suspension	Urinary	Surgical Procedures on the Bladder	Yes	None
51841	Resuture of bladder neck to vaginal wall and pubic bone with bladder canal suspension	Urinary	Surgical Procedures on the Bladder	Yes	None
51845	Repair of female bladder neck	Urinary	Surgical Procedures on the Bladder	No	None
51860	Suture of wound, injury, or rupture of the bladder	Urinary	Surgical Procedures on the Bladder	No	None
51865	Suture of wound, injury, or rupture of bladder	Urinary	Surgical Procedures on the Bladder	Yes	None
51880	Closure of skin surface bladder tube site	Urinary	Surgical Procedures on the Bladder	No	None
51900	Repair of abnormal drainage tract from bladder into the vagina	Urinary	Surgical Procedures on the Bladder	Yes	None
51920	Repair of abnormal drainage tract from bladder into the vagina	Urinary	Surgical Procedures on the Bladder	Yes	None
51925	Repair of abnormal drainage tract from bladder into the vagina and removal of the uterus	Urinary	Surgical Procedures on the Bladder	Yes	None
51940	Repair of congenital bladder wall defect	Urinary	Surgical Procedures on the Bladder	Yes	None
51960	Enlargement of the bladder using a portion of bowel	Urinary	Surgical Procedures on the Bladder	Yes	None
51980	Creation of a drainage tract from the bladder to the skin surface	Urinary	Surgical Procedures on the Bladder	Yes	None

51990	Suture suspension of bladder canal (urethra) to control leakage using an endoscope	Urinary	Surgical Procedures on the Bladder	No	None
51992	Creation of sling around bladder canal (urethra) to control leakage using an endoscope	Urinary	Surgical Procedures on the Bladder	Yes	PA Effective 9/17/2019
51999	Bladder procedure using an endoscope	Urinary	Surgical Procedures on the Bladder	Yes	None
52000	Diagnostic examination of the bladder and bladder canal (urethra) using an endoscope	Urinary	Surgical Procedures on the Bladder	No	None
52001	Irrigation and removal of multiple blood clots from bladder and bladder canal (urethra) using an endoscope	Urinary	Surgical Procedures on the Bladder	No	None
52005	Insertion of catheter into urinary duct (ureter) using an endoscope	Urinary	Surgical Procedures on the Bladder	Yes	PA Effective 9/17/2019
52007	Insertion of catheter into urinary duct (ureter) and biopsy of urinary duct and/or renal pelvis using an endoscope	Urinary	Surgical Procedures on the Bladder	No	None
52010	Insertion of catheter into sperm duct using an endoscope	Urinary	Surgical Procedures on the Bladder	No	None
52204	Biopsy of the bladder using an endoscope	Urinary	Surgical Procedures on the Bladder	Yes	PA Effective 9/17/2019
52214	Destruction of tissue in the bladder, bladder canal (urethra) or surrounding glands using an endoscope	Urinary	Surgical Procedures on the Bladder	No	None
52224	Destruction of (less than 0.5 centimeters) growths of the bladder and bladder canal (urethra) using an endoscope	Urinary	Surgical Procedures on the Bladder	Yes	PA Effective 9/17/2019
52234	Destruction and/or removal of (0.5 to 2.0 centimeters) small growths of the bladder using an endoscope	Urinary	Surgical Procedures on the Bladder	Yes	PA Effective 9/17/2019
52235	Destruction and/or removal of (2.0 to 5.0 centimeters) medium growths of the bladder and bladder canal (urethra) using an endoscope	Urinary	Surgical Procedures on the Bladder	Yes	PA Effective 9/17/2019
52240	Destruction and/or removal of large growths of the bladder using an endoscope	Urinary	Surgical Procedures on the Bladder	Yes	PA Effective 9/17/2019
52250	Insertion of radioactive substance of the bladder and bladder canal (urethra) using an endoscope	Urinary	Surgical Procedures on the Bladder	Yes	PA Effective 9/17/2019
52260	Dilation of the bladder using an endoscope under general or spinal anesthesia	Urinary	Surgical Procedures on the Bladder	Yes	PA Effective 9/17/2019
52265	Dilation of the bladder including local anesthetic using an endoscope	Urinary	Surgical Procedures on the Bladder	No	None
52270	Incision of the bladder canal (urethra) using an endoscope, female	Urinary	Surgical Procedures on the Bladder	No	None
52275	Incision of the bladder canal (urethra) using an endoscope, male	Urinary	Surgical Procedures on the Bladder	No	None

52276	Incision of the bladder canal (urethra) using an endoscope	Urinary	Surgical Procedures on the Bladder	Yes	PA Effective 9/17/2019
52277	Removal of muscles at urinary opening using an endoscope	Urinary	Surgical Procedures on the Bladder	No	None
52281	Dilation of bladder canal (urethra) using an endoscope	Urinary	Surgical Procedures on the Bladder	No	None
52282	Insertion of a permanent bladder canal (urethra) stent using an endoscope	Urinary	Surgical Procedures on the Bladder	Yes	PA Effective 9/17/2019
52283	Steroid injection into bladder canal (urethra) stricture using an endoscope	Urinary	Surgical Procedures on the Bladder	Yes	PA Effective 9/17/2019
52285	Examination of bladder and bladder canal (urethra) for treatment of female urethral syndrome using an endoscope	Urinary	Surgical Procedures on the Bladder	No	None
52287	Examination with injections of chemical for destruction of bladder using an endoscope	Urinary	Surgical Procedures on the Bladder	Yes	PA Effective 9/17/2019
52290	Incision of urinary duct (ureter) using an endoscope	Urinary	Surgical Procedures on the Bladder	Yes	PA Effective 9/17/2019
52300	Removal or destruction of abnormal pouches of urinary duct (ureter) at bladder using an endoscope	Urinary	Surgical Procedures on the Bladder	Yes	PA Effective 9/17/2019
52301	Removal or destruction of abnormal pouches of urinary duct (ureter) at bladder using an endoscope	Urinary	Surgical Procedures on the Bladder	Yes	PA Effective 9/17/2019
52305	Removal of bladder pouches using an endoscope	Urinary	Surgical Procedures on the Bladder	No	None
52310	Removal of foreign body, stone, or stent from bladder canal (urethra) or bladder using an endoscope	Urinary	Surgical Procedures on the Bladder	No	None
52315	Complicated removal of foreign body, stone, or stent from bladder canal (urethra) or bladder using an endoscope	Urinary	Surgical Procedures on the Bladder	No	None
52317	Crushing, fragmenting, and removal of (less than 2.5 centimeters) bladder stone	Urinary	Surgical Procedures on the Bladder	No	None
52318	Crushing, fragmenting, and removal of bladder stones, complicated or larger than 2.5 centimeters	Urinary	Surgical Procedures on the Bladder	No	None
52320	Removal of stone in urinary duct (ureter) using an endoscope	Urinary	Surgical Procedures on the Bladder	Yes	PA Effective 9/17/2019
52325	Fragmenting of stone in urinary duct (ureter) using an endoscope	Urinary	Surgical Procedures on the Bladder	No	None
52327	Injection of implant material in bladder using an endoscope	Urinary	Surgical Procedures on the Bladder	Yes	PA Effective 9/17/2019
52330	Manipulation of stone in urinary duct (ureter) using an endoscope	Urinary	Surgical Procedures on the Bladder	Yes	PA Effective 9/17/2019
52332	Insertion of stent in urinary duct (ureter) using an endoscope	Urinary	Surgical Procedures on the Bladder	Yes	PA Effective 9/17/2019

52334	Insertion of guide wire through kidney into urinary duct (ureter) using an endoscope	Urinary	Surgical Procedures on the Bladder	Yes	PA Effective 9/17/2019
52341	Treatment of stricture in urinary duct (ureter) using an endoscope	Urinary	Surgical Procedures on the Bladder	Yes	PA Effective 9/17/2019
52342	Treatment of stricture at junction of kidney and urinary duct (ureter) using an endoscope	Urinary	Surgical Procedures on the Bladder	Yes	PA Effective 9/17/2019
52343	Treatment of kidney stricture using an endoscope	Urinary	Surgical Procedures on the Bladder	No	None
52344	Treatment of stricture in urinary duct (ureter) using an endoscope	Urinary	Surgical Procedures on the Bladder	Yes	PA Effective 9/17/2019
52345	Treatment of kidney stricture using an endoscope	Urinary	Surgical Procedures on the Bladder	Yes	PA Effective 9/17/2019
52346	Treatment of kidney stricture using an endoscope	Urinary	Surgical Procedures on the Bladder	No	None
52351	Diagnostic examination of the bladder, bladder canal (urethra), and urinary duct (ureter) or kidney using an endoscope	Urinary	Surgical Procedures on the Bladder	Yes	PA Effective 9/17/2019
52352	Removal or manipulation of stone in urinary duct (ureter) or kidney using an endoscope	Urinary	Surgical Procedures on the Bladder	Yes	PA Effective 9/17/2019
52353	Crushing of stone in urinary duct (ureter) using an endoscope	Urinary	Surgical Procedures on the Bladder	Yes	PA Effective 9/17/2019
52354	Biopsy and/or destruction of growth of urinary duct (ureter) or kidney using an endoscope	Urinary	Surgical Procedures on the Bladder	Yes	PA Effective 9/17/2019
52355	Removal of tumor urinary duct (ureter) or kidney using an endoscope	Urinary	Surgical Procedures on the Bladder	No	None
52356	Crushing of stone in urinary duct (ureter) with stent using an endoscope	Urinary	Surgical Procedures on the Bladder	Yes	PA Effective 9/17/2019
52400	Incision, destruction, or removal of congenital bladder and bladder canal (urethra) defects using an endoscope	Urinary	Surgical Procedures on the Bladder	Yes	PA Effective 9/17/2019
52402	Incision or removal of ejaculatory ducts using an endoscope, male	Urinary	Surgical Procedures on the Bladder	No	None
52441	Insertion of implant material in bladder using an endoscope	Urinary	Surgical Procedures on the Bladder	No	None
52442	Insertion of implant material in bladder using an endoscope	Urinary	Surgical Procedures on the Bladder	No	Add-On Code - This code must be billed with the appropriate primary procedure code
52450	Incision of prostate through bladder canal (urethra)	Urinary	Surgical Procedures on the Bladder	No	None
52500	Removal of bladder neck through bladder canal (urethra)	Urinary	Surgical Procedures on the Bladder	Yes	PA Effective 9/17/2019
52601	Electro-removal of prostate through bladder canal (urethra) with control of bleeding using an endoscope	Urinary	Surgical Procedures on the Bladder	Yes	PA Effective 9/17/2019

52630	Removal of remaining or regrown prostate tissue with control of bleeding using an endoscope	Urinary	Surgical Procedures on the Bladder	Yes	PA Effective 9/17/2019
52640	Removal of postsurgical bladder neck contracture	Urinary	Surgical Procedures on the Bladder	Yes	PA Effective 9/17/2019
52647	Laser destruction of prostate including control of bleeding using an endoscope	Urinary	Surgical Procedures on the Bladder	No	None
52648	Laser vaporization of prostate including control of bleeding using an endoscope	Urinary	Surgical Procedures on the Bladder	Yes	PA Effective 9/17/2019
52649	Laser fragmentation of prostate tissue with control of bleeding using an endoscope	Urinary	Surgical Procedures on the Bladder	Yes	PA Effective 9/17/2019
52700	Drainage of prostate abscess through bladder canal (urethra)	Urinary	Surgical Procedures on the Bladder	No	None
52920	#N/A	None	None	No	AMA Deleted code Code invalid as of 1/1/2017 Check for Replacement code
53000	Incision or repair of extra bladder canal (urethra) tissue	Urinary	Surgical Procedures on the Urethra	No	None
53010	Incision or repair of abnormal bladder canal (urethra)	Urinary	Surgical Procedures on the Urethra	No	None
53020	Incision of external urinary opening	Urinary	Surgical Procedures on the Urethra	No	None
53025	Incision of external urinary opening, infant	Urinary	Surgical Procedures on the Urethra	No	None
53040	Drainage of abscess around bladder canal (urethra)	Urinary	Surgical Procedures on the Urethra	No	None
53060	Drainage of abscess or cyst of Skene's glands, male	Urinary	Surgical Procedures on the Urethra	No	None
53080	Drainage of abnormal urine collection	Urinary	Surgical Procedures on the Urethra	No	None
53085	Drainage of abnormal urine collection	Urinary	Surgical Procedures on the Urethra	No	None
53200	Biopsy of bladder canal (urethra)	Urinary	Surgical Procedures on the Urethra	No	None
53210	Removal of bladder and bladder canal (urethra), female	Urinary	Surgical Procedures on the Urethra	No	None
53215	Removal of bladder and bladder canal (urethra), male	Urinary	Surgical Procedures on the Urethra	No	None
53220	Removal or destruction of bladder canal (urethra) malignancy	Urinary	Surgical Procedures on the Urethra	No	None
53230	Removal of pouch of female bladder canal (urethra)	Urinary	Surgical Procedures on the Urethra	No	None

53235	Removal of pouch of male bladder canal (urethra)	Urinary	Surgical Procedures on the Urethra	No	None
53240	Creation of drainage tract from pouch of bladder canal (urethra)	Urinary	Surgical Procedures on the Urethra	No	None
53250	Removal of seminal fluid gland	Urinary	Surgical Procedures on the Urethra	No	None
53260	Removal or destruction of bladder canal (urethra) polyps	Urinary	Surgical Procedures on the Urethra	No	None
53265	Removal or destruction of growth of bladder canal (urethra)	Urinary	Surgical Procedures on the Urethra	No	None
53270	Removal or destruction of bladder canal (urethra) mucous glands	Urinary	Surgical Procedures on the Urethra	No	None
53275	Removal or destruction of prolapsed bladder canal (urethra)	Urinary	Surgical Procedures on the Urethra	No	None
53400	Repair of bladder canal (urethra) for abnormal drainage tract, pouching, or narrowing	Urinary	Surgical Procedures on the Urethra	No	None
53405	Repair of bladder canal (urethra) with formation of urethra including creation of new urine drainage tract	Urinary	Surgical Procedures on the Urethra	No	None
53410	Reconstruction of bladder canal (urethra), male	Urinary	Surgical Procedures on the Urethra	No	None
53415	Reconstruction or repair of prostatic or membranous bladder canal (urethra)	Urinary	Surgical Procedures on the Urethra	Yes	Not covered for Gender Reassignment or services related to Gender Reassignment.
53420	Reconstruction or repair of prostatic or membranous bladder canal (urethra)	Urinary	Surgical Procedures on the Urethra	No	Not covered for Gender Reassignment or services related to Gender Reassignment
53425	Reconstruction or repair of prostatic or membranous bladder canal (urethra)	Urinary	Surgical Procedures on the Urethra	No	Not covered for Gender Reassignment or services related to Gender Reassignment
53430	Reconstruction of bladder canal (urethra), female	Urinary	Surgical Procedures on the Urethra	No	None
53431	Repair of bladder canal (urethra) and/or lower bladder for incontinence	Urinary	Surgical Procedures on the Urethra	No	None
53440	Creation of sling around male bladder canal (urethra) to control leakage	Urinary	Surgical Procedures on the Urethra	No	None
53442	Removal or revision of sling for male urinary incontinence	Urinary	Surgical Procedures on the Urethra	No	None
53444	Insertion of tandem cuff artificial urinary sphincter	Urinary	Surgical Procedures on the Urethra	No	None
53445	Insertion of inflatable bladder canal (urethra) or bladder neck sphincter	Urinary	Surgical Procedures on the Urethra	No	None

53446	Removal of inflatable bladder canal (urethra) or bladder neck sphincter	Urinary	Surgical Procedures on the Urethra	No	None
53447	Removal and replacement of inflatable bladder canal (urethra) or bladder neck sphincter	Urinary	Surgical Procedures on the Urethra	No	None
53448	Removal and replacement of inflatable bladder canal (urethra) or bladder neck sphincter	Urinary	Surgical Procedures on the Urethra	Yes	None
53449	Repair of inflatable bladder canal (urethra) or bladder neck sphincter, including pump, reservoir, and cuff	Urinary	Surgical Procedures on the Urethra	No	None
53450	Repair of bladder canal (urethra) and urinary opening	Urinary	Surgical Procedures on the Urethra	No	None
53460	Repair and partial removal of bladder canal (urethra) and urinary opening	Urinary	Surgical Procedures on the Urethra	No	None
53500	Release of bladder canal (urethra) scar tissue using an endoscope	Urinary	Surgical Procedures on the Urethra	No	None
53502	Suture of bladder canal (urethra) wound or injury, female	Urinary	Surgical Procedures on the Urethra	No	None
53505	Suture of bladder canal (urethra) wound or injury, penis	Urinary	Surgical Procedures on the Urethra	No	None
53510	Suture of bladder canal (urethra) wound or injury	Urinary	Surgical Procedures on the Urethra	No	None
53515	Suture of bladder canal (urethra) wound or injury, prostate	Urinary	Surgical Procedures on the Urethra	No	None
53520	Closure of abnormal drainage tract from bladder canal (urethra) to skin, male	Urinary	Surgical Procedures on the Urethra	No	None
53600	Dilation of narrowing of bladder canal (urethra), male	Urinary	Surgical Procedures on the Urethra	No	None
53601	Dilation of narrowing of bladder canal (urethra), male	Urinary	Surgical Procedures on the Urethra	No	None
53605	Dilation of narrowing of bladder canal (urethra) under general or spinal anesthesia, male	Urinary	Surgical Procedures on the Urethra	No	None
53620	Dilation of narrowing of bladder canal (urethra), male	Urinary	Surgical Procedures on the Urethra	No	None
53621	Dilation of narrowing of bladder canal (urethra), male	Urinary	Surgical Procedures on the Urethra	No	None
53660	Dilation of bladder canal (urethra), female	Urinary	Surgical Procedures on the Urethra	No	None
53661	Dilation of bladder canal (urethra), female	Urinary	Surgical Procedures on the Urethra	No	None
53665	Dilation of bladder canal (urethra) under general or spinal anesthesia, female	Urinary	Surgical Procedures on the Urethra	No	None

53850	Destruction of prostate tissue through bladder canal (urethra)	Urinary	Surgical Procedures on the Urethra	No	None
53852	Destruction of prostate tissue through bladder canal (urethra)	Urinary	Surgical Procedures on the Urethra	Yes	PA Effective 9/17/2019
53854	Destruction of prostate tissue accessed through urethra using radiofrequency generated water vapor heat therapy	Urinary	Other	Yes	None
53855	Insertion of a temporary bladder canal (urethra) stent, male, using an endoscope	Urinary	Surgical Procedures on the Urethra	No	None
53860	Reconstruction of female bladder neck for stress urinary incontinence	Urinary	Surgical Procedures on the Urethra	No	None
53899	Unlisted Procedure, urinary system	Urinary	Surgical Procedures on the Urethra	Yes	None
54000	Incision of newborn penile foreskin	Male Genital	Surgical Procedures on the Penis	No	None
54001	Incision of penile foreskin	Male Genital	Surgical Procedures on the Penis	No	None
54015	Incision and drainage of penis	Male Genital	Surgical Procedures on the Penis	No	None
54050	Chemical destruction of growths of penis	Male Genital	Surgical Procedures on the Penis	No	None
54055	Destruction of penile growths using electric current	Male Genital	Surgical Procedures on the Penis	No	None
54056	Freezing destruction of penile growths	Male Genital	Surgical Procedures on the Penis	No	None
54057	Laser destruction of growths of penis	Male Genital	Surgical Procedures on the Penis	No	None
54060	Excisional destruction of penile growths	Male Genital	Surgical Procedures on the Penis	No	None
54065	Destruction of multiple penile growths	Male Genital	Surgical Procedures on the Penis	No	None
54100	Biopsy of penis	Male Genital	Surgical Procedures on the Penis	No	None
54105	Biopsy of penis	Male Genital	Surgical Procedures on the Penis	No	None
54110	Removal of abnormally thickened tissue in penis	Male Genital	Surgical Procedures on the Penis	No	None
54111	Removal of abnormally thickened tissue in penis with up to 5 centimeter graft	Male Genital	Surgical Procedures on the Penis	No	None
54112	Removal of abnormally thickened tissue in penis with greater than 5 centimeter graft	Male Genital	Surgical Procedures on the Penis	No	None

54115	Removal of deep foreign body of penis	Male Genital	Surgical Procedures on the Penis	No	None
54120	Partial amputation of penis	Male Genital	Surgical Procedures on the Penis	No	None
54125	Amputation of entire penis	Male Genital	Surgical Procedures on the Penis	Yes	PA Required only for conditions unrelated to cancer Not covered for Gender Reassignment or services related to Gender Reassignment. Gender Reassignment Diagnosis Codes: F64.0, F64.1, F64.2, F64.8 and F64.9
54130	Amputation of penis and removal of lymph nodes on both sides of the groin	Male Genital	Surgical Procedures on the Penis	Yes	Not covered for Gender Reassignment or services related to Gender Reassignment.
54135	Amputation of penis and removal of lymph nodes on both sides of the pelvis	Male Genital	Surgical Procedures on the Penis	Yes	Not covered for Gender Reassignment or services related to Gender Reassignment.
54150	Removal of foreskin of using clamp or device	Male Genital	Surgical Procedures on the Penis	No	None
54160	Removal of foreskin, neonate (28 days of age or less)	Male Genital	Surgical Procedures on the Penis	No	None
54161	Removal of foreskin, patient older than 28 days of age	Male Genital	Surgical Procedures on the Penis	No	None
54162	Removal of scar tissue following penile foreskin removal	Male Genital	Surgical Procedures on the Penis	No	None
54163	Repair of incomplete removal of penile foreskin	Male Genital	Surgical Procedures on the Penis	No	None
54164	Incision of the membrane attaching foreskin and penis	Male Genital	Surgical Procedures on the Penis	No	None
54200	Injection procedure to correct abnormally thickened penile tissue	Male Genital	Surgical Procedures on the Penis	No	None
54205	Injection procedure and surgical exposure of abnormally thickened tissue in penis	Male Genital	Surgical Procedures on the Penis	No	None
54220	Injection of drug into erectile tissue at sides and back of penis	Male Genital	Surgical Procedures on the Penis	No	None
54230	Injection procedure for X-ray imaging of penile erection	Male Genital	Surgical Procedures on the Penis	No	None
54231	Assessment of erectile dysfunction including injection of drugs into the penis	Male Genital	Surgical Procedures on the Penis	No	None
54235	Injection procedure to induce erection	Male Genital	Surgical Procedures on the Penis	No	None

54240	Assessment of penile blood flow	Male Genital	Surgical Procedures on the Penis	No	Covered benefit only for Qualified Medicare Beneficiaries
54250	Assessment of nighttime erection	Male Genital	Surgical Procedures on the Penis	No	None
54300	Repair of curvature of penis	Male Genital	Surgical Procedures on the Penis	No	None
54304	Repair of curvature and urinary outlet of penis	Male Genital	Surgical Procedures on the Penis	No	None
54308	Repair of urinary outlet of penis	Male Genital	Surgical Procedures on the Penis	No	None
54312	Repair of urinary outlet of penis	Male Genital	Surgical Procedures on the Penis	No	None
54316	Repair of urinary outlet of penis with skin graft	Male Genital	Surgical Procedures on the Penis	No	None
54318	Repair of urinary outlet of penis with release of penis from scrotum	Male Genital	Surgical Procedures on the Penis	No	None
54322	Repair of urinary outlet of penis	Male Genital	Surgical Procedures on the Penis	No	None
54324	Repair of urinary outlet of penis with skin flap	Male Genital	Surgical Procedures on the Penis	No	None
54326	Repair of urinary outlet at underside of penis with skin flap	Male Genital	Surgical Procedures on the Penis	No	None
54328	Repair of urinary outlet at underside of penis with skin graft and/or flap	Male Genital	Surgical Procedures on the Penis	No	None
54332	Repair of urinary outlet at underside of penis with skin graft or flap	Male Genital	Surgical Procedures on the Penis	Yes	PA Effective 9/17/2019
54336	Repair of urinary outlet at underside of penis with skin graft and/or flap	Male Genital	Surgical Procedures on the Penis	No	None
54340	Repair of urinary outlet of penis	Male Genital	Surgical Procedures on the Penis	Yes	PA Effective 9/17/2019
54344	Repair of urinary outlet of penis with skin graft or flap	Male Genital	Surgical Procedures on the Penis	Yes	PA Effective 9/17/2019
54348	Repair of urinary outlet of penis with skin graft or flap	Male Genital	Surgical Procedures on the Penis	Yes	PA Effective 9/17/2019
54352	Repair of urinary outlet of penis with skin graft or flap	Male Genital	Surgical Procedures on the Penis	No	None
54360	Reconstructive surgery to correct angle penis	Male Genital	Surgical Procedures on the Penis	Yes	None
54380	Plastic repair of urinary outlet of penis	Male Genital	Surgical Procedures on the Penis	No	None

54385	Plastic repair of urinary outlet of penis	Male Genital	Surgical Procedures on the Penis	No	None
54390	Plastic repair of urinary outlet of penis with creation of bladder opening	Male Genital	Surgical Procedures on the Penis	Yes	None
54400	Insertion of non-inflatable penile prosthesis	Male Genital	Surgical Procedures on the Penis	No	Covered benefit only for Qualified Medicare Beneficiaries
54401	Insertion of inflatable penile prosthesis	Male Genital	Surgical Procedures on the Penis	No	Covered benefit only for Qualified Medicare Beneficiaries
54405	Insertion of multi-component inflatable penile prosthesis	Male Genital	Surgical Procedures on the Penis	No	Covered benefit only for Qualified Medicare Beneficiaries
54406	Removal of all components of inflatable penile prosthesis	Male Genital	Surgical Procedures on the Penis	No	Covered benefit only for Qualified Medicare Beneficiaries
54408	Repair of components of a multi-component inflatable penile prosthesis	Male Genital	Surgical Procedures on the Penis	No	Covered benefit only for Qualified Medicare Beneficiaries
54410	Removal and replacement of all components of a multi-component inflatable penile prosthesis at same surgery	Male Genital	Surgical Procedures on the Penis	No	Covered benefit only for Qualified Medicare Beneficiaries
54411	Removal and replacement of infected components of inflatable penile prosthesis	Male Genital	Surgical Procedures on the Penis	No	Covered benefit only for Qualified Medicare Beneficiaries
54415	Removal of non-inflatable or inflatable penile prosthesis	Male Genital	Surgical Procedures on the Penis	No	Covered benefit only for Qualified Medicare Beneficiaries
54416	Removal and replacement of non-inflatable penile prosthesis	Male Genital	Surgical Procedures on the Penis	No	Covered benefit only for Qualified Medicare Beneficiaries
54417	Removal and replacement of infected non-inflatable penile prosthesis	Male Genital	Surgical Procedures on the Penis	No	Covered benefit only for Qualified Medicare Beneficiaries
54420	Creation of blood flow tract from penis to groin vein	Male Genital	Surgical Procedures on the Penis	No	None
54430	Creation of blood flow tract from penis to other penile anatomy	Male Genital	Surgical Procedures on the Penis	Yes	None
54435	Redirection of blood flow from penis with partial removal of head of penis	Male Genital	Surgical Procedures on the Penis	No	None
54437	Repair of penis	Male Genital	Surgical Procedures on the Penis	No	None
54438	Replantation of amputated penis	Male Genital	Surgical Procedures on the Penis	Yes	None
54440	Plastic repair of penile injury	Male Genital	Surgical Procedures on the Penis	No	None
54450	Repositioning of foreskin including scar tissue removal	Male Genital	Surgical Procedures on the Penis	No	None
54500	Needle biopsy of testis (testicle)	Male Genital	Surgical Procedures on the Testis	No	None

54505	Incisional biopsy of testis (testicle)	Male Genital	Surgical Procedures on the Testis	No	None
54512	Excision of testis (testicle) lesion	Male Genital	Surgical Procedures on the Testis	No	None
54520	Removal of testis (testicle)	Male Genital	Surgical Procedures on the Testis	Yes	Not covered for Gender Reassignment or services related to Gender Reassignment PA Effective 9/17/2019
54522	Partial removal of testis (testicle)	Male Genital	Surgical Procedures on the Testis	No	None
54530	Removal of one testis (testicle) for tumor	Male Genital	Surgical Procedures on the Testis	Yes	PA Effective 9/17/2019
54535	Removal of one testis (testicle) for tumor	Male Genital	Surgical Procedures on the Testis	No	None
54550	Suture of spermatic veins to stop abnormal fluid collection using an endoscope	Male Genital	Surgical Procedures on the Testis	No	None
54560	Exploration for location of testicle in abdomen	Male Genital	Surgical Procedures on the Testis	No	None
54600	Repair of twisted testicle	Male Genital	Surgical Procedures on the Testis	No	None
54620	Anchoring of opposite testicle to other testicle	Male Genital	Surgical Procedures on the Testis	No	None
54640	Repair of displaced testicle	Male Genital	Surgical Procedures on the Testis	Yes	PA Effective 9/17/2019
54650	Repair of congenital malpositioned testicle	Male Genital	Surgical Procedures on the Testis	Yes	PA Effective 9/17/2019
54660	Insertion of testicular prosthesis	Male Genital	Surgical Procedures on the Testis	No	Covered benefit only for Qualified Medicare Beneficiaries <ul style="list-style-type: none"> • Not covered for Gender Reassignment or services related to Gender Reassignment • Gender Reassignment Diagnosis codes: F64.0, F64.1, F64.2, F64.8, and F64.9.
54670	Suture or repair of testicular injury	Male Genital	Surgical Procedures on the Testis	No	None
54680	Transplantation of one or both testicles to thigh	Male Genital	Surgical Procedures on the Testis	No	None
54690	Removal of one or both testicles using an endoscope	Male Genital	Surgical Procedures on the Testis	Yes	Not covered for Gender Reassignment or services related to Gender Reassignment PA Effective 9/17/2019

54692	Removal of congenital malpositioned testicle using an endoscope	Male Genital	Surgical Procedures on the Testis	Yes	PA Effective 9/17/2019
54699	Testis (testicle) procedure using an endoscope	Male Genital	Surgical Procedures on the Testis	Yes	None
54700	Incision and drainage of sperm reservoir, testis, and/or scrotal area	Male Genital	Surgical Procedures on the Epididymis	No	None
54800	Needle biopsy of sperm reservoir	Male Genital	Surgical Procedures on the Epididymis	No	None
54830	Removal of sperm duct growth	Male Genital	Surgical Procedures on the Epididymis	No	None
54840	Removal of fluid accumulation in sperm reservoir	Male Genital	Surgical Procedures on the Epididymis	No	None
54860	Removal of one sperm reservoir	Male Genital	Surgical Procedures on the Epididymis	No	None
54861	Removal of both sperm reservoirs	Male Genital	Surgical Procedures on the Epididymis	No	None
54865	Exploration of sperm reservoir	Male Genital	Surgical Procedures on the Epididymis	No	None
54900	Connection of one sperm reservoir to sperm duct	Male Genital	Surgical Procedures on the Epididymis	No	None
54901	Connection of both sperm reservoirs to sperm ducts	Male Genital	Surgical Procedures on the Epididymis	No	None
55000	Aspiration of fluid collection in testicle and sperm reservoir	Male Genital	Surgical Procedures on the Tunica Vaginalis	No	None
55040	Removal of fluid accumulation in one testicle and sperm reservoir	Male Genital	Surgical Procedures on the Tunica Vaginalis	No	None
55041	Removal of fluid accumulation in both testicles and sperm reservoirs	Male Genital	Surgical Procedures on the Tunica Vaginalis	No	None
55060	Repair of fluid accumulation in testicle and sperm reservoir	Male Genital	Surgical Procedures on the Tunica Vaginalis	No	None
55100	Incision and drainage of abscess in scrotal sac of testicle	Male Genital	Surgical Procedures on the Scrotum	No	None
55110	Exploration of the scrotal sac of testicle	Male Genital	Surgical Procedures on the Scrotum	No	None
55120	Removal of foreign body in scrotal sac of testicle	Male Genital	Surgical Procedures on the Scrotum	No	None
55150	Removal of diseased or injured scrotal skin	Male Genital	Surgical Procedures on the Scrotum	Yes	None

55175	Repair of the scrotum	Male Genital	Surgical Procedures on the Scrotum	No	Not covered for Gender Reassignment or services related to Gender Reassignment
55180	Complicated repair of the scrotum	Male Genital	Surgical Procedures on the Scrotum	No	Not covered for Gender Reassignment or services related to Gender Reassignment
55200	Incision of the sperm duct	Male Genital	Surgical Procedures on the Vas Deferens	No	None
55250	Removal of sperm duct	Male Genital	Surgical Procedures on the Vas Deferens	No	None
55300	Incision of sperm ducts for X-ray imaging procedure	Male Genital	Surgical Procedures on the Vas Deferens	No	None
55400	Incision or repair of sperm duct	Male Genital	Surgical Procedures on the Vas Deferens	Yes	None
55450	Tying of sperm ducts, accessed through the skin	Male Genital	Surgical Procedures on the Vas Deferens	No	AMA Termed Code 1/01/2018
55500	Removal of fluid accumulation in one spermatic cord	Male Genital	Surgical Procedures on the Spermatic Cord	No	None
55520	Removal of spermatic cord growth	Male Genital	Surgical Procedures on the Spermatic Cord	No	None
55530	Removal of spermatic cord venous dilation or tying of spermatic veins	Male Genital	Surgical Procedures on the Spermatic Cord	Yes	PA Effective 9/17/2019
55535	Removal of spermatic cord venous dilation or suturing spermatic veins	Male Genital	Surgical Procedures on the Spermatic Cord	No	None
55540	Removal of spermatic cord venous dilation or suturing spermatic veins with hernia repair	Male Genital	Surgical Procedures on the Spermatic Cord	No	None
55550	Tying of spermatic veins using an endoscope	Male Genital	Surgical Procedures on the Spermatic Cord	No	None
55559	Spermatic cord procedure using an endoscope	Male Genital	Surgical Procedures on the Spermatic Cord	Yes	None
55600	Incision or puncture of fluid-producing glands for sperm movement (semen)	Male Genital	Surgical Procedures on the Seminal Vesicles	No	None

55605	Complicated incision of fluid-producing glands for sperm movement (semen)	Male Genital	Surgical Procedures on the Seminal Vesicles	Yes	None
55650	Removal of fluid-producing glands for sperm movement (semen)	Male Genital	Surgical Procedures on the Seminal Vesicles	Yes	None
55680	Removal of congenital remnant of fluid-producing glands for sperm movement (semen)	Male Genital	Surgical Procedures on the Seminal Vesicles	No	None
55700	Biopsy of prostate gland	Male Genital	Surgical Procedures on the Prostate	No	None
55705	Incisional biopsy of prostate gland	Male Genital	Surgical Procedures on the Prostate	No	None
55706	Needle stereotactic and image-guided biopsy of prostate gland	Male Genital	Surgical Procedures on the Prostate	No	None
55720	Incision and drainage of prostate gland abscess	Male Genital	Surgical Procedures on the Prostate	No	None
55725	Complicated incision and drainage of prostate gland abscess	Male Genital	Surgical Procedures on the Prostate	No	None
55801	Partial removal of prostate gland through incision between scrotum and anus	Male Genital	Surgical Procedures on the Prostate	Yes	None
55810	Removal of prostate gland, glands for sperm movement (semen), and sperm duct	Male Genital	Surgical Procedures on the Prostate	Yes	None
55812	Removal of prostate gland with lymph node biopsy through incision between scrotum and anus	Male Genital	Surgical Procedures on the Prostate	Yes	None
55815	Removal of prostate gland through incision between scrotum and anus and removal of surrounding lymph nodes on both sides of the pelvis	Male Genital	Surgical Procedures on the Prostate	Yes	None
55821	Partial removal of prostate gland	Male Genital	Surgical Procedures on the Prostate	Yes	None
55831	Partial removal of the prostate gland	Male Genital	Surgical Procedures on the Prostate	Yes	None
55840	Removal of prostate gland	Male Genital	Surgical Procedures on the Prostate	Yes	None
55842	Removal of prostate gland and lymph node biopsy through abdominal incision	Male Genital	Surgical Procedures on the Prostate	Yes	None
55845	Removal of prostate gland and surrounding lymph nodes on both sides of the pelvis through abdominal incision	Male Genital	Surgical Procedures on the Prostate	Yes	None
55860	Surgical exposure of prostate gland for radiation therapy	Male Genital	Surgical Procedures on the Prostate	No	None
55862	Exposure of prostate gland for radiation therapy with lymph node biopsy	Male Genital	Surgical Procedures on the Prostate	Yes	None

55865	Exposure of prostate gland for radiation therapy with removal of surrounding lymph nodes on both sides of the pelvis	Male Genital	Surgical Procedures on the Prostate	Yes	None
55866	Surgical removal of prostate and surrounding lymph nodes using an endoscope	Male Genital	Surgical Procedures on the Prostate	Yes	None
55870	Insertion of device to enhance semen discharge	Male Genital	Surgical Procedures on the Prostate	No	Covered benefit only for Qualified Medicare Beneficiaries
55873	Destruction of prostate gland using ultrasound guidance	Male Genital	Surgical Procedures on the Prostate	No	None
55874	Laparoscopy, surgical, total hysterectomy for resection of malignancy (tumor debulking), with omentectomy including salpingo-oophorectomy, unilateral or bilateral, when performed	Male Genital System	Other Procedures	Yes	None
55875	Insertion of needles or catheters into prostate for radiation therapy	Male Genital	Surgical Procedures on the Prostate	No	None
55876	Insertion of radiation therapy devices in prostate gland for radiation therapy guidance	Male Genital	Surgical Procedures on the Prostate	No	None
55899	Male genital system procedure	Male Genital	Surgical Procedures on the Prostate	Yes	None
55920	Insertion of needles or catheters into pelvic organs and/or genitals for radiation therapy	Reproductive and Intersex	Reproductive System Procedure	No	None
55970	Change in sex surgery male to female	Reproductive and Intersex	Intersex Surgery	No	None
55980	Change in sex surgery female to male	Reproductive and Intersex	Intersex Surgery	No	None
56405	Incision and drainage of female genitals abscess	Female Genital	Surgical Procedures on the Vulva, Perineum and Introitus	No	None
56420	Incision and drainage of female genital gland abscess	Female Genital	Surgical Procedures on the Vulva, Perineum and Introitus	No	None
56440	Creation of drainage tract for female genital gland or cyst	Female Genital	Surgical Procedures on the Vulva, Perineum and Introitus	No	None
56441	Removal of external female genital scar tissue	Female Genital	Surgical Procedures on the Vulva, Perineum and Introitus	No	None
56442	Incision of membrane at uterine opening	Female Genital	Surgical Procedures on the Vulva, Perineum and Introitus	No	None

56501	Destruction of external female genital growths	Female Genital	Surgical Procedures on the Vulva, Perineum and Introitus	No	None
56515	Destruction of extensive growths of external female genitals	Female Genital	Surgical Procedures on the Vulva, Perineum and Introitus	No	None
56605	Biopsy of external female genitals	Female Genital	Surgical Procedures on the Vulva, Perineum and Introitus	No	None
56606	Biopsy of external female genitals	Female Genital	Surgical Procedures on the Vulva, Perineum and Introitus	No	Add-On Code - This code must be billed with the appropriate primary procedure code
56620	Partial removal of external female genitals	Female Genital	Surgical Procedures on the Vulva, Perineum and Introitus	Yes	None
56625	Removal of external female genitals	Female Genital	Surgical Procedures on the Vulva, Perineum and Introitus	Yes	Not covered for Gender Reassignment or services related to Gender Reassignment
56630	Partial removal of external female genitals	Female Genital	Surgical Procedures on the Vulva, Perineum and Introitus	Yes	PA required only for conditions unrelated to cancer
56631	Partial removal of external female genitals and surrounding lymph nodes on one of the groin	Female Genital	Surgical Procedures on the Vulva, Perineum and Introitus	Yes	PA required only for conditions unrelated to cancer
56632	Partial removal of external female genitals and surrounding lymph nodes on both sides of groin	Female Genital	Surgical Procedures on the Vulva, Perineum and Introitus	Yes	PA required only for conditions unrelated to cancer
56633	Removal of entire external female genitals	Female Genital	Surgical Procedures on the Vulva, Perineum and Introitus	Yes	PA required only for conditions unrelated to cancer
56634	Removal of entire external female genitals and surrounding lymph nodes on one of the groin	Female Genital	Surgical Procedures on the Vulva, Perineum and Introitus	Yes	PA required only for conditions unrelated to cancer
56637	Removal of entire external female genitals and surrounding lymph nodes on both sides of groin	Female Genital	Surgical Procedures on the Vulva, Perineum and Introitus	Yes	PA required only for conditions unrelated to cancer

56640	Removal of entire external female genitals and lymph nodes	Female Genital	Surgical Procedures on the Vulva, Perineum and Introitus	Yes	PA required only for conditions unrelated to cancer
56700	Partial removal of membrane at uterine opening, open procedure	Female Genital	Surgical Procedures on the Vulva, Perineum and Introitus	Yes	None
56740	Removal of female genital gland or cyst	Female Genital	Surgical Procedures on the Vulva, Perineum and Introitus	No	None
56800	Plastic repair of uterine opening	Female Genital	Surgical Procedures on the Vulva, Perineum and Introitus	No	Not covered for Gender Reassignment or services related to Gender Reassignment
56805	Reduction of size of the external female sexual organ (clitoris)	Female Genital	Surgical Procedures on the Vulva, Perineum and Introitus	No	Not covered for Gender Reassignment or services related to Gender Reassignment
56810	Nonobstetrical repair of skin from anus to genitals	Female Genital	Surgical Procedures on the Vulva, Perineum and Introitus	No	None
56820	Examination of external female genitals using an endoscope	Female Genital	Surgical Procedures on the Vulva, Perineum and Introitus	No	None
56821	Examination and biopsy of external female genitals using an endoscope	Female Genital	Surgical Procedures on the Vulva, Perineum and Introitus	No	None
57000	Incision and exploration of vaginal wall	Female Genital	Surgical Procedures on the Vagina	No	None
57010	Incision and drainage of pelvic abscess	Female Genital	Surgical Procedures on the Vagina	No	None
57020	Aspiration of abdominal cavity fluid through the vaginal wall	Female Genital	Surgical Procedures on the Vagina	No	None
57022	Incision and drainage of vaginal blood accumulation following delivery	Female Genital	Surgical Procedures on the Vagina	No	None
57023	Incision and drainage of vaginal blood accumulation	Female Genital	Surgical Procedures on the Vagina	No	None
57061	Destruction of vaginal growths	Female Genital	Surgical Procedures on the Vagina	No	None
57065	Destruction of multiple vaginal growths	Female Genital	Surgical Procedures on the Vagina	No	None

57100	Biopsy of vaginal mucous membrane	Female Genital	Surgical Procedures on the Vagina	No	None
57105	Biopsy of extensive area of vaginal mucous membrane	Female Genital	Surgical Procedures on the Vagina	No	None
57106	Partial removal of vaginal wall	Female Genital	Surgical Procedures on the Vagina	No	None
57107	Partial removal of vaginal wall and surrounding tissue	Female Genital	Surgical Procedures on the Vagina	No	None
57109	Partial removal of vaginal wall and surrounding tissue with removal of lymph nodes on both sides of pelvis and aortic lymph node biopsy	Female Genital	Surgical Procedures on the Vagina	No	None
57110	Removal of vaginal wall	Female Genital	Surgical Procedures on the Vagina	Yes	Not covered for Gender Reassignment or services related to Gender Reassignment.
57111	Removal of vaginal and surrounding tissue	Female Genital	Surgical Procedures on the Vagina	Yes	None
57112	Complete removal of vaginal wall and surrounding tissue with removal of lymph nodes on both sides of pelvis and aortic lymph node biopsy	Female Genital	Surgical Procedures on the Vagina	No	Code Termed 01/01/2021
57120	Suture closure of the vagina and vaginal opening	Female Genital	Surgical Procedures on the Vagina	No	None
57130	Removal of abnormal tissue dividing the vagina	Female Genital	Surgical Procedures on the Vagina	No	None
57135	Excision of vaginal cyst or tumor	Female Genital	Surgical Procedures on the Vagina	No	None
57150	Irrigation of vagina and/or application of drug to treat infection	Female Genital	Surgical Procedures on the Vagina	No	None
57155	Insertion of radiation therapy devices in uterus for radiation therapy	Female Genital	Surgical Procedures on the Vagina	No	None
57156	Insertion of radiation therapy devices in vagina for radiation therapy	Female Genital	Surgical Procedures on the Vagina	No	None

57160	Fitting and insertion of vaginal support device	Female Genital	Surgical Procedures on the Vagina	No	None
57170	Fitting and insertion of pregnancy prevention device	Female Genital	Surgical Procedures on the Vagina	No	None
57180	Insertion of drug agent or packing to control vaginal bleeding	Female Genital	Surgical Procedures on the Vagina	No	None
57200	Suture of non-obstetrical vaginal injury	Female Genital	Surgical Procedures on the Vagina	No	None
57210	Suture of non-obstetrical injury of the vagina and/or skin	Female Genital	Surgical Procedures on the Vagina	No	None
57220	Plastic repair through the vagina of muscles at urinary opening (sphincter)	Female Genital	Surgical Procedures on the Vagina	No	None
57230	Plastic repair of prolapsed urinary canal (urethra) into vaginal wall	Female Genital	Surgical Procedures on the Vagina	No	None
57240	Repair of herniated bladder into vaginal wall	Female Genital	Surgical Procedures on the Vagina	Yes	PA Effective 9/17/2019
57250	Repair of herniated rectum into vaginal wall	Female Genital	Surgical Procedures on the Vagina	Yes	PA Effective 9/17/2019
57260	Plastic repair of vagina and tissue separating vagina, rectum, and bladder	Female Genital	Surgical Procedures on the Vagina	Yes	PA Effective 9/17/2019
57265	Repair of herniated rectum and bladder into vaginal wall	Female Genital	Surgical Procedures on the Vagina	Yes	PA Effective 9/17/2019
57267	Placement of artificial material for pelvic floor defect	Female Genital	Surgical Procedures on the Vagina	No	Add-On Code - This code must be billed with the appropriate primary procedure code
57268	Repair of protrusion of intestine into rectum or vagina	Female Genital	Surgical Procedures on the Vagina	No	None
57270	Repair of protrusion of intestine into rectum or vagina	Female Genital	Surgical Procedures on the Vagina	Yes	None
57280	Attachment of vagina to rear pelvic bone (sacrum)	Female Genital	Surgical Procedures on the Vagina	Yes	None
57282	Vaginal repair of pelvic ligaments	Female Genital	Surgical Procedures on the Vagina	No	None
57283	Anatomic repositioning of vagina	Female Genital	Surgical Procedures on the Vagina	No	None
57284	Repair through abdomen of vaginal wall defect, open procedure	Female Genital	Surgical Procedures on the Vagina	No	None

57285	Repair through the vagina of vaginal wall defect	Female Genital	Surgical Procedures on the Vagina	No	None
57287	Removal or revision of sling around bladder canal (urethra) to control leakage	Female Genital	Surgical Procedures on the Vagina	Yes	PA Effective 9/17/2019
57288	Creation of sling around bladder canal (urethra) to control leakage	Female Genital	Surgical Procedures on the Vagina	Yes	PA Effective 9/17/2019
57289	Repair of prolapsed urinary canal (urethra) and bladder prolapse into vaginal wall	Female Genital	Surgical Procedures on the Vagina	No	None
57291	Creation of artificial vagina	Female Genital	Surgical Procedures on the Vagina	No	Not covered for Gender Reassignment or services related to Gender Reassignment
57292	Creation of artificial vagina using tissue graft	Female Genital	Surgical Procedures on the Vagina	No	Not covered for Gender Reassignment or services related to Gender Reassignment
57295	Revision and removal of prosthetic vaginal graft	Female Genital	Surgical Procedures on the Vagina	Yes	Not covered for Gender Reassignment or services related to Gender Reassignment PA Effective 9/17/2019
57296	Revision and removal of prosthetic vaginal graft, open procedure	Female Genital	Surgical Procedures on the Vagina	Yes	Not covered for Gender Reassignment or services related to Gender Reassignment.
57300	Closure of abnormal drainage tract from rectum into vagina	Female Genital	Surgical Procedures on the Vagina	No	None
57305	Closure of abnormal drainage tract from rectum into vagina	Female Genital	Surgical Procedures on the Vagina	Yes	None
57307	Closure of abnormal drainage tract from rectum into vagina with creation of large bowel opening, open abdominal procedure	Female Genital	Surgical Procedures on the Vagina	Yes	None
57308	Closure through skin of abnormal drainage tract from rectum into vagina	Female Genital	Surgical Procedures on the Vagina	Yes	None
57310	Closure of abnormal drainage tract from urinary canal (urethra) into vagina	Female Genital	Surgical Procedures on the Vagina	No	None
57311	Closure of abnormal drainage tract from urinary canal (urethra) into vagina	Female Genital	Surgical Procedures on the Vagina	Yes	None
57320	Closure of abnormal drainage tract from rectum into vagina	Female Genital	Surgical Procedures on the Vagina	No	None
57330	Closure of abnormal drainage tract from rectum into vagina	Female Genital	Surgical Procedures on the Vagina	No	None
57335	Plastic repair of vagina for intersex state	Female Genital	Surgical Procedures on the Vagina	No	Not covered for Gender Reassignment or services related to Gender Reassignment

57400	Dilation of vagina under anesthesia	Female Genital	Surgical Procedures on the Vagina	No	None
57410	Pelvic examination under anesthesia	Female Genital	Surgical Procedures on the Vagina	No	None
57415	Removal of impacted vaginal foreign body under anesthesia	Female Genital	Surgical Procedures on the Vagina	No	None

57420	Examination of the vagina using an endoscope	Female Genital	Surgical Procedures on the Vagina	No	None
57421	Biopsy of vagina and cervix using an endoscope	Female Genital	Surgical Procedures on the Vagina	No	None
57423	Vaginal defect repair using an endoscope	Female Genital	Surgical Procedures on the Vagina	No	None
57425	Vaginal defect repair using an endoscope	Female Genital	Surgical Procedures on the Vagina	Yes	PA Effective 9/17/2019
57426	Revision or removal of prosthetic vaginal graft using an endoscope	Female Genital	Surgical Procedures on the Vagina	No	Not covered for Gender Reassignment or services related to Gender Reassignment
57452	Examination of the vagina and cervix using an endoscope	Female Genital	Surgical Procedures on the Cervix Uteri	No	None
57454	Biopsy and scraping of the cervix using an endoscope	Female Genital	Surgical Procedures on the Cervix Uteri	No	None
57455	Biopsy of cervix using an endoscope	Female Genital	Surgical Procedures on the Cervix Uteri	No	None
57456	Scraping of the cervix using an endoscope	Female Genital	Surgical Procedures on the Cervix Uteri	No	None

57460	Biopsy of cervix using an endoscope	Female Genital	Surgical Procedures on the Cervix Uteri	No	None
57461	Cone biopsy of the cervix and vagina using an endoscope	Female Genital	Surgical Procedures on the Cervix Uteri	No	None
57500	Biopsy of cervix or excision of local growths	Female Genital	Surgical Procedures on the Cervix Uteri	No	None
57505	Scraping of tissue of cervix	Female Genital	Surgical Procedures on the Cervix Uteri	No	None

57510	Electro or thermal destruction of cervix	Female Genital	Surgical Procedures on the Cervix Uteri	No	None
57511	Freezing destruction of cervix	Female Genital	Surgical Procedures on the Cervix Uteri	No	None
57513	Laser destruction of cervix	Female Genital	Surgical Procedures on the Cervix Uteri	No	None
57520	Removal or destruction of cervix	Female Genital	Surgical Procedures on the Cervix Uteri	No	None
57522	Removal or destruction of cervix	Female Genital	Surgical Procedures on the Cervix Uteri	No	None
57530	Removal of cervix	Female Genital	Surgical Procedures on the Cervix Uteri	No	None
57531	Removal of cervix with removal of lymph nodes on both sides of pelvis and aortic lymph node biopsy	Female Genital	Surgical Procedures on the Cervix Uteri	Yes	None
57540	Removal of remaining cervix	Female Genital	Surgical Procedures on the Cervix Uteri	Yes	None
57545	Removal of remaining cervix with plastic repair of pelvic floor	Female Genital	Surgical Procedures on the Cervix Uteri	Yes	None
57550	Removal of remaining cervix	Female Genital	Surgical Procedures on the Cervix Uteri	No	None
57555	Removal of remaining cervix with repair of supporting vaginal tissue	Female Genital	Surgical Procedures on the Cervix Uteri	No	None
57556	Removal of remaining cervix with repair of herniated bowel into vaginal wall	Female Genital	Surgical Procedures on the Cervix Uteri	No	None

57558	Dilation and scraping of cervix	Female Genital	Surgical Procedures on the Cervix Uteri	No	None
57700	Placement of suture of cervix (nonobstetrical)	Female Genital	Surgical Procedures on the Cervix Uteri	No	None
57720	Plastic repair of cervix	Female Genital	Surgical Procedures on the Cervix Uteri	No	None
57800	Dilation of tissue at uterine opening (cervix)	Female Genital	Surgical Procedures on the Cervix Uteri	No	None
58100	Biopsy of uterine lining	Female Genital	Surgical Procedures on the Corpus Uteri	No	None
58110	Examination of cervix using an endoscope with biopsy of uterine lining	Female Genital	Surgical Procedures on the Corpus Uteri	No	Add-On Code - This code must be billed with the appropriate primary procedure code
58120	D&C for diagnosis and/or therapy (non-obstetrical)	Female Genital	Surgical Procedures on the Corpus Uteri	No	None
58140	Abdominal removal of fibroid tumors (250 grams or less) of uterus	Female Genital	Surgical Procedures on the Corpus Uteri	Yes	None
58145	Vaginal removal of fibroid tumors (250 grams or less) of uterus	Female Genital	Surgical Procedures on the Corpus Uteri	No	None
58146	Abdominal removal of fibroid tumors (greater than 250 grams) of uterus	Female Genital	Surgical Procedures on the Corpus Uteri	Yes	None
58150	Abdominal removal of uterus and cervix	Female Genital	Surgical Procedures on the Corpus Uteri	Yes	Not covered for Gender Reassignment or services related to Gender Reassignment.
58152	Abdominal removal of uterus and cervix with repair of vaginal defect	Female Genital	Surgical Procedures on the Corpus Uteri	Yes	None
58180	Abdominal removal of uterus	Female Genital	Surgical Procedures on the Corpus Uteri	Yes	Not covered for Gender Reassignment or services related to Gender Reassignment.
58200	Abdominal removal of uterus and partial removal of vagina	Female Genital	Surgical Procedures on the Corpus Uteri	Yes	None
58210	Abdominal removal of uterus, cervix, and lymph nodes on both sides of pelvis and aortic lymph node biopsy	Female Genital	Surgical Procedures on the Corpus Uteri	Yes	None

58240	Removal of malignant uterus, cervix, lymph nodes, bladder, with transplantation of urinary ducts (ureters), and bowel	Female Genital	Surgical Procedures on the Corpus Uteri	Yes	None
58260	Vaginal removal of uterus (250 grams or less)	Female Genital	Surgical Procedures on the Corpus Uteri	Yes	None
58262	Vaginal removal of uterus (250 grams or less), tubes, and/or ovaries	Female Genital	Surgical Procedures on the Corpus Uteri	Yes	None
58263	Vaginal removal of uterus (250 grams or less), tubes, and/or ovaries with repair of herniated bowel	Female Genital	Surgical Procedures on the Corpus Uteri	Yes	None
58267	Vaginal removal of uterus (250 grams or less) with repair for stress incontinence	Female Genital	Surgical Procedures on the Corpus Uteri	Yes	None
58270	Vaginal removal of uterus (250 grams or less) with repair of herniated bowel	Female Genital	Surgical Procedures on the Corpus Uteri	Yes	None
58275	Vaginal removal of uterus and vagina	Female Genital	Surgical Procedures on the Corpus Uteri	Yes	Not covered for Gender Reassignment or services related to Gender Reassignment.
58280	Vaginal removal of uterus and vagina with repair of herniated bowel into rectum or vagina	Female Genital	Surgical Procedures on the Corpus Uteri	Yes	None
58285	Vaginal removal of uterus, vagina, and pelvic lymph nodes	Female Genital	Surgical Procedures on the Corpus Uteri	Yes	None
58290	Vaginal removal of uterus (greater than 250 grams)	Female Genital	Surgical Procedures on the Corpus Uteri	Yes	None
58291	Vaginal removal of uterus (greater than 250 grams), tubes, and/or ovaries	Female Genital	Surgical Procedures on the Corpus Uteri	Yes	None
58292	Vaginal removal of uterus (greater than 250 grams), tubes, and/or ovaries with repair of herniated bowel	Female Genital	Surgical Procedures on the Corpus Uteri	Yes	None
58293	Vaginal removal of uterus (greater than 250 grams) with repair for stress incontinence	Female Genital	Surgical Procedures on the Corpus Uteri	No	Code termed 01/01/2021
58294	Vaginal removal of uterus (greater than 250 grams) with repair of herniated bowel	Female Genital	Surgical Procedures on the Corpus Uteri	Yes	None
58300	Placement of intra-uterine device (IUD) for pregnancy prevention	Female Genital	Surgical Procedures on the Corpus Uteri	No	None

58301	Removal of intra-uterine device (IUD) for pregnancy prevention	Female Genital	Surgical Procedures on the Corpus Uteri	No	None
58321	Injection of semen into cervix	Female Genital	Surgical Procedures on the Corpus Uteri	No	None
58322	Injection of semen into uterus	Female Genital	Surgical Procedures on the Corpus Uteri	No	None
58323	Sperm washing for artificial insemination	Female Genital	Surgical Procedures on the Corpus Uteri	No	None
58340	Introduction of saline or X-ray contrast material for X-ray imaging of the uterus and tubes	Female Genital	Surgical Procedures on the Corpus Uteri	Yes	PA Effective 9/17/2019
58345	Insertion of catheter through the cervix into fallopian tube	Female Genital	Surgical Procedures on the Corpus Uteri	No	None
58346	Insertion of capsules into uterus for placement of radiation therapy	Female Genital	Surgical Procedures on the Corpus Uteri	No	None
58350	Injection of saline or X-ray contrast material into tubes	Female Genital	Surgical Procedures on the Corpus Uteri	No	None
58353	Destruction of lining of uterus	Female Genital	Surgical Procedures on the Corpus Uteri	Yes	PA Effective 9/17/2019
58356	Destruction of lining of uterus using ultrasound guidance	Female Genital	Surgical Procedures on the Corpus Uteri	No	None
58400	Anatomic repositioning of uterus	Female Genital	Surgical Procedures on the Corpus Uteri	Yes	None
58410	Anatomic repositioning of uterus	Female Genital	Surgical Procedures on the Corpus Uteri	Yes	None
58520	Repair of ruptured uterus	Female Genital	Surgical Procedures on the Corpus Uteri	Yes	None
58540	Repair of abnormally developed uterus	Female Genital	Surgical Procedures on the Corpus Uteri	Yes	None
58541	Partial removal of uterus (250 grams or less) with retention of cervix using an endoscope	Female Genital	Surgical Procedures on the Corpus Uteri	Yes	None

58542	Partial removal of uterus (250 grams or less), tubes and/or ovaries with retention of cervix using an endoscope,	Female Genital	Surgical Procedures on the Corpus Uteri	Yes	None
58543	Partial removal of uterus (greater than 250 grams) with retention of cervix using an endoscope	Female Genital	Surgical Procedures on the Corpus Uteri	Yes	None
58544	Partial removal of uterus (greater than 250 grams), tubes, and/or ovaries using an endoscope	Female Genital	Surgical Procedures on the Corpus Uteri	Yes	None
58545	Removal of uterine fibroid tumors (250 grams or less) using an endoscope	Female Genital	Surgical Procedures on the Corpus Uteri	Yes	PA Effective 9/17/2019
58546	Removal of uterine fibroid tumors (greater than 250 grams) using an endoscope	Female Genital	Surgical Procedures on the Corpus Uteri	Yes	PA Effective 9/17/2019
58548	Removal of uterus, cervix, and lymph nodes on both sides of pelvis and aortic lymph node biopsy using an endoscope	Female Genital	Surgical Procedures on the Corpus Uteri	Yes	None
58550	Vaginal removal of uterus (250 grams or less) using an endoscope	Female Genital	Surgical Procedures on the Corpus Uteri	Yes	None
58552	Vaginal removal of uterus (250 grams or less), tubes, and/or ovaries using an endoscope	Female Genital	Surgical Procedures on the Corpus Uteri	Yes	Not covered for Gender Reassignment or services related to Gender Reassignment
58553	Vaginal removal of uterus (greater than 250 grams) using an endoscope	Female Genital	Surgical Procedures on the Corpus Uteri	Yes	None
58554	Vaginal removal of uterus (greater than 250 grams), tubes, and/or ovaries with assistance of endoscope	Female Genital	Surgical Procedures on the Corpus Uteri	Yes	None
58555	Diagnostic examination of uterus using an endoscope	Female Genital	Surgical Procedures on the Corpus Uteri	No	None
58558	Biopsy and/or removal of polyp of the uterus using an endoscope	Female Genital	Surgical Procedures on the Corpus Uteri	No	None
58559	Release of uterine adhesions using an endoscope	Female Genital	Surgical Procedures on the Corpus Uteri	No	None
58560	Release of uterine adhesions and abnormal partition using an endoscope	Female Genital	Surgical Procedures on the Corpus Uteri	No	None
58561	Removal of uterine muscle tumor using an endoscope	Female Genital	Surgical Procedures on the Corpus Uteri	No	None

58562	Removal of foreign body in uterus using an endoscope	Female Genital	Surgical Procedures on the Corpus Uteri	No	None
58563	Examination of uterus with destruction of uterine lining using an endoscope	Female Genital	Surgical Procedures on the Corpus Uteri	No	None
58565	Insertion of implants to block both fallopian tubes using an endoscope	Female Genital	Surgical Procedures on the Corpus Uteri	No	None
58570	Abdominal removal of uterus (250 grams or less) using an endoscope	Female Genital	Surgical Procedures on the Corpus Uteri	Yes	None
58571	Abdominal removal of uterus (250 grams or less) with removal of tubes and/or ovaries using an endoscope	Female Genital	Surgical Procedures on the Corpus Uteri	Yes	Not covered for Gender Reassignment or services related to Gender Reassignment
58572	Abdominal removal of uterus (greater than 250 grams) using an endoscope	Female Genital	Surgical Procedures on the Corpus Uteri	Yes	None
58573	Abdominal removal of uterus (greater than 250 grams), tubes, and/or ovaries using an endoscope	Female Genital	Surgical Procedures on the Corpus Uteri	Yes	None
58575	Laparoscopy, surgical, total hysterectomy for resection of malignancy (tumor debulking), with omentectomy including salpingo-oophorectomy, unilateral or bilateral, when performed	Female Genital System	Laparoscopy / Hysteroscopy	Yes	No PA Required when member has cancer diagnosis PA Effective 9/17/2019.
58578	Uterus procedure using an endoscope	Female Genital	Surgical Procedures on the Corpus Uteri	Yes	None
58579	Uterus procedure using an endoscope	Female Genital	Surgical Procedures on the Corpus Uteri	Yes	None
58600	Tying or incision fallopian tubes	Female Genital	Surgical Procedures on the Oviduct/Ovary	No	Informed consent HFS-2189 must be submitted with the claims and must have been obtained not less than 30 days nor more than 180 days prior to sterilization
58605	Tying or incision of fallopian tubes during same hospitalization	Female Genital	Surgical Procedures on the Oviduct/Ovary	Yes	Informed consent HFS-2189 must be submitted with the claims and must have been obtained not less than 30 days nor more than 180 days prior to sterilization.

58611	Tying or incision of fallopian tubes at time of cesarean delivery or other abdominal surgery	Female Genital	Surgical Procedures on the Oviduct/Ovary	Yes	Informed consent HFS-2189 must be submitted with the claims and must have been obtained not less than 30 days nor more than 180 days prior to sterilization.
58615	Vaginal or pubic tying of uterine tubes by device	Female Genital	Surgical Procedures on the Oviduct/Ovary	No	Informed consent HFS-2189 must be submitted with the claims and must have been obtained not less than 30 days nor more than 180 days prior to sterilization
58660	Removal of scar tissue of ovaries or uterine tubes using an endoscope	Female Genital	Surgical Procedures on the Oviduct/Ovary	Yes	PA Effective 9/17/2019
58661	Removal of ovaries and/or tubes using an endoscope	Female Genital	Surgical Procedures on the Oviduct/Ovary	Yes	PA Effective 9/17/2019
58662	Destruction or removal of ovary or pelvic growths using an endoscope	Female Genital	Surgical Procedures on the Oviduct/Ovary	Yes	PA Effective 9/17/2019
58670	Destruction of ovaries using an endoscope	Female Genital	Surgical Procedures on the Oviduct/Ovary	No	Informed consent HFS-2189 must be submitted with the claims and must have been obtained not less than 30 days nor more than 180 days prior to sterilization
58671	Blocking of uterine tubes by device using an endoscope	Female Genital	Surgical Procedures on the Oviduct/Ovary	No	Informed consent HFS-2189 must be submitted with the claims and must have been obtained not less than 30 days nor more than 180 days prior to sterilization
58672	Repair of uterine tube tissue near the ovary using an endoscope	Female Genital	Surgical Procedures on the Oviduct/Ovary	No	Covered benefit only for Qualified Medicare Beneficiaries
58673	Repair of uterine tube using an endoscope	Female Genital	Surgical Procedures on the Oviduct/Ovary	Yes	PA Effective 9/17/2019
58674	Destruction of fibroid tumor of uterus using a laparoscope and ultrasound guidance and monitoring	Female Genital	Surgical Procedures on the Oviduct/Ovary	Yes	PA Effective 9/17/2019
58679	Procedure on fallopian tube or ovary using an endoscope	Female Genital	Surgical Procedures on the Oviduct/Ovary	Yes	None
58700	Removal of the uterine tubes	Female Genital	Surgical Procedures on the Oviduct/Ovary	Yes	PA Effective 9/17/2019

58720	Removal of uterine tubes and ovaries	Female Genital	Surgical Procedures on the Oviduct/Ovary	Yes	Not covered for Gender Reassignment or services related to Gender Reassignment.
58740	Removal of scar tissue of ovaries or uterine tubes	Female Genital	Surgical Procedures on the Oviduct/Ovary	Yes	None
58750	Release of blocked uterine tube	Female Genital	Surgical Procedures on the Oviduct/Ovary	No	None
58752	Partial removal of blocked uterine tube	Female Genital	Surgical Procedures on the Oviduct/Ovary	No	Covered benefit only for Qualified Medicare Beneficiaries
58760	Repair of blocked ovarian end of uterine tube	Female Genital	Surgical Procedures on the Oviduct/Ovary	No	None
58770	Opening of blocked uterine tube	Female Genital	Surgical Procedures on the Oviduct/Ovary	No	None
58800	Vaginal drainage of ovarian cysts	Female Genital	Surgical Procedures on the Ovary	No	None
58805	Abdominal drainage of ovarian cysts	Female Genital	Surgical Procedures on the Ovary	No	None
58820	Vaginal drainage of ovarian abscess, open procedure	Female Genital	Surgical Procedures on the Ovary	No	None
58822	Abdominal drainage of ovarian abscess	Female Genital	Surgical Procedures on the Ovary	Yes	None
58825	Relocation of ovaries behind uterus	Female Genital	Surgical Procedures on the Ovary	Yes	None
58900	Vaginal or abdominal biopsy of ovaries	Female Genital	Surgical Procedures on the Ovary	No	None
58920	Vaginal or abdominal tissue wedge removal of ovaries	Female Genital	Surgical Procedures on the Ovary	No	None
58925	Removal of ovaries	Female Genital	Surgical Procedures on the Ovary	No	None
58940	Removal of ovaries	Female Genital	Surgical Procedures on the Ovary	Yes	None
58943	Removal of ovaries	Female Genital	Surgical Procedures on the Ovary	Yes	None
58950	Removal of abdominal lining and both ovaries and fallopian tubes	Female Genital	Surgical Procedures on the Ovary	Yes	None
58951	Removal of abdominal lining, uterus, both ovaries and fallopian tubes, and pelvic and aortic lymph nodes	Female Genital	Surgical Procedures on the Ovary	Yes	None

58952	Removal of abdominal lining and both ovaries and fallopian tubes with tumor reduction	Female Genital	Surgical Procedures on the Ovary	Yes	None
58953	Removal of abdominal lining, uterus, both ovaries and fallopian tubes with tumor reduction	Female Genital	Surgical Procedures on the Ovary	Yes	None
58954	Removal of abdominal lining, uterus, both ovaries and fallopian tubes, and pelvic and aortic lymph nodes with tumor reduction	Female Genital	Surgical Procedures on the Ovary	Yes	None
58956	Removal of abdominal lining, uterus, and both ovaries and fallopian tubes	Female Genital	Surgical Procedures on the Ovary	Yes	None
58957	Removal of tubes, ovaries, uterus, and lymph nodes for uterine malignancy	Female Genital	Surgical Procedures on the Ovary	Yes	None
58958	Removal of tubes, ovaries, uterus, and lymph nodes for uterine malignancy	Female Genital	Surgical Procedures on the Ovary	Yes	None
58960	Examination of abdominal cavity with removal or biopsy of abdominal lining or lymph nodes	Female Genital	Surgical Procedures on the Ovary	Yes	None
58970	Abdominal or endoscopic aspiration of eggs from ovaries	Female Genital	Surgical Procedures for In Vitro Fertilization	No	None
58974	Injection of fertilized eggs into uterus	Female Genital	Surgical Procedures for In Vitro Fertilization	No	None
58976	Abdominal or endoscopic insertion of eggs with sperm into tubes	Female Genital	Surgical Procedures for In Vitro Fertilization	No	None
58999	Female genital system (nonobstetric) procedure	Female Genital	Other Procedures on the Female Genital System	Yes	None
59000	Abdominal aspiration of fluid surrounding fetus for diagnosis	Maternity Care and Delivery	Antepartum and Fetal Invasive Services for Maternity Care and Delivery	No	None
59001	Abdominal aspiration to reduce amount of fluid surrounding fetus using ultrasound guidance	Maternity Care and Delivery	Antepartum and Fetal Invasive Services for Maternity Care and Delivery	No	None
59012	Aspiration of blood from fetal umbilical cord	Maternity Care and Delivery	Antepartum and Fetal Invasive Services for Maternity Care and Delivery	No	None

59015	Removal of tissue from placenta for diagnosis	Maternity Care and Delivery	Antepartum and Fetal Invasive Services for Maternity Care and Delivery	No	None
59020	Fetal contraction stress test	Maternity Care and Delivery	Antepartum and Fetal Invasive Services for Maternity Care and Delivery	No	None
59025	Fetal non-stress test	Maternity Care and Delivery	Antepartum and Fetal Invasive Services for Maternity Care and Delivery	No	None
59030	Aspiration of blood from scalp of fetus	Maternity Care and Delivery	Antepartum and Fetal Invasive Services for Maternity Care and Delivery	No	None
59050	Fetal monitoring during labor by consulting physician	Maternity Care and Delivery	Antepartum and Fetal Invasive Services for Maternity Care and Delivery	No	None
59051	Interpretation of fetal monitoring during labor by consulting physician	Maternity Care and Delivery	Antepartum and Fetal Invasive Services for Maternity Care and Delivery	No	Covered benefit only for Qualified Medicare Beneficiaries
59070	Abdominal infusion of normal saline into fetal amniotic sac using ultrasound guidance	Maternity Care and Delivery	Antepartum and Fetal Invasive Services for Maternity Care and Delivery	No	None
59072	Fetal umbilical cord occlusion using ultrasound guidance	Maternity Care and Delivery	Antepartum and Fetal Invasive Services for Maternity Care and Delivery	No	None

59074	Aspiration of fetal fluid using ultrasound guidance	Maternity Care and Delivery	Antepartum and Fetal Invasive Services for Maternity Care and Delivery	No	None
59076	Insertion of drainage catheter into fetal chest using ultrasound guidance	Maternity Care and Delivery	Antepartum and Fetal Invasive Services for Maternity Care and Delivery	No	None
59100	Incision in uterus via abdomen	Maternity Care and Delivery	Excision Procedures for Maternity Care and Delivery	No	None
59120	Removal of ovarian or tubal pregnancy	Maternity Care and Delivery	Excision Procedures for Maternity Care and Delivery	Yes	None
59121	Removal of ovarian or tubal pregnancy	Maternity Care and Delivery	Excision Procedures for Maternity Care and Delivery	Yes	None
59130	Removal of pregnancy contents implanted in abdominal cavity	Maternity Care and Delivery	Excision Procedures for Maternity Care and Delivery	Yes	None
59135	Removal impregnated ovum outside the uterus and entire uterus	Maternity Care and Delivery	Excision Procedures for Maternity Care and Delivery	Yes	None
59136	Removal of tubal pregnancy and repair of uterine wall	Maternity Care and Delivery	Excision Procedures for Maternity Care and Delivery	Yes	None
59140	Cervical removal impregnated ovum outside the uterus	Maternity Care and Delivery	Excision Procedures for Maternity Care and Delivery	Yes	None
59150	Removal of ovarian or tubal pregnancy using an endoscope	Maternity Care and Delivery	Excision Procedures for Maternity Care and Delivery	No	None
59151	Removal of ovarian or tubal pregnancy including removal of the ovary and/or tube using an endoscope	Maternity Care and Delivery	Excision Procedures for Maternity Care and Delivery	No	None

59160	Scraping of lining of uterus post-delivery	Maternity Care and Delivery	Excision Procedures for Maternity Care and Delivery	No	None
59200	Insertion dilator device into cervix	Maternity Care and Delivery	Introduction Procedures for Maternity Care and Delivery	No	None
59300	Episiotomy or vaginal repair	Maternity Care and Delivery	Repair Procedures for Maternity Care and Delivery	No	None
59320	Vaginal suture of cervix during pregnancy	Maternity Care and Delivery	Repair Procedures for Maternity Care and Delivery	No	None
59325	Abdominal suture of cervix during pregnancy	Maternity Care and Delivery	Repair Procedures for Maternity Care and Delivery	Yes	None
59350	Abdominal repair of tear of uterus	Maternity Care and Delivery	Repair Procedures for Maternity Care and Delivery	Yes	None
59400	Obstetrical pre- and postpartum care and vaginal delivery	Maternity Care and Delivery	Vaginal Delivery, Antepartum and Postpartum Care Procedures	No	Covered benefit only for Qualified Medicare Beneficiaries
59409	Vaginal delivery	Maternity Care and Delivery	Vaginal Delivery, Antepartum and Postpartum Care Procedures	No	Provide Notification of Delivery to the Healthplan
59410	Vaginal delivery with post-delivery care	Maternity Care and Delivery	Vaginal Delivery, Antepartum and Postpartum Care Procedures	Yes	None
59412	Turning of fetus from breech to presenting position	Maternity Care and Delivery	Vaginal Delivery, Antepartum and Postpartum Care Procedures	Yes	None

59414	Vaginal delivery of placenta	Maternity Care and Delivery	Vaginal Delivery, Antepartum and Postpartum Care Procedures	No	None
59425	Predelivery care 4-6 visits	Maternity Care and Delivery	Vaginal Delivery, Antepartum and Postpartum Care Procedures	No	None
59426	Predelivery care 7 or more visits	Maternity Care and Delivery	Vaginal Delivery, Antepartum and Postpartum Care Procedures	No	None
59430	Post-delivery care	Maternity Care and Delivery	Vaginal Delivery, Antepartum and Postpartum Care Procedures	No	None
59510	Cesarean delivery with pre- and post-delivery care	Maternity Care and Delivery	Cesarean Delivery Procedures	No	Covered benefit only for Qualified Medicare Beneficiaries
59514	Cesarean delivery	Maternity Care and Delivery	Cesarean Delivery Procedures	No	Provide Notification of Delivery to the Healthplan
59515	Cesarean delivery with post-delivery care	Maternity Care and Delivery	Cesarean Delivery Procedures	No	None
59525	Cesarean delivery with removal of uterus	Maternity Care and Delivery	Cesarean Delivery Procedures	No	Add-On Code - This code must be billed with the appropriate primary procedure code
59610	Vaginal delivery after prior cesarean delivery	Maternity Care and Delivery	Delivery Procedures After Previous Cesarean Delivery	No	Covered benefit only for Qualified Medicare Beneficiaries
59612	Vaginal delivery after prior cesarean delivery	Maternity Care and Delivery	Delivery Procedures After Previous Cesarean Delivery	Yes	None
59614	Vaginal delivery after prior cesarean delivery with post-delivery care	Maternity Care and Delivery	Delivery Procedures After Previous Cesarean Delivery	No	None
59618	Routine obstetric care following attempted vaginal delivery after previous cesarean delivery	Maternity Care and Delivery	Delivery Procedures After Previous Cesarean Delivery	No	Covered benefit only for Qualified Medicare Beneficiaries

59620	Cesarean delivery after vaginal delivery attempt due to prior cesarean delivery	Maternity Care and Delivery	Delivery Procedures After Previous Cesarean Delivery	No	None
59622	Cesarean delivery after vaginal delivery attempt due to prior cesarean delivery with post-delivery care	Maternity Care and Delivery	Delivery Procedures After Previous Cesarean Delivery	No	None
59812	Treatment of incomplete abortion	Maternity Care and Delivery	Abortion Procedures	No	None
59820	Treatment of first trimester missed abortion	Maternity Care and Delivery	Abortion Procedures	No	None
59821	Treatment of second trimester missed abortion	Maternity Care and Delivery	Abortion Procedures	No	None
59830	Treatment of septic abortion	Maternity Care and Delivery	Abortion Procedures	Yes	None
59840	Induced abortion by dilation and uterine scraping	Maternity Care and Delivery	Abortion Procedures	No	None
59841	Induced abortion by dilation and removal of pregnancy contents	Maternity Care and Delivery	Abortion Procedures	No	None
59850	Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines;	Maternity Care and Delivery	Abortion Procedures	Yes	None
59851	Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation	Maternity Care and Delivery	Abortion Procedures	Yes	None
59852	Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; with hysterotomy (failed intra-amniotic injection)	Maternity Care and Delivery	Abortion Procedures	Yes	None
59855	Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines;	Maternity Care and Delivery	Abortion Procedures	Yes	None
59856	Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation	Maternity Care and Delivery	Abortion Procedures	Yes	None
59857	Induced abortion by insertion of vaginal suppositories	Maternity Care and Delivery	Abortion Procedures	Yes	None
59866	Elimination 1 or more fetuses of a multifetal pregnancy	Maternity Care and Delivery	Other Procedures for Maternity Care and Delivery	No	Covered benefit only for Qualified Medicare Beneficiaries

59870	Aspiration of abnormal pregnancy contents with scraping of uterine wall	Maternity Care and Delivery	Other Procedures for Maternity Care and Delivery	No	None
59871	Removal of suture of cervix under anesthesia	Maternity Care and Delivery	Other Procedures for Maternity Care and Delivery	No	None
59897	Fetal invasive procedure	Maternity Care and Delivery	Other Procedures for Maternity Care and Delivery	Yes	None
59898	Maternity care and delivery procedure using an endoscope	Maternity Care and Delivery	Other Procedures for Maternity Care and Delivery	Yes	None
59899	Maternity care and delivery procedure	Maternity Care and Delivery	Other Procedures for Maternity Care and Delivery	No	Prior Authorization not required, however Health Plan should receive notification of delivery
60000	Incision and drainage of infected thyroid duct cyst	Endocrine	Surgical Procedures on the Thyroid Gland	No	None
60100	Needle biopsy of thyroid, accessed through the skin	Endocrine	Surgical Procedures on the Thyroid Gland	No	None
60200	Incision of thyroid cyst or growth	Endocrine	Surgical Procedures on the Thyroid Gland	No	None
60210	Partial removal of thyroid lobe on one side of the neck	Endocrine	Surgical Procedures on the Thyroid Gland	No	None
60212	Partial removal of thyroid lobe on one side of the neck plus the same operation on the opposite side of the neck including the tissue in between	Endocrine	Surgical Procedures on the Thyroid Gland	Yes	PA Effective 9/17/2019
60220	Total removal of thyroid lobe on one side of the neck	Endocrine	Surgical Procedures on the Thyroid Gland	Yes	PA Effective 9/17/2019
60225	Total removal of thyroid lobe on one side of the neck plus partial removal of thyroid lobe on the opposite side of the neck including the tissue in between	Endocrine	Surgical Procedures on the Thyroid Gland	Yes	PA Effective 9/17/2019
60240	Removal of thyroid	Endocrine	Surgical Procedures on the Thyroid Gland	Yes	PA Effective 9/17/2019
60252	Removal of thyroid and surrounding lymph nodes	Endocrine	Surgical Procedures on the Thyroid Gland	Yes	PA Effective 9/17/2019

60254	Removal of thyroid and surrounding lymph nodes	Endocrine	Surgical Procedures on the Thyroid Gland	Yes	None
60260	Removal of remaining thyroid tissue	Endocrine	Surgical Procedures on the Thyroid Gland	Yes	PA Effective 9/17/2019
60270	Removal of thyroid	Endocrine	Surgical Procedures on the Thyroid Gland	Yes	None
60271	Removal of thyroid	Endocrine	Surgical Procedures on the Thyroid Gland	Yes	PA Effective 9/17/2019
60280	Removal of thyroid cyst or drainage of thyroid gland duct	Endocrine	Surgical Procedures on the Thyroid Gland	No	None
60281	Removal of cyst or thyroid gland drainage tract	Endocrine	Surgical Procedures on the Thyroid Gland	No	None
60300	Aspiration and/or injection of thyroid cyst	Endocrine	Surgical Procedures on the Thyroid Gland	No	None
60500	Removal or exploration of parathyroid glands	Endocrine	Surgical Procedures on the Parathyroid, Thymus, Adrenal Glands, Pancreas, and Carotid Body	Yes	PA Effective 9/17/2019
60502	Removal or re-exploration of parathyroid glands	Endocrine	Surgical Procedures on the Parathyroid, Thymus, Adrenal Glands, Pancreas, and Carotid Body	No	None
60505	Excision or exploration of parathyroid glands and breast bone tissue	Endocrine	Surgical Procedures on the Parathyroid, Thymus, Adrenal Glands, Pancreas, and Carotid Body	Yes	None

60512	Excision and reimplantation of parathyroid tissue	Endocrine	Surgical Procedures on the Parathyroid, Thymus, Adrenal Glands, Pancreas, and Carotid Body	No	Add-On Code - This code must be billed with the appropriate primary procedure code
60520	Removal of thymus gland through neck incision	Endocrine	Surgical Procedures on the Parathyroid, Thymus, Adrenal Glands, Pancreas, and Carotid Body	No	None
60521	Removal of thymus gland, sternal or chest approach	Endocrine	Surgical Procedures on the Parathyroid, Thymus, Adrenal Glands, Pancreas, and Carotid Body	Yes	None
60522	Removal of thymus gland surrounding lymph nodes, sternal or chest approach	Endocrine	Surgical Procedures on the Parathyroid, Thymus, Adrenal Glands, Pancreas, and Carotid Body	Yes	None
60540	Abdominal exploration or removal of adrenal gland	Endocrine	Surgical Procedures on the Parathyroid, Thymus, Adrenal Glands, Pancreas, and Carotid Body	Yes	None
60545	Abdominal exploration or removal of adrenal gland with removal of abdominal growth	Endocrine	Surgical Procedures on the Parathyroid, Thymus, Adrenal Glands, Pancreas, and Carotid Body	Yes	None

60600	Removal of carotid artery tumor	Endocrine	Surgical Procedures on the Parathyroid, Thymus, Adrenal Glands, Pancreas, and Carotid Body	Yes	None
60605	Removal of carotid artery and tumor	Endocrine	Surgical Procedures on the Parathyroid, Thymus, Adrenal Glands, Pancreas, and Carotid Body	Yes	None
60650	Abdominal exploration or removal of adrenal gland using an endoscope	Endocrine	Surgical Procedures on the Parathyroid, Thymus, Adrenal Glands, Pancreas, and Carotid Body	Yes	None
60659	Endocrine system procedure using an endoscope	Endocrine	Surgical Procedures on the Parathyroid, Thymus, Adrenal Glands, Pancreas, and Carotid Body	Yes	None
60699	Endocrine system procedure	Endocrine	Other Procedures of the Endocrine System	Yes	None
61000	Aspiration of spinal fluid from infant skull soft spot	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	No	None
61001	Aspiration of spinal fluid from infant skull soft spot	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61020	Aspiration of spinal fluid for diagnosis from skull soft spot, burr hole, or catheter in brain	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	No	None
61026	Aspiration of spinal fluid and injection into skull soft spot, burr hole, or catheter in ventricle of brain	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	No	None

61050	Aspiration of fluid by spinal puncture in upper spine	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	No	None
61055	Spinal puncture in upper spine with injection of substance	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	No	None
61070	Aspiration or injection of cerebrospinal fluid shunt tubing or reservoir	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	No	None
61105	Aspiration of fluid from brain	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61107	Insertion of brain drainage catheter or fluid pressure recording or monitoring device	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61108	Aspiration and/or drainage of blood accumulation in brain	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61120	Injection into ventricle of brain	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61140	Drainage or biopsy of brain or lesion	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61150	Drainage of brain abscess or cyst	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61151	Drainage or aspiration of brain abscess or cyst	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61154	Aspiration of blood accumulation in brain	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61156	Aspiration of blood accumulation or cyst in brain	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None

61210	Implantation of brain catheter, reservoir, EEG electrodes, pressure or other monitoring device	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61215	Insertion of device beneath the skin for continuous infusion in brain	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	No	None
61250	Burr hole exploration of the brain	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61253	Burr hole exploration of the brain	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61304	Exploration of the brain	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61305	Exploration of the brain	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61312	Aspiration of blood accumulation in brain	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61313	Aspiration of blood accumulation in brain	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61314	Aspiration of blood accumulation in brain	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61315	Aspiration of blood accumulation in brain	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61316	Insertion of bone graft onto skull	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	No	Add-On Code - This code must be billed with the appropriate primary procedure code
61320	Drainage of brain abscess	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None

61321	Drainage of brain abscess	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61322	Incision or excision of skull to reduce brain pressure	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61323	Incision or excision of skull to reduce brain pressure and excision of lobe of brain	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61330	Incision of eye bone to reduce pressure	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	No	None
61332	Exploration and biopsy of eye bone	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	No	AMA Termed Code 1/01/2019
61333	Exploration and removal of eye bone growth	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61340	Incision of skull to reduce brain pressure	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61343	Excision of skull base and upper spine to release spinal cord	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61345	Excision of base of skull to reduce pressure at base of brain	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61450	Excision of skull to reduce facial nerve pressure	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61458	Excision of skull base for exploration or release of cranial nerves	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61460	Excision of skull base to sever cranial nerve	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None

61480	Excision of skull to sever a nerve tract to midbrain	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	No	AMA Termed Code 1/01/2019
61500	Removal of brain tumor or other skull bone lesion	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61501	Removal of infected skull bone	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61510	Removal of brain tumor	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61512	Removal of brain tumor	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61514	Removal of brain abscess	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61516	Removal or drainage of brain cyst	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61517	Implantation of chemotherapy agent into brain	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	No	Add-On Code - This code must be billed with the appropriate primary procedure code
61518	Removal of brain tumor	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61519	Removal of brain tumor	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61520	Removal of eighth cranial nerve brain tumor	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61521	Removal of skull base tumor	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None

61522	Removal of brain abscess	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61524	Removal of brain cyst or creation of drainage tract	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61526	Removal of eighth cranial nerve brain tumor	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61530	Removal of eighth cranial nerve brain tumor	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61531	Implantation of brain strip electrodes for seizure monitoring	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61533	Implantation of brain electrode for seizure monitoring	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61534	Excision of brain tissue to halt seizure activity	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61535	Removal of electrode from brain	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61536	Excision of brain tissue to halt seizure activity	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61537	Excision of lobe of brain	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61538	Excision of lobe of brain with measurement of seizure activity	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61539	Excision of lobe of brain	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None

61540	Excision of lobe of brain	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61541	Incision of skull for incision of brain tissue	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61543	Incision of skull for partial excision of brain tissue	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61544	Incision of skull for excision or clotting of cerebrospinal fluid site	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61545	Incision of skull for excision of pituitary gland tumor	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61546	Incision of forehead bone for excision of pituitary gland tumor	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61548	Excision of pituitary gland tumor	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61550	Repair of single skull suture defect present at birth	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61552	Repair of multiple skull suture defects present at birth	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61556	Incision of prematurely closed skull suture with skull bone flap	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61557	Incision of prematurely closed skull suture with bone flap from front portion of skull	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61558	Removal of skull to restore shape due to multiple prematurely closed sutures	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None

61559	Removal of skull and bone grafts to restore shape due to multiple prematurely closed sutures	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61563	Removal of skull bone growth	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61564	Removal of skull bone growth with release of optic nerve	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61566	Removal of brain tissue to relieve seizure activity	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61567	Incision of brain tissue with seizure monitoring	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61570	Removal of foreign body from brain	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61571	Treatment of penetrating brain wound	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61575	Biopsy of brain stem or upper spinal cord	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61576	Biopsy of brain stem or upper spinal cord	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61580	Removal of nasal sinuses to approach brain lesion	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61581	Removal of nasal sinuses to approach brain lesion	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61582	Removal of facial bone to approach brain lesion	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None

61583	Removal of facial bone to approach brain lesion	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61584	Removal of facial bone to approach brain lesion	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61585	Removal of facial bone to approach brain lesion	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61586	Removal of facial bone to approach brain lesion	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61590	Removal of jaw bone to approach brain lesion	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61591	Removal of skull bone behind ear to approach brain lesion	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61592	Removal of cheek bone and skull to approach brain lesion	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61595	Removal of skull bone behind ear to approach brain lesion	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61596	Removal of skull bone behind ear to approach brain lesion	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61597	Removal of skull base to approach brain lesion	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61598	Removal of skull to approach lesion or defect at skull base with tying of sinus	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61600	Removal of lesion at skull base	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None

61601	Removal of lesion at skull base	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61605	Removal of lesion at skull base	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61606	Removal of lesion at skull base	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61607	Removal of lesion at skull base	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61608	Removal of lesion at skull base	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61610	Incision or tying of carotid artery at skull base with graft	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	No	AMA Termed Code 1/01/2019
61611	Incision or tying of carotid artery at skull base	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	No	Add-On Code - This code must be billed with the appropriate primary procedure code
61612	Incision or tying of carotid artery at skull base with graft	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	No	AMA Termed Code 1/01/2019
61613	Destruction of abnormal blood vessel at skull base	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61615	Excision of abnormal blood vessel at skull base or upper spine bones	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61616	Excision of abnormal blood vessel at skull base or upper spine bones	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61618	Repair of brain covering by tissue or synthetic graft	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None

61619	Repair of brain covering by vascular or combined vascular muscle graft	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61623	Balloon occlusion of head or neck artery	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	No	None
61624	Occlusion of abnormal artery, accessed through the skin	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61626	Occlusion of head or neck artery, accessed through the skin	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	No	None
61630	Balloon dilation of blood vessel in head, accessed through the skin	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61635	Insertion of stents in blood vessel of head	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61640	Balloon dilation of blood vessel spasm in head, accessed through the skin	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	No	None
61641	Balloon dilation of blood vessel spasm in head, accessed through the skin	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	No	None
61642	Balloon dilation of blood vessel spasm in head, accessed through the skin	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	No	None
61645	Removal of blood clot and injection to dissolve blood clot from head artery using fluoroscopic guidance, accessed through skin	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61650	Infusion of chemical agent into the artery of brain with insertion of catheter and imaging	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61651	Infusion of chemical agent into the artery of brain with insertion of catheter and imaging	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	No	Add-On Code - This code must be billed with the appropriate primary procedure code

61680	Repair of abnormal artery-vein connection in brain	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61682	Repair of abnormal artery-vein connection in brain	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61684	Repair of abnormal artery-vein connection in brain	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61686	Repair of abnormal artery-vein connection in brain	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61690	Repair of abnormal artery-vein connection in brain	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61692	Repair of abnormal artery-vein connection in brain	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61697	Repair of bulging of blood vessel (aneurysm) in brain	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61698	Repair of bulging of blood vessel (aneurysm) in brain	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61700	Repair of bulging of blood vessel (aneurysm) in brain	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61702	Repair of bulging of blood vessel (aneurysm) in brain	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61703	Repair of bulging of blood vessel (aneurysm) in brain	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61705	Repair of bulging of blood vessel (aneurysm) in brain	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None

61708	Repair of bulging of blood vessel (aneurysm) in brain	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61710	Repair of bulging of blood vessel (aneurysm) in brain	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61711	Connection of arteries in head	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61720	Creation of brain lesion by stereotactic method	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	No	None
61735	Creation of brain lesion by stereotactic method	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61750	Stereotactic biopsy, aspiration, or excision of brain lesion	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61751	Stereotactic biopsy, aspiration, or excision of brain lesion using CT and/or MRI guidance	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61760	Stereotactic implantation of brain electrodes for seizure monitoring	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61770	Stereotactic insertion of catheters or probes for radiation source	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	No	None
61781	Computer-assisted procedure inside the brain	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	No	Add-On Code - This code must be billed with the appropriate primary procedure code
61782	Computer-assisted procedure outside the brain	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	No	Add-On Code - This code must be billed with the appropriate primary procedure code
61783	Computer-assisted spinal procedure	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	No	Add-On Code - This code must be billed with the appropriate primary procedure code

61790	Stereotactic creation of lesion of cranial nerve, accessed through the skin	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
61791	Stereotactic creation of brainstem lesion, accessed through the skin	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
61796	Stereotactic treatment of brain growth	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	No	None
61797	Stereotactic treatment of brain growth	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	No	Add-On Code - This code must be billed with the appropriate primary procedure code
61798	Stereotactic treatment of brain growth	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	No	None
61799	Stereotactic treatment of brain growth	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	No	Add-On Code - This code must be billed with the appropriate primary procedure code
61800	Application of headframe for stereotactic radiosurgery	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	No	Add-On Code - This code must be billed with the appropriate primary procedure code
61850	Implantation of neurostimulator electrodes	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61860	Implantation of neurostimulator electrodes in brain	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61863	Implantation of neurostimulator electrodes in brain	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61864	Implantation of neurostimulator electrodes in brain	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	No	None

61867	Implantation of brain neurostimulator electrodes microelectrode recording	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61868	Implantation of brain neurostimulator electrodes with microelectrode recording	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	No	Add-On Code - This code must be billed with the appropriate primary procedure code
61870	Implantation of brain neurostimulator electrodes	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	No	Code termed 01/01/2021
61880	Revision or removal of brain neurostimulator electrodes	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	No	None
61885	Insertion or replacement of brain neurostimulator generator or receiver	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61886	Insertion or replacement of brain neurostimulator generator or receiver	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
61888	Revision or removal of brain neurostimulator generator or receiver	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
62000	Elevation of depressed skull fracture	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	No	None
62005	Elevation of depressed skull fractures	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
62010	Elevation of depressed skull fracture	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
62100	Repair of membrane covering the brain	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
62115	Reduction of an enlarged skull	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None

62117	Reduction and reshaping of an enlarged skull	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
62120	Repair and reshaping of herniated brain through skull	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
62121	Repair of herniation of brain at skull base	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
62140	Reshaping of (up to 5 centimeter diameter) skull bone defect	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
62141	Reshaping of (larger than 5 centimeter in diameter) skull bone defect	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
62142	Removal of bone flap or prosthesis from skull	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
62143	Replacement of bone flap or prosthesis in skull	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
62145	Reshaping of skull bone defect	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
62146	Reconstruction and (up to 5 centimeter in diameter) graft of skull bone defect	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
62147	Reconstruction and (larger than 5 centimeter in diameter) graft of skull bone defect	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
62148	Removal of skull bone graft, accessed beneath the skin	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	No	Add-On Code - This code must be billed with the appropriate primary procedure code
62160	Insertion of brain fluid shunt catheter using an endoscope	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	No	Add-On Code - This code must be billed with the appropriate primary procedure code

62161	Release of brain scar tissue or cyst drainage using an endoscope	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
62162	Drainage of brain cyst using an endoscope	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
62163	Removal of foreign material in brain using an endoscope	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	No	Code termed 01/01/2021
62164	Removal of brain tumor using an endoscope	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
62165	Removal of pituitary gland tumor using an endoscope	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
62180	Creation of drainage tract for spinal fluid	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
62190	Creation of brain fluid drainage shunt	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
62192	Creation of brain fluid drainage shunt	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
62194	Replacement or irrigation of brain catheter	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	No	None
62200	Creation of brain fluid drainage shunt	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
62201	Stereotactic creation of spinal fluid drainage tract in the brain using an endoscope	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
62220	Creation of brain fluid drainage shunt	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None

62223	Creation of brain fluid drainage shunt	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
62225	Replacement or irrigation of brain fluid drainage shunt catheter	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	No	None
62230	Replacement or revision of brain fluid drainage shunt valve or catheter	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
62252	Reprogramming of programmable brain and spinal fluid shunt	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	No	None
62256	Removal of brain and spinal fluid shunt system	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
62258	Removal and replacement of brain and spinal fluid shunt system	Nervous	Surgical Procedures on the Skull, Meninges, and Brain	Yes	None
62263	Injection or mechanical removal of spinal canal scar tissue, percutaneous procedure, accessed through the skin, multiple sessions over 2 or more days	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
62264	Injection or mechanical removal of spinal canal scar tissue, percutaneous procedure, accessed through the skin, multiple sessions in 1 day	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
62267	Diagnostic aspiration of spinal disc or tissue, accessed through the skin	Nervous	Surgical Procedures on the Spine and Spinal Cord	No	None
62268	Aspiration of spinal cord cyst or fluid-filled cavity, accessed through the skin	Nervous	Surgical Procedures on the Spine and Spinal Cord	No	None
62269	Needle biopsy of spinal cord, accessed beneath the skin	Nervous	Surgical Procedures on the Spine and Spinal Cord	No	None

62270	Spinal tap for diagnosis	Nervous	Surgical Procedures on the Spine and Spinal Cord	No	None
62272	Spinal tap with drainage of spinal fluid	Nervous	Surgical Procedures on the Spine and Spinal Cord	No	None
62273	Injection of blood or blood clot into spinal canal	Nervous	Surgical Procedures on the Spine and Spinal Cord	No	None
62280	Injection of substance into spinal canal to destroy nerve tissue	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
62281	Injection of spinal canal to destroy nerve	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
62282	Injection of spinal canal to destroy nerve	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
62284	Injection of dye for X-ray imaging and/or CT of lower spinal canal	Nervous	Surgical Procedures on the Spine and Spinal Cord	No	None
62287	Aspiration of lower spine disc, accessed through the skin	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
62290	Injection of dye for X-ray imaging of spine disc	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)

62291	Injection of dye for X-ray imaging of spine disc	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
62292	Injection of chemical enzyme into herniated spinal disc	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
62294	Injection of drug into an artery to occlude arteriovenous malformation of spinal cord	Nervous	Surgical Procedures on the Spine and Spinal Cord	No	None
62302	X-ray of upper spinal canal with radiological supervision and interpretation	Nervous	Surgical Procedures on the Spine and Spinal Cord	No	None
62303	X-ray of middle spinal canal with radiological supervision and interpretation	Nervous	Surgical Procedures on the Spine and Spinal Cord	No	None
62304	X-ray of lower spinal canal with radiological supervision and interpretation	Nervous	Surgical Procedures on the Spine and Spinal Cord	No	None
62305	X-ray of lower spinal canal with radiological supervision and interpretation	Nervous	Surgical Procedures on the Spine and Spinal Cord	No	None
62310	INJECT SPINE CERV/THORACIC	Nervous	Surgical Procedures on the Spine and Spinal Cord	No	AMA Deleted code Code invalid as of 1/1/2017 Check for Replacement code
62311	INJECT SPINE LUMBAR/SACRAL	Nervous	Surgical Procedures on the Spine and Spinal Cord	No	AMA Deleted code Code invalid as of 1/1/2017 Check for Replacement code
62318	INJECT SPINE W/CATH CRV/THRC	Nervous	Surgical Procedures on the Spine and Spinal Cord	No	AMA Deleted code Code invalid as of 1/1/2017 Check for Replacement code
62319	INJECT SPINE W/CATH LMB/SCRL	Nervous	Surgical Procedures on the Spine and Spinal Cord	No	AMA Deleted code Code invalid as of 1/1/2017 Check for Replacement code
62320	Injection of substance into spinal canal of upper or middle back	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)

62321	Injection of substance into spinal canal of upper or middle back using imaging guidance	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
62322	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
62323	Injection of substance into spinal canal of lower back or sacrum using imaging guidance	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
62324	Insertion of indwelling catheter and administration of substance into spinal canal of upper or middle back	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
62325	Insertion of indwelling catheter and administration of substance into spinal canal of upper or middle back	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
62326	Insertion of indwelling catheter and administration of substance into spinal canal of lower back using imaging guidance	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
62327	Insertion of indwelling catheter and administration of substance into spinal canal of lower back lower back using imaging guidance	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)

62350	Implantation, revision, or repositioning of spinal canal medication catheter	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
62351	Implantation, revision, or repositioning of catheter in spinal canal for medication administration	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
62355	Removal of implanted catheter in spinal canal	Nervous	Surgical Procedures on the Spine and Spinal Cord	No	None
62360	Implantation or replacement of spinal canal drug infusion device beneath skin	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
62361	Implantation or replacement of spinal canal drug infusion pump	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
62362	Implantation or replacement of programmable spinal canal drug infusion pump	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
62365	Removal of spinal canal drug infusion pump or device, accessed beneath the skin	Nervous	Surgical Procedures on the Spine and Spinal Cord	No	None
62367	Electronic analysis of spinal canal drug infusion pump	Nervous	Surgical Procedures on the Spine and Spinal Cord	No	None
62368	Electronic analysis and reprogramming of spinal canal drug infusion pump	Nervous	Surgical Procedures on the Spine and Spinal Cord	No	None
62369	Electronic analysis reprogramming and refill of spinal canal drug infusion pump	Nervous	Surgical Procedures on the Spine and Spinal Cord	No	None

62370	Electronic analysis reprogramming and refill of spinal canal drug infusion pump by physician	Nervous	Surgical Procedures on the Spine and Spinal Cord	No	None
62380	Decompression of spinal cord and/or nerve root in lower back using endoscope	Nervous	Surgical Procedures on the Spine and Spinal Cord	No	As of 10/1/20 This Service is within the scope of TurningPoint delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates.
63001	Partial removal of bone and/or release of upper spinal cord or spinal nerves	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
63003	Partial removal of bone and/or release of middle spinal cord or spinal nerves	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
63005	Partial removal of bone and/or release of lower spinal cord or spinal nerves	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
63011	Partial removal of bone and/or release of sacral spinal cord or spinal nerves	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
63012	Partial removal of bone and/or release of lower spinal cord or spinal nerves	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).

63015	Partial removal of bone with release of upper spinal cord or spinal nerves	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
63016	Partial removal of bone and/or release of middle spinal cord or spinal nerves	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
63017	Partial removal of bone and/or release of lower spinal cord or spinal nerves	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
63020	Partial removal of bone with release of spinal cord or spinal nerves of 1 interspace in upper spine	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
63030	Partial removal of bone with release of spinal cord or spinal nerves of 1 interspace in lower spine	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
63035	Partial removal of bone with release of spinal cord or spinal nerves in upper or lower spine	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Add-On Code - Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).

63040	Re-exploration of spine repair with release of upper spinal cord or nerves	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
63042	Re-exploration of spine repair with release of lower spinal cord or nerves	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
63043	Re-exploration of spine repair with release of upper spinal cord or nerves	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Add-On Code -Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
63044	Re-exploration of spine repair with release of lower spinal cord or nerves	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Add-On Code - Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
63045	Partial removal of upper spine bone with release of spinal cord and/or nerves	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
63046	Partial removal of middle spine bone with release of spinal cord and/or nerves	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).

63047	Partial removal of middle spine bone with release of spinal cord and/or nerves	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
63048	Partial removal of spine bone with release of spinal cord and/or nerves	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Add-On Code - Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
63050	Reconstruction of bone around spinal canal with release of spinal cord	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
63051	Reconstruction of bone around spinal canal with release of spinal cord	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
63055	Release of middle spinal cord and/or nerves	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
63056	Release of lower spinal cord and/or nerves	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).

63057	Release of middle or lower spinal cord and/or nerves	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Add-On Code - Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
63064	Release of middle spinal cord or nerves, costovertebral approach	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
63066	Release of middle spinal cord or nerves, costovertebral approach	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Add-On Code - Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
63075	Removal of upper spine disc and release of spinal cord and/or nerves	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
63076	Removal of upper spine disc and release of spinal cord and/or nerves	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Add-On Code - Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
63077	Removal of middle spine disc and release of spinal cord and/or nerves	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).

63078	Removal of middle spine disc and release of spinal cord and/or nerves	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
63081	Removal of upper spine bone with release of spinal cord and/or nerves, anterior approach	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
63082	Removal of upper spine bone with release of spinal cord and/or nerves, anterior approach	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
63085	Removal of middle spine bone with release of spinal cord and/or nerves, transthoracic approach	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
63086	Removal of middle spine bone with release of spinal cord and/or nerves, transthoracic approach	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
63087	Removal of middle or lower spine bone with release of spinal cord or nerves, combined thoracolumbar approach	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)

63088	Removal of middle or lower spine bone with release of spinal cord or nerves, combined thoracolumbar approach	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
63090	Removal of middle, lower, or sacral spine bone with release of spinal cord or nerves, transperitoneal or retroperitoneal approach	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
63091	Removal of middle, lower, or sacral spine bone with release of spinal cord or nerves, transperitoneal or retroperitoneal approach	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
63101	Removal of middle spine bone with release of spinal cord and/or nerves, lateral extracavitary approach	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
63102	Removal of lower spine bone with release of spinal cord and/or nerves, lateral extracavitary approach	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
63103	Removal of middle or lower spine bone with release of spinal cord and/or nerves, lateral extracavitary approach	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)

63170	Removal of the spine bone around spinal canal	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
63172	Drainage of spinal cord cyst or fluid-filled cavity into spinal canal	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
63173	Drainage of spinal cord cyst or fluid-filled cavity into lung or abdomen	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
63180	Removal of upper spine bone with removal of ligaments	Nervous	Surgical Procedures on the Spine and Spinal Cord	No	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
63182	Removal of upper spine bone with removal of ligaments	Nervous	Surgical Procedures on the Spine and Spinal Cord	No	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
63185	Removal of spine bone with severing of nerve roots	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)

63190	Removal of spine bone with severing of nerve roots	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
63191	Removal of spine bone with severing of spinal accessory nerve	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
63194	Removal of spine bone with incision of upper spinal cord	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
63195	Removal of spine bone with incision of middle spinal cord	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
63196	Removal of spine bone with incision of upper spinal cord	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
63197	Removal of spine bone with incision of middle spinal cord	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)

63198	Removal of spine bone with incision of upper spinal cord, 2 stages within 14 days	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
63199	Removal of spine bone with incision of middle spinal cord, 2 stages within 14 days	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
63200	Removal of lower spine bone with release of frayed spinal cord	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
63250	Removal of upper spine bone and arteriovenous malformation	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
63251	Removal of upper spine bone and arteriovenous malformation	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
63252	Removal of upper spine bone and arteriovenous malformation	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)

63265	Removal of upper spine bone and growth	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
63266	Removal of middle spine bone and growth	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
63267	Removal of lower spine bone and growth	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
63268	Removal of sacral spine bone and growth	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
63270	Removal of upper spine bone and growth	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
63271	Removal of middle spine bone and growth	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).

63272	Removal of lower spine bone and growth	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
63273	Removal of sacral spine bone and growth	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
63275	Removal or biopsy of upper spine bone growth	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
63276	Removal or biopsy of middle spine bone growth	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
63277	Removal or biopsy of lower spine bone growth	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
63278	Removal or biopsy of sacral spine bone growth	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)

63280	Removal or biopsy of upper spine bone growth	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
63281	Removal or biopsy of middle spine bone growth	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
63282	Removal or biopsy of lower spine bone growth	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
63283	Removal or biopsy of sacral spine bone growth	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
63285	Removal or biopsy of upper spine bone growth	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
63286	Removal or biopsy of middle spine bone growth	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)

63287	Removal or biopsy of lower spine bone growth	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
63290	Removal or biopsy of spine bone growth	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
63295	Reconstruction of spine bone following spinal procedure	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
63300	Removal of upper spine bone growth	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
63301	Removal of middle spine bone growth, transthoracic approach	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
63302	Removal of middle spine bone growth, thoracolumbar approach	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)

63303	Removal of lower or sacral spine bone growth, transperitoneal or retroperitoneal approach	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
63304	Removal of upper spine bone growth	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
63305	Removal of middle spine bone growth, transthoracic approach	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
63306	Removal of middle spine bone growth, thoracolumbar approach	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
63307	Removal of lower or sacral spine bone growth, transperitoneal or retroperitoneal approach	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024)
63308	Removal of spine bone growth	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).

63600	Creation of stereotactic spinal cord lesion, accessed through the skin	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	None
63610	Stereotactic stimulation of spinal cord through the skin	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	None
63615	Stereotactic biopsy, aspiration, or removal of spinal cord growth	Nervous	Surgical Procedures on the Spine and Spinal Cord	No	AMA Termed Code 1/01/2019
63620	Stereotactic treatment of spine growth	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	None
63621	Stereotactic treatment of spine growth	Nervous	Surgical Procedures on the Spine and Spinal Cord	No	Add-On Code - This code must be billed with the appropriate primary procedure code
63650	Implantation of spinal neurostimulator electrodes, accessed through the skin	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
63655	Implantation of spinal neurostimulator electrodes	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
63661	Removal or revision of spinal neurostimulator electrodes, accessed through the skin	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
63662	Removal of spinal neurostimulator electrodes	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).

63663	Revision and replacement of spinal neurostimulator electrodes	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
63664	Revision and replacement of spinal neurostimulator electrodes	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
63685	Insertion of spinal neurostimulator pulse generator or receiver	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
63688	Removal or revision of neurostimulator pulse generator or receiver	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
63700	Repair of (less than 5 centimeter diameter) spinal cord defect	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	None
63702	Repair of (larger than 5 centimeter) spinal cord defect	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	None
63704	Repair of (less than 5 centimeter) spinal cord defect	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	None
63706	Repair of (larger than 5 centimeter) spinal cord defect	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	None
63707	Repair of spinal fluid leak	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	None

63709	Repair of spinal fluid leak	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	None
63710	Placement of spinal cord graft	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	None
63740	Creation of spinal fluid shunt	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	None
63741	Creation of spinal fluid shunt, accessed through the skin	Nervous	Surgical Procedures on the Spine and Spinal Cord	No	None
63744	Replacement, irrigation, or revision of lower spinal canal shunt	Nervous	Surgical Procedures on the Spine and Spinal Cord	Yes	PA Effective 9/17/2019
63746	Removal of lower spinal canal shunt	Nervous	Surgical Procedures on the Spine and Spinal Cord	No	None
64400	Injection of anesthetic agent, trigeminal nerve	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None
64402	Injection of anesthetic agent, facial nerve	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	AMA CodeTermed 1/1/2020, to report see 64999
64405	Injection of anesthetic agent, greater occipital nerve	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	Yes	PA Effective 9/17/2019

64408	Injection of anesthetic agent, cranial (vagus) nerve	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None
64410	Injection of anesthetic agent, upper spine (phrenic) nerve	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	AMA CodeTermed 1/1/2020, to report see 64999
64413	Injection of anesthetic agent, neck nerve bundle	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	AMA CodeTermed 1/1/2020, to report see 64999
64415	Injection of anesthetic agent, brachial (arm) nerve bundle	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None
64416	Injection by continuous infusion of anesthetic agent, brachial (arm) nerve bundle	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None
64417	Injection of anesthetic agent underarm (axillary) nerve	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None

64418	Injection of anesthetic agent, collar bone nerve	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None
64420	Injection of anesthetic agent, of rib nerve	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	Yes	PA Effective 9/17/2019
64421	Injection of anesthetic agent of multiple rib nerves	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None
64425	Injection of anesthetic agent, groin nerves	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None
64430	Injection of anesthetic agent, pudendal (external genital) nerve	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None
64435	Injection of anesthetic agent, paracervical (uterine) nerve	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None

64445	Injection of anesthetic agent, sciatic nerve	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None
64446	Injection by continuous infusion of anesthetic agent, sciatic nerve	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None
64447	Injection of anesthetic agent, thigh nerve	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None
64448	Injection by continuous infusion of anesthetic agent, thigh nerve	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None
64449	Injection by continuous infusion of anesthetic agent into lumbar nerve bundle, posterior approach	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None
64450	Injection of anesthetic agent, other peripheral nerve or branch	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None

64455	Injections of anesthetic and/or steroid drug into nerve of foot	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None
64461	Injection of anesthetic agent, thoracic vertebra	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	Yes	None
64462	Injection of anesthetic agent, thoracic vertebra	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	Add-On Code - This code must be billed with the appropriate primary procedure code
64463	Injection of anesthetic agent, thoracic vertebra	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None
64479	Injections of anesthetic and/or steroid drug into upper or middle spine nerve root using imaging guidance	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
64480	Injections of anesthetic and/or steroid drug into upper or middle spine nerve root using imaging guidance	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	Yes	Add-On Code - This code must be billed with the appropriate primary procedure code; Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)

64483	Injections of anesthetic and/or steroid drug into lower or sacral spine nerve root using imaging guidance	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
64484	Injections of anesthetic and/or steroid drug into lower or sacral spine nerve root using imaging guidance	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	Yes	Add-On Code - This code must be billed with the appropriate primary procedure code; Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
64486	Injections of local anesthetic for pain control and abdominal wall analgesia on one side	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None
64487	Continuous infusions of local anesthetic for pain control and abdominal wall analgesia on one side	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None
64488	Injections of local anesthetic for pain control and abdominal wall analgesia on both sides	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None
64489	Continuous infusions of local anesthetic for pain control and abdominal wall analgesia on both sides	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None

64490	Injections of upper or middle spine facet joint using imaging guidance	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
64491	Injections of upper or middle spine facet joint using imaging guidance	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	Yes	Add-On Code - This code must be billed with the appropriate primary procedure code; Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
64492	Injections of upper or middle spine facet joint using imaging guidance	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	Yes	Add-On Code - This code must be billed with the appropriate primary procedure code; Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
64493	Injections of lower or sacral spine facet joint using imaging guidance	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
64494	Injections of lower or sacral spine facet joint using imaging guidance	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	Yes	Add-On Code - This code must be billed with the appropriate primary procedure code; Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)

64495	Injections of lower or sacral spine facet joint using imaging guidance	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	Yes	Add-On Code - This code must be billed with the appropriate primary procedure code; Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
64505	Injection of anesthetic agent, trigeminal nerve bundle	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None
64508	Injection of anesthetic agent, carotid sinus nerve	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	AMA Termed Code 1/01/2019
64510	Injection of anesthetic agent, sympathetic nerve bundle	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
64517	Injection of anesthetic agent, sacral nerve bundle	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None
64520	Injection of anesthetic agent, middle or lower spine sympathetic nerves	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)

64530	Injection of anesthetic agent, abdominal sympathetic nerve bundle	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None
64550	Application of skin surface neurostimulator electrodes	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	AMA CodeTermed 01/01/2019 To Report See 97014, 97032
64553	Implantation of cranial nerve neurostimulator electrodes, accessed through the skin	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	Yes	None
64555	Implantation of peripheral nerve neurostimulator electrodes, accessed through the skin	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	Yes	None
64560	#N/A	None	None	No	AMA Deleted code Code invalid as of 1/1/2017 Check for Replacement code
64561	Insertion of sacral nerve neurostimulator electrodes, accessed through the skin	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	Yes	None

64565	Implantation of muscular tissue neurostimulator electrodes, accessed through the skin	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	AMA Termed Code 1/01/2018
64566	Implantation of lower leg neurostimulator electrode, accessed through the skin	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	Yes	None
64568	Implantation of cranial nerve neurostimulator electrodes and generator	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	Yes	None
64569	Revision of implanted cranial nerve neurostimulator electrodes	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None
64570	Removal of cranial nerve neurostimulator electrodes	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None
64575	Incision to implant peripheral nerve neurostimulator electrodes	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	Yes	None

64580	Incision to implant muscle neurostimulator electrodes	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	Yes	None
64581	Incision to insert sacral nerve neurostimulator electrodes	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	Yes	None
64585	Revision or removal of peripheral neurostimulator electrode array	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	Yes	PA Effective 9/17/2019
64590	Insertion or replacement of peripheral or gastric neurostimulator generator	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	Yes	None
64595	Revision or removal of peripheral nerve or gastric neurostimulator generator	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	Yes	None
64600	Destruction of trigeminal (facial) nerve branch	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None

64605	Destruction of trigeminal (facial) nerve branch	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None
64610	Destruction of trigeminal (facial) nerve branch under X-ray monitoring	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	Yes	None
64611	Injection of chemical for destruction of salivary glands on both sides of the mouth	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None
64612	Injection of chemical for destruction of nerve muscles on one side of face	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None
64615	Injection of chemical for destruction of facial and neck nerve muscles on both sides of face	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None
64616	Injection of chemical for destruction of nerve muscles on one side of neck excluding voice box accessed through the skin	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None

64617	Injection of chemical for destruction of nerve muscles on one side of voice box accessed through the skin	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None
64620	Injection of agent to destroy rib nerve	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None
64630	Destruction of pudendal (external genital) nerve	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None
64632	Destruction of nerve of foot	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None
64633	Destruction of upper or middle spinal facet joint nerves using imaging guidance	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
64634	Destruction of upper or middle spinal facet joint nerves with imaging guidance	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	Yes	Add-On Code - This code must be billed with the appropriate primary procedure code; Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)

64635	Destruction of lower or sacral spinal facet joint nerves using imaging guidance	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
64636	Destruction of lower or sacral spinal facet joint nerves with imaging guidance	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	Yes	Add-On Code - This code must be billed with the appropriate primary procedure code; Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
64640	Destruction of peripheral nerve or branch	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None
64642	Injection of chemical for destruction of nerve muscles on arm or leg, 1-4 muscles	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None
64643	Injection of chemical for destruction of nerve muscles on arm or leg, 1-4 muscles	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	Add-On Code - This code must be billed with the appropriate primary procedure code
64644	Injection of chemical for destruction of nerve muscles on arm or leg, 5 or more muscles	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	Yes	None

64645	Injection of chemical for destruction of nerve muscles on arm or leg, 5 or more muscles	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	Add-On Code - This code must be billed with the appropriate primary procedure code
64646	Injection of chemical for destruction of nerve muscles on trunk, 5 or more muscles	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None
64647	Injection of chemical for destruction of nerve muscles on trunk, 6 or more muscles	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None
64650	Injection of chemical for destruction of underarm sweat glands	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None
64653	Injection of chemical for destruction of sweat glands	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None
64680	Injection of agent to destroy abdominal sympathetic nerve bundle	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	Yes	None

64681	Injection of agent to destroy sacral nerve bundle	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None
64702	Release of nerve of finger	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	Yes	PA Effective 9/17/2019
64704	Release of nerve of hand or foot	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	Yes	PA Effective 9/17/2019
64708	Release of nerve of arm or leg, open procedure	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None
64712	Release of sciatic nerve, open procedure	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None
64713	Release of major nerve of arm or leg, open procedure	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	Yes	PA Effective 9/17/2019

64714	Release of nerve of upper leg, open procedure	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None
64716	Release and/or relocation of cranial nerve	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None
64718	Release and/or relocation of ulnar nerve at elbow	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	Yes	PA Effective 9/17/2019
64719	Release and/or relocation ulnar nerve at wrist	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	Yes	PA Effective 9/17/2019
64721	Release and/or relocation of median nerve of hand	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	Yes	PA Effective 9/17/2019
64722	Release of unspecified nerve	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None

64726	Release of nerve at sole of foot	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None
64727	Release of nerve requiring use of operating microscope	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	Add-On Code - This code must be billed with the appropriate primary procedure code
64732	Incision or removal of nerve to forehead scalp and upper eyelid	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None
64734	Incision or removal of nerve to lower eyelid upper lip and mouth	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None
64736	Incision or removal of nerve to chin lower lip and jaw	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None
64738	Incision or removal of nerve to teeth and jaw bone	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None

64740	Incision or removal of nerve to tongue	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None
64742	Incision or removal of facial nerve	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None
64744	Incision or removal of nerve to scalp and over ear	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None
64746	Incision or removal of nerve to abdomen gallbladder and liver	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None
64755	Incision or removal of nerve to stomach	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	Yes	None
64760	Incision or removal of nerve to abdomen	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	Yes	None

64763	Incision or removal of nerve outside of pelvis	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None
64766	Incision or removal of nerve outside of pelvis	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None
64771	Incision or removal of cranial nerve	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None
64772	Incision or removal of spinal nerve	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None
64774	Removal of growth of skin nerve	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None
64776	Removal of growth of finger or toe nerve	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None

64778	Removal of growth of finger or toe nerve	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	Add-On Code - This code must be billed with the appropriate primary procedure code
64782	Removal of growth of hand or foot nerve	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None
64783	Removal of growth of hand or foot nerve	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	Add-On Code - This code must be billed with the appropriate primary procedure code
64784	Removal of growth of peripheral nerve	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None
64786	Removal of growth of sciatic nerve	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None
64787	Implantation of nerve end into bone or muscle	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	Add-On Code - This code must be billed with the appropriate primary procedure code

64788	Removal of growth of skin nerve or nerve lining	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None
64790	Removal of growth of peripheral nerve or nerve lining	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None
64792	Removal of growth of peripheral nerve or nerve lining	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None
64795	Biopsy of nerve	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None
64802	Removal of upper spine sympathetic nerves	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None
64804	Removal of upper and middle spine sympathetic nerves	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None

64809	Removal of middle and lower spine sympathetic nerves	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	Yes	None
64818	Removal of lower spine sympathetic nerves	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	Yes	None
64820	Removal of finger or toe sympathetic nerve	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None
64821	Removal of sympathetic radial (lower arm) artery nerve	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None
64822	Removal of sympathetic ulnar (lower arm) artery nerve	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None
64823	Removal of sympathetic palmar (hand) nerve	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None

64831	Suture of hand or foot digital nerve	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	Yes	PA Effective 9/17/2019
64832	Suture of hand or foot digital nerve	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	Add-On Code - This code must be billed with the appropriate primary procedure code
64834	Suture of hand or foot common sensory nerve	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	Yes	PA Effective 9/17/2019
64835	Suture of median motor thenar nerve (hand)	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None
64836	Suture of ulnar nerve (forearm or hand)	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None
64837	Suture of hand or foot nerve	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	Add-On Code - This code must be billed with the appropriate primary procedure code

64840	Suture of foreleg nerve to sole of foot	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None
64856	Suture of peripheral nerve, arm or leg, with relocation to new site	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None
64857	Suture of peripheral nerve, arm or leg	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None
64858	Suture of sciatic nerve	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None
64859	Suture of peripheral nerve	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	Add-On Code - This code must be billed with the appropriate primary procedure code
64861	Suture of nerve bundle to arm	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None

64862	Suture of lower spine nerve bundle	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None
64864	Suture of facial nerve outside skull	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None
64865	Suture of facial nerve at temple	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None
64866	Connection of nerves to restore function to the face	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	Yes	None
64868	Connection of nerves to restore function to the face	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	Yes	None
64872	Delayed suture nerve repair	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	Add-On Code - This code must be billed with the appropriate primary procedure code

64874	Suture and relocation of nerve to restore function	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	Add-On Code - This code must be billed with the appropriate primary procedure code
64876	Suture of nerve with shortening of arm or leg bone	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	Add-On Code - This code must be billed with the appropriate primary procedure code
64885	Placement of (up to 4 centimeter length) head or neck nerve graft	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None
64886	Placement of (more than 4 centimeter length) head or neck nerve graft	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None
64890	Placement of (up to 4 centimeter length) hand or foot nerve graft	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None
64891	Placement of (more than 4 centimeter length) hand or foot nerve graft	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None

64892	Placement of (up to 4 centimeter length) arm or leg nerve graft	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None
64893	Placement of (more than 4 centimeter length) arm or leg nerve graft	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None
64895	Placement of multiple (up to 4 centimeter length) hand or foot nerve grafts	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None
64896	Placement of multiple (more than 4 centimeter length) hand or foot nerve grafts	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None
64897	Placement of multiple (up to 4 centimeter length) arm or leg nerve grafts	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None
64898	Placement of multiple (more than 4 centimeter length) arm or leg nerve grafts	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None

64901	Placement of nerve for grafting, single strand	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	Add-On Code - This code must be billed with the appropriate primary procedure code
64902	Placement of multiple nerve sections for grafting	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	Add-On Code - This code must be billed with the appropriate primary procedure code
64905	Transfer of nerve to injured nerve, first stage	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	Yes	PA Effective 9/17/2019
64907	Transfer of nerve to injured nerve, second stage	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	No	None
64910	Repair of nerve with graft	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	Yes	PA Effective 9/17/2019
64911	Repair of nerve using vein graft	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	Yes	PA Effective 9/17/2019

64912	Nerve repair; with nerve allograft, each nerve, first strand (cable)	Nervous System	Neurorrhaphy With Nerve Graft, Vein Graft, or Conduit	Yes	None
64913	Nerve repair; with nerve allograft, each additional strand (List separately in addition to code for primary procedure)	Nervous System	Neurorrhaphy With Nerve Graft, Vein Graft, or Conduit	Yes	PA Effective 9/17/2019
64999	Nervous system procedure	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System	Yes	Unlisted, miscellaneous code, PA required
65091	Removal of eye contents	Eye and Ocular Adnexa	Surgical Procedures on the Eyeball	No	None
65093	Removal of eye contents with insertion of implant	Eye and Ocular Adnexa	Surgical Procedures on the Eyeball	No	None
65101	Removal of eyeball	Eye and Ocular Adnexa	Surgical Procedures on the Eyeball	No	None
65103	Removal of eyeball with implant	Eye and Ocular Adnexa	Surgical Procedures on the Eyeball	No	None
65105	Removal of eyeball with implant attached to muscles	Eye and Ocular Adnexa	Surgical Procedures on the Eyeball	No	None
65110	Removal of eye contents	Eye and Ocular Adnexa	Surgical Procedures on the Eyeball	No	None
65112	Removal of eye contents and orbital bone	Eye and Ocular Adnexa	Surgical Procedures on the Eyeball	No	None
65114	Removal of eye contents with muscle or flap graft	Eye and Ocular Adnexa	Surgical Procedures on the Eyeball	No	None
65125	Modification to reshape ocular implant	Eye and Ocular Adnexa	Surgical Procedures on the Eyeball	No	None
65130	Insertion of permanent ocular prosthesis into orbit	Eye and Ocular Adnexa	Surgical Procedures on the Eyeball	No	None
65135	Insertion of permanent ocular prosthesis into orbit	Eye and Ocular Adnexa	Surgical Procedures on the Eyeball	No	None
65140	Insertion of permanent ocular prosthesis into orbit with muscle attachment	Eye and Ocular Adnexa	Surgical Procedures on the Eyeball	No	None
65150	Reinsertion of ocular implant	Eye and Ocular Adnexa	Surgical Procedures on the Eyeball	No	None

65155	Reinsertion of ocular implant	Eye and Ocular Adnexa	Surgical Procedures on the Eyeball	No	None
65175	Removal of ocular implant	Eye and Ocular Adnexa	Surgical Procedures on the Eyeball	No	None
65205	Removal of foreign body in external eye, conjunctiva	Eye and Ocular Adnexa	Surgical Procedures on the Eyeball	No	None
65210	Removal of foreign body in external eye, conjunctiva or sclera	Eye and Ocular Adnexa	Surgical Procedures on the Eyeball	No	None
65220	Removal of foreign body, external eye, cornea	Eye and Ocular Adnexa	Surgical Procedures on the Eyeball	No	None
65222	Removal of foreign body, external eye, cornea with slit lamp examination	Eye and Ocular Adnexa	Surgical Procedures on the Eyeball	No	None
65235	Removal of foreign body from inside the eye or lens	Eye and Ocular Adnexa	Surgical Procedures on the Eyeball	No	None
65260	Removal of foreign body from inside eye	Eye and Ocular Adnexa	Surgical Procedures on the Eyeball	No	None
65265	Removal of foreign body from inside eye	Eye and Ocular Adnexa	Surgical Procedures on the Eyeball	No	None
65270	Repair of lacerated conjunctiva	Eye and Ocular Adnexa	Surgical Procedures on the Eyeball	No	None
65272	Repair of lacerated conjunctiva using flap or graft	Eye and Ocular Adnexa	Surgical Procedures on the Eyeball	No	None
65273	Repair of lacerated conjunctiva using flap or graft, requiring hospitalization	Eye and Ocular Adnexa	Surgical Procedures on the Eyeball	Yes	None
65275	Repair of lacerated cornea	Eye and Ocular Adnexa	Surgical Procedures on the Eyeball	No	None
65280	Repair of perforating laceration of cornea and/or sclera	Eye and Ocular Adnexa	Surgical Procedures on the Eyeball	No	None
65285	Repair of perforating laceration of cornea and/or sclera	Eye and Ocular Adnexa	Surgical Procedures on the Eyeball	No	None
65286	Repair of lacerated cornea and/or sclera	Eye and Ocular Adnexa	Surgical Procedures on the Eyeball	No	None
65290	Repair of injured eye muscle or tendon	Eye and Ocular Adnexa	Surgical Procedures on the Eyeball	No	None
65400	Removal of growth of cornea	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	No	None
65410	Biopsy of cornea	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	No	None

65420	Removal or relocation of corneal conjunctiva	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	No	None
65426	Removal or relocation of corneal conjunctiva	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	No	None
65430	Scraping of cornea for diagnosis	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	No	None
65435	Removal of outer layer of cornea	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	Yes	PA Effective 9/17/2019
65436	Removal of outer layer of cornea	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	Yes	PA Effective 9/17/2019
65450	Destruction of lesion of cornea	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	No	None
65600	Multiple punctures of cornea	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	No	None
65710	Transplantation of tissue from one cornea to other cornea	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	No	None
65730	Transplantation of tissue from one cornea to other cornea	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	Yes	PA Effective 9/17/2019
65750	Transplantation of tissue from one cornea to other cornea	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	Yes	PA Effective 9/17/2019
65755	Transplantation of tissue from one cornea to other cornea	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	No	None
65756	Transplant of outer layer of corneal tissue	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	Yes	PA Effective 9/17/2019

65757	Preparation of corneal tissue for transplant	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	No	None
65760	Removal and reshaping of corneal tissue	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	Yes	None
65765	Transplantation of donor cornea	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	Yes	None
65767	Transplantation of donor corneal tissue	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	Yes	None
65770	Placement of tube with optical power to cornea	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	No	None
65771	Incisions in cornea to correct refraction error	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	No	None
65772	Incisions to cornea to correct astigmatism	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	Yes	None
65775	Excision of corneal tissue to correct astigmatism	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	Yes	None
65778	Insertion of amniotic membrane to eye surface	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	No	None
65779	Insertion of amniotic membrane to eye surface with sutures	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	Yes	PA Effective 9/17/2019
65780	Transplantation of fetal sac tissue to cornea	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	Yes	PA Effective 9/17/2019
65781	Transplantation of stem cells to cornea	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	No	None

65782	Transplantation of stem cells from one cornea to other cornea	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	No	None
65785	Implantation of corneal ring segments	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	Yes	None
65800	Aspiration of eye fluid	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	No	None
65810	Aspiration of eye fluid	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	No	None
65815	Aspiration of blood from eye	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	No	None
65820	Incision to improve eye fluid flow	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	No	None
65850	Insertion of eye fluid drainage tube	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	Yes	PA Effective 9/17/2019
65855	Laser repair to improve eye fluid flow, 1 or more sessions	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	Yes	PA Effective 9/17/2019
65860	Laser removal of scar tissue in eye	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	No	None
65865	Removal of scar tissue in eye	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	No	None
65870	Removal of scar tissue in eye	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	No	None
65875	Removal of scar tissue in eye	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	No	None

65880	Removal of corneal scar tissue	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	No	None
65900	Removal of outer lining of cornea	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	No	None
65920	Removal of implanted lens in eye	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	No	None
65930	Removal of blood clot from eye	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	No	None
66020	Injection of air or liquid into eye	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	No	None
66030	Injection of medication into eye	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	No	None
66130	Removal of growth of sclera	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	No	None
66150	Creation of eye fluid drainage tract with removal of iris	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	No	None
66155	Creation of eye fluid drainage tract with removal of iris	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	No	None
66160	Creation of eye fluid drainage tract with removal of sclera and iris	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	Yes	PA Effective 9/17/2019
66170	Creation of eye fluid drainage tract	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	Yes	PA Effective 9/17/2019
66172	Creation of eye fluid drainage tract	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	Yes	PA Effective 9/17/2019

66174	Dilation to improve eye fluid flow	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	Yes	PA Effective 9/17/2019
66175	Dilation with insertion of device or stent to improve eye fluid flow	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	No	None
66179	Creation of shunt to improve eye fluid flow	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	No	None
66180	Creation of shunt to improve eye fluid flow with graft	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	Yes	PA Effective 9/17/2019
66183	Insertion of eye fluid drainage device	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	Yes	PA Effective 9/17/2019
66184	Revision of shunt to improve eye fluid flow	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	No	None
66185	Revision of eye fluid drainage shunt with graft	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	Yes	PA Effective 9/17/2019
66220	Removal of protrusion of sclera or cornea	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	No	AMA Termed Code 1/01/2019
66225	Removal of protrusion sclera or cornea with graft	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	No	None
66250	Revision or repair of operative wound of eye	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	No	None
66500	Incision of iris to improve eye fluid flow	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	No	None
66505	Incision and drainage of eye fluid accumulation in iris	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	No	None

66600	Removal of iris and growth	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	No	None
66605	Removal of iris and eyelid border to improve eye fluid flow	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	No	None
66625	Removal of iris to improve eye fluid flow	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	No	None
66630	Removal of iris to improve eye fluid flow	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	No	None
66635	Removal of iris and eyelid border to improve eye fluid flow	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	No	None
66680	Repair of iris and lens tissue	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	No	None
66682	Repair of iris and lens tissue	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	No	None
66700	Destruction of lens tissue	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	No	None
66710	Destruction of lens tissue using laser	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	No	None
66711	Destruction of tissue encircling lens using endoscope	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	No	None
66720	Destruction of tissue encircling lens	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	No	None
66740	Destruction of tissue of eyelid border	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	No	None

66761	Creation of eye fluid drainage tracts in iris using laser, per session	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	No	None
66762	Creation of openings in iris for eye fluid drainage using laser, 1 or more sessions	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	No	None
66770	Destruction of growth of iris using laser	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	No	None
66820	Removal of recurring cataract in lens capsule	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	No	None
66821	Removal of recurring cataract in lens capsule using laser	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	Yes	PA Effective 9/17/2019
66825	Repositioning of lens prosthesis	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	Yes	PA Effective 9/17/2019
66830	Removal of recurring cataract in lens capsule	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	Yes	PA Effective 9/17/2019
66840	Aspiration removal of lens material	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	Yes	PA Effective 9/17/2019
66850	Fragmenting, aspiration, and removal of lens material	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	Yes	PA Effective 9/17/2019
66852	Removal of lens material	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	Yes	PA Effective 9/17/2019
66920	Removal of lens material and capsule	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	No	None
66930	Removal of lens material and capsule for dislocated lens	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	No	None

66940	Removal of lens material and portion of lens capsule	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	Yes	PA Effective 9/17/2019
66982	Removal of cataract with insertion of lens	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	Yes	PA Effective 9/17/2019
66983	Removal of cataract with insertion of lens	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	Yes	PA Effective 9/17/2019
66984	Removal of cataract with insertion of lens	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	Yes	PA Effective 9/17/2019
66985	Insertion of lens prosthesis	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	Yes	PA Effective 9/17/2019
66986	Exchange of lens prosthesis	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	Yes	PA Effective 9/17/2019
66990	Examination of eye using an endoscope	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	No	Covered benefit only for Qualified Medicare Beneficiaries
66999	Anterior (front) eye procedure	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	Yes	None
67005	Partial removal of eye fluid between the lens and retina	Eye and Ocular Adnexa	Surgical Procedures on the Posterior Segment of the Eye	No	None
67010	Partial removal of eye fluid between the lens and retina	Eye and Ocular Adnexa	Surgical Procedures on the Posterior Segment of the Eye	No	None
67015	Aspiration or release of eye fluid between the lens and retina	Eye and Ocular Adnexa	Surgical Procedures on the Posterior Segment of the Eye	No	None
67025	Injection of synthetic eye fluid	Eye and Ocular Adnexa	Surgical Procedures on the Posterior Segment of the Eye	No	None

67027	Implantation of eye drug delivery system	Eye and Ocular Adnexa	Surgical Procedures on the Posterior Segment of the Eye	No	None
67028	Injection of drug into eye	Eye and Ocular Adnexa	Surgical Procedures on the Posterior Segment of the Eye	No	None
67030	Cutting of strands of eye fluid (vitreous) between the lens and retina	Eye and Ocular Adnexa	Surgical Procedures on the Posterior Segment of the Eye	No	None
67031	Laser release of scar tissue between the lens and retina	Eye and Ocular Adnexa	Surgical Procedures on the Posterior Segment of the Eye	No	None
67036	Removal of eye fluid (vitreous) between the lens and retina	Eye and Ocular Adnexa	Surgical Procedures on the Posterior Segment of the Eye	No	None
67039	Laser destruction of eye fluid (vitreous) between the lens and retina	Eye and Ocular Adnexa	Surgical Procedures on the Posterior Segment of the Eye	No	None
67040	Laser destruction of eye fluid (vitreous) between the lens and retina	Eye and Ocular Adnexa	Surgical Procedures on the Posterior Segment of the Eye	No	None
67041	Removal of membrane from the retina	Eye and Ocular Adnexa	Surgical Procedures on the Posterior Segment of the Eye	No	None
67042	Removal of membrane from the retina, pars plana approach	Eye and Ocular Adnexa	Surgical Procedures on the Posterior Segment of the Eye	No	None
67043	Removal of membrane from the retina, pars plana approach	Eye and Ocular Adnexa	Surgical Procedures on the Posterior Segment of the Eye	No	None
67101	Repair of detached retina, 1 or more sessions	Eye and Ocular Adnexa	Surgical Procedures on the Posterior Segment of the Eye	No	None
67105	Repair of detached retina, 1 or more sessions	Eye and Ocular Adnexa	Surgical Procedures on the Posterior Segment of the Eye	Yes	PA Effective 9/17/2019

67107	Repair of detached retina and drainage of eye fluid between lens and retina	Eye and Ocular Adnexa	Surgical Procedures on the Posterior Segment of the Eye	Yes	PA Effective 9/17/2019
67108	Repair of detached retina and drainage of eye fluid between lens and retina	Eye and Ocular Adnexa	Surgical Procedures on the Posterior Segment of the Eye	Yes	PA Effective 9/17/2019
67110	Repair of detached retina by injection of air or gas	Eye and Ocular Adnexa	Surgical Procedures on the Posterior Segment of the Eye	Yes	PA Effective 9/17/2019
67113	Repair of detached retina and drainage of eye fluid between lens and retina	Eye and Ocular Adnexa	Surgical Procedures on the Posterior Segment of the Eye	Yes	PA Effective 9/17/2019
67115	Release of retinal encircling material	Eye and Ocular Adnexa	Surgical Procedures on the Posterior Segment of the Eye	No	None
67120	Removal of implant material from outside the eye	Eye and Ocular Adnexa	Surgical Procedures on the Posterior Segment of the Eye	No	None
67121	Removal of implant material from inside the eye	Eye and Ocular Adnexa	Surgical Procedures on the Posterior Segment of the Eye	No	None
67141	Preventive retinal detachment treatment by heat or freezing, 1 or more sessions	Eye and Ocular Adnexa	Surgical Procedures on the Posterior Segment of the Eye	No	None
67145	Preventive retinal detachment treatment by heat or laser, 1 or more sessions	Eye and Ocular Adnexa	Surgical Procedures on the Posterior Segment of the Eye	No	None
67208	Destruction of retinal growth by heat or freezing, 1 or more sessions	Eye and Ocular Adnexa	Surgical Procedures on the Posterior Segment of the Eye	No	None
67210	Laser destruction of retinal growth, 1 or more sessions	Eye and Ocular Adnexa	Surgical Procedures on the Posterior Segment of the Eye	No	None
67218	Destruction of retinal growth with implantation of radiation source, 1 or more sessions	Eye and Ocular Adnexa	Surgical Procedures on the Posterior Segment of the Eye	No	None

67220	Destruction of vascular growth between retina and sclera, 1 or more sessions	Eye and Ocular Adnexa	Surgical Procedures on the Posterior Segment of the Eye	No	None
67221	Destruction of vascular growth between retina and sclera	Eye and Ocular Adnexa	Surgical Procedures on the Posterior Segment of the Eye	No	None
67225	Destruction of vascular growth between retina and sclera, at single session	Eye and Ocular Adnexa	Surgical Procedures on the Posterior Segment of the Eye	No	Add-On Code - This code must be billed with the appropriate primary procedure code
67227	Destruction of leaking retinal blood vessels, 1 or more sessions	Eye and Ocular Adnexa	Surgical Procedures on the Posterior Segment of the Eye	No	None
67228	Laser destruction of leaking retinal blood vessels, 1 or more sessions	Eye and Ocular Adnexa	Surgical Procedures on the Posterior Segment of the Eye	Yes	PA Effective 9/17/2019
67229	Laser destruction or freezing of extensive leaking retinal blood vessels, preterm infant, 1 or more sessions	Eye and Ocular Adnexa	Surgical Procedures on the Posterior Segment of the Eye	Yes	PA Effective 9/17/2019
67250	Repair of defect in sclera	Eye and Ocular Adnexa	Surgical Procedures on the Posterior Segment of the Eye	No	None
67255	Repair of defect of sclera with graft	Eye and Ocular Adnexa	Surgical Procedures on the Posterior Segment of the Eye	Yes	PA Effective 9/17/2019
67299	Procedure at back of eye	Eye and Ocular Adnexa	Surgical Procedures on the Posterior Segment of the Eye	Yes	None
67311	Realignment of the eye with repair of one horizontal eye muscle	Eye and Ocular Adnexa	Surgical Procedures on the Ocular Adnexa	Yes	PA Effective 9/17/2019
67312	Realignment of the eye with repair of two horizontal eye muscles	Eye and Ocular Adnexa	Surgical Procedures on the Ocular Adnexa	Yes	PA Effective 9/17/2019
67314	Realignment of the eye with repair of one vertical muscle	Eye and Ocular Adnexa	Surgical Procedures on the Ocular Adnexa	Yes	PA Effective 9/17/2019
67316	Realignment of the eye with repair of two or more vertical muscles	Eye and Ocular Adnexa	Surgical Procedures on the Ocular Adnexa	Yes	PA Effective 9/17/2019

67318	Realignment of the eye with repair of muscle	Eye and Ocular Adnexa	Surgical Procedures on the Ocular Adnexa	Yes	PA Effective 9/17/2019
67320	Relocation of eye muscles to restore function	Eye and Ocular Adnexa	Surgical Procedures on the Ocular Adnexa	No	Add-On Code - This code must be billed with the appropriate primary procedure code
67331	Realignment of eye having prior surgery or injury	Eye and Ocular Adnexa	Surgical Procedures on the Ocular Adnexa	No	Add-On Code - This code must be billed with the appropriate primary procedure code
67332	Realignment of eye having scarring or restrictive muscle movement	Eye and Ocular Adnexa	Surgical Procedures on the Ocular Adnexa	No	Add-On Code - This code must be billed with the appropriate primary procedure code
67334	Realignment of the eye by muscle fixation	Eye and Ocular Adnexa	Surgical Procedures on the Ocular Adnexa	No	Add-On Code - This code must be billed with the appropriate primary procedure code
67335	Insertion of adjustable sutures during eye muscle surgery	Eye and Ocular Adnexa	Surgical Procedures on the Ocular Adnexa	No	Covered benefit only for Qualified Medicare Beneficiaries
67340	Realignment of eye with repair of detached eye muscles	Eye and Ocular Adnexa	Surgical Procedures on the Ocular Adnexa	No	Add-On Code - This code must be billed with the appropriate primary procedure code
67343	Release of extensive eye scar tissue	Eye and Ocular Adnexa	Surgical Procedures on the Ocular Adnexa	No	None
67345	Injection of chemical for destruction of eye muscle	Eye and Ocular Adnexa	Surgical Procedures on the Ocular Adnexa	Yes	PA Effective 9/17/2019
67346	Biopsy of eye muscle	Eye and Ocular Adnexa	Surgical Procedures on the Ocular Adnexa	No	None
67399	Eye muscle procedure	Eye and Ocular Adnexa	Surgical Procedures on the Ocular Adnexa	Yes	None
67400	Exploration of cavity behind eye, frontal or transconjunctival approach	Eye and Ocular Adnexa	Surgical Procedures on the Ocular Adnexa	No	None
67405	Incision and drainage of cavity behind eye	Eye and Ocular Adnexa	Surgical Procedures on the Ocular Adnexa	No	None
67412	Removal of growth in cavity behind eye	Eye and Ocular Adnexa	Surgical Procedures on the Ocular Adnexa	Yes	PA Effective 9/17/2019
67413	Removal of foreign body in cavity behind eye	Eye and Ocular Adnexa	Surgical Procedures on the Ocular Adnexa	No	None

67414	Removal of bone from cavity behind eye	Eye and Ocular Adnexa	Surgical Procedures on the Ocular Adnexa	Yes	PA Effective 9/17/2019
67415	Fine needle aspiration of orbital contents	Eye and Ocular Adnexa	Surgical Procedures on the Ocular Adnexa	No	None
67420	Removal of bone and growth in cavity behind eye	Eye and Ocular Adnexa	Surgical Procedures on the Ocular Adnexa	No	None
67430	Removal of bone and foreign body in cavity behind eye	Eye and Ocular Adnexa	Surgical Procedures on the Ocular Adnexa	No	None
67440	Removal of bone with drainage from cavity behind eye	Eye and Ocular Adnexa	Surgical Procedures on the Ocular Adnexa	No	None
67445	Removal of bone from cavity behind eye	Eye and Ocular Adnexa	Surgical Procedures on the Ocular Adnexa	No	None
67450	Exploration of cavity behind eye with bone flap, lateral approach	Eye and Ocular Adnexa	Surgical Procedures on the Ocular Adnexa	No	None
67500	Injection of medication into cavity behind eye	Eye and Ocular Adnexa	Surgical Procedures on the Ocular Adnexa	No	None
67505	Injection of alcohol into cavity behind eye	Eye and Ocular Adnexa	Surgical Procedures on the Ocular Adnexa	No	None
67515	Injection of medication or substance into membrane covering eyeball	Eye and Ocular Adnexa	Surgical Procedures on the Ocular Adnexa	No	None
67550	Insertion of implant outside eye muscles	Eye and Ocular Adnexa	Surgical Procedures on the Ocular Adnexa	Yes	PA Effective 9/17/2019
67560	Removal or revision of implant outside eye muscles	Eye and Ocular Adnexa	Surgical Procedures on the Ocular Adnexa	Yes	PA Effective 9/17/2019
67570	Release of optic nerve	Eye and Ocular Adnexa	Surgical Procedures on the Ocular Adnexa	Yes	PA Effective 9/17/2019
67599	Bone cavity of eye procedure	Eye and Ocular Adnexa	Surgical Procedures on the Ocular Adnexa	Yes	None
67700	Incision and drainage of eyelid abscess	Eye and Ocular Adnexa	Surgical Procedures on the Ocular Adnexa	No	None

67710	Removal of sutures between upper and lower eyelids	Eye and Ocular Adnexa	Surgical Procedures on the Ocular Adnexa	No	None
67715	Incision of corner of eye at eyelids	Eye and Ocular Adnexa	Surgical Procedures on the Ocular Adnexa	No	None
67800	Removal of eyelid growth	Eye and Ocular Adnexa	Surgical Procedures on the Ocular Adnexa	No	None
67801	Removal of multiple growths of same eyelid	Eye and Ocular Adnexa	Surgical Procedures on the Ocular Adnexa	No	None
67805	Removal of multiple growths of different eyelids	Eye and Ocular Adnexa	Surgical Procedures on the Ocular Adnexa	No	None
67808	Removal of eyelid growth under general anesthesia and/or requiring hospitalization	Eye and Ocular Adnexa	Surgical Procedures on the Ocular Adnexa	No	None
67810	Biopsy of eyelid	Eye and Ocular Adnexa	Surgical Procedures on the Ocular Adnexa	No	None
67820	Removal of eyelashes by forceps	Eye and Ocular Adnexa	Surgical Procedures on the Ocular Adnexa	No	None
67825	Removal of eyelashes	Eye and Ocular Adnexa	Surgical Procedures on the Ocular Adnexa	No	None
67830	Incisional removal of eyelashes	Eye and Ocular Adnexa	Surgical Procedures on the Ocular Adnexa	No	None
67835	Incisional removal of eyelashes with graft	Eye and Ocular Adnexa	Surgical Procedures on the Ocular Adnexa	No	None
67840	Removal of eyelid growth	Eye and Ocular Adnexa	Surgical Procedures on the Ocular Adnexa	No	None
67850	Destruction of (up to 1 centimeter) growth of eyelid margin	Eye and Ocular Adnexa	Surgical Procedures on the Ocular Adnexa	No	None
67875	Temporary closure of eyelids by suture	Eye and Ocular Adnexa	Surgical Procedures on the Ocular Adnexa	No	None
67880	Creation of permanent eyelid margin scarring	Eye and Ocular Adnexa	Surgical Procedures on the Ocular Adnexa	Yes	None

67882	Creation of permanent eyelid margin scarring with relocation of eyelid tissue	Eye and Ocular Adnexa	Surgical Procedures on the Ocular Adnexa	Yes	None
67900	Repair of brow paralysis	Eye and Ocular Adnexa	Surgical Procedures on the Ocular Adnexa	Yes	None
67901	Repair of upper eyelid muscle to correct drooping or paralysis	Eye and Ocular Adnexa	Surgical Procedures on the Ocular Adnexa	Yes	None
67902	Repair of upper eyelid muscle to correct drooping or paralysis	Eye and Ocular Adnexa	Surgical Procedures on the Ocular Adnexa	Yes	None
67903	Shortening or advancement of upper eyelid muscle to correct drooping or paralysis	Eye and Ocular Adnexa	Surgical Procedures on the Ocular Adnexa	Yes	None
67904	Repair of tendon of upper eyelid	Eye and Ocular Adnexa	Surgical Procedures on the Ocular Adnexa	Yes	None
67906	Suspension of upper eyelid muscle to correct drooping or paralysis	Eye and Ocular Adnexa	Surgical Procedures on the Ocular Adnexa	Yes	None
67908	Removal of tissue, muscle, and membrane to correct eyelid drooping or paralysis	Eye and Ocular Adnexa	Surgical Procedures on the Ocular Adnexa	Yes	None
67909	Procedure to reduce overcorrection of drooping or paralyzed upper eyelid	Eye and Ocular Adnexa	Surgical Procedures on the Ocular Adnexa	Yes	None
67911	Correction of widely-opened upper eyelid	Eye and Ocular Adnexa	Surgical Procedures on the Ocular Adnexa	Yes	None
67912	Restoration of eyelid blinking function	Eye and Ocular Adnexa	Surgical Procedures on the Ocular Adnexa	Yes	None
67914	Suture repair of a turning-outward defect of upper or lower eyelid	Eye and Ocular Adnexa	Surgical Procedures on the Ocular Adnexa	Yes	None
67915	Repair of a turning-outward defect of upper or lower eyelid using heat	Eye and Ocular Adnexa	Surgical Procedures on the Ocular Adnexa	Yes	None
67916	Repair of turning-outward eyelid defect	Eye and Ocular Adnexa	Surgical Procedures on the Ocular Adnexa	Yes	None
67917	Extensive repair of turning-outward eyelid defect	Eye and Ocular Adnexa	Surgical Procedures on the Ocular Adnexa	Yes	None

67921	Suture repair of turning-inward eyelid defect	Eye and Ocular Adnexa	Surgical Procedures on the Ocular Adnexa	Yes	None
67922	Corrective repair of turning-inward eyelid defect using heat	Eye and Ocular Adnexa	Surgical Procedures on the Ocular Adnexa	Yes	None
67923	Repair of turning-inward eyelid defect	Eye and Ocular Adnexa	Surgical Procedures on the Ocular Adnexa	Yes	None
67924	Repair of turning-inward eyelid defect	Eye and Ocular Adnexa	Surgical Procedures on the Ocular Adnexa	Yes	None
67930	Suture of recent wound of the eyelid involving lid margin	Eye and Ocular Adnexa	Surgical Procedures on the Ocular Adnexa	No	None
67935	Repair of wound of eyelid margin	Eye and Ocular Adnexa	Surgical Procedures on the Ocular Adnexa	No	None
67938	Removal of embedded foreign body in eyelid	Eye and Ocular Adnexa	Surgical Procedures on the Ocular Adnexa	No	None
67950	Enlargement of eyelid margin	Eye and Ocular Adnexa	Surgical Procedures on the Ocular Adnexa	Yes	None
67961	Removal of up to one-fourth of the eyelid involving lid margin	Eye and Ocular Adnexa	Surgical Procedures on the Ocular Adnexa	Yes	None
67966	Removal of over one-fourth of the eyelid involving lid margin	Eye and Ocular Adnexa	Surgical Procedures on the Ocular Adnexa	Yes	None
67971	Reconstruction of up to two-thirds of the eyelid by transfer of opposite eyelid tissue	Eye and Ocular Adnexa	Surgical Procedures on the Ocular Adnexa	Yes	PA Effective 9/17/2019
67973	Reconstruction of lower eyelid by transfer of eyelid tissue from opposite eyelid	Eye and Ocular Adnexa	Surgical Procedures on the Ocular Adnexa	No	None
67974	Reconstruction of upper eyelid by transfer of eyelid tissue from opposite eyelid	Eye and Ocular Adnexa	Surgical Procedures on the Ocular Adnexa	No	None
67975	Reconstruction of an eyelid by transfer of eyelid tissue from opposite eyelid	Eye and Ocular Adnexa	Surgical Procedures on the Ocular Adnexa	No	None
67999	Eyelid procedure	Eye and Ocular Adnexa	Surgical Procedures on the Ocular Adnexa	Yes	None

68020	Incision and drainage of eye cyst	Eye and Ocular Adnexa	Surgical Procedures on the Conjunctiva	No	None
68040	Removal of scarring of lining of eyelid due to infection	Eye and Ocular Adnexa	Surgical Procedures on the Conjunctiva	No	None
68100	Biopsy of sclera	Eye and Ocular Adnexa	Surgical Procedures on the Conjunctiva	No	None
68110	Removal of (up to 1 centimeter) growth of sclera	Eye and Ocular Adnexa	Surgical Procedures on the Conjunctiva	No	None
68115	Removal of (over 1 centimeter) growth of sclera	Eye and Ocular Adnexa	Surgical Procedures on the Conjunctiva	No	None
68130	Removal of growth of sclera	Eye and Ocular Adnexa	Surgical Procedures on the Conjunctiva	No	None
68135	Destruction of growth of sclera	Eye and Ocular Adnexa	Surgical Procedures on the Conjunctiva	No	None
68200	Injection into conjunctiva	Eye and Ocular Adnexa	Surgical Procedures on the Conjunctiva	No	None
68320	Repair of conjunctiva	Eye and Ocular Adnexa	Surgical Procedures on the Conjunctiva	Yes	PA Effective 9/17/2019
68325	Repair of conjunctiva	Eye and Ocular Adnexa	Surgical Procedures on the Conjunctiva	No	None
68326	Reconstruction of conjunctiva	Eye and Ocular Adnexa	Surgical Procedures on the Conjunctiva	Yes	PA Effective 9/17/2019
68328	Reconstruction of conjunctiva	Eye and Ocular Adnexa	Surgical Procedures on the Conjunctiva	No	None
68330	Release of scar tissue from conjunctiva	Eye and Ocular Adnexa	Surgical Procedures on the Conjunctiva	No	None
68335	Release of scar tissue from eyelids	Eye and Ocular Adnexa	Surgical Procedures on the Conjunctiva	No	None
68340	Release of scar tissue from eyelids	Eye and Ocular Adnexa	Surgical Procedures on the Conjunctiva	No	None

68360	Relocation of conjunctival flap	Eye and Ocular Adnexa	Surgical Procedures on the Conjunctiva	No	None
68362	Relocation of conjunctival flap	Eye and Ocular Adnexa	Surgical Procedures on the Conjunctiva	No	None
68371	Harvest of donor conjunctiva	Eye and Ocular Adnexa	Surgical Procedures on the Conjunctiva	No	None
68399	Operation of conjunctiva	Eye and Ocular Adnexa	Surgical Procedures on the Conjunctiva	Yes	None
68400	Drainage of tear-producing gland	Eye and Ocular Adnexa	Surgical Procedures on the Conjunctiva	No	None
68420	Snip incision of tear duct opening	Eye and Ocular Adnexa	Surgical Procedures on the Conjunctiva	No	None
68440	Snip incision of tear-drainage opening at inner corner of the eye	Eye and Ocular Adnexa	Surgical Procedures on the Conjunctiva	No	None
68500	Removal of tear-producing gland	Eye and Ocular Adnexa	Surgical Procedures on the Conjunctiva	No	None
68505	Partial removal of tear-producing gland	Eye and Ocular Adnexa	Surgical Procedures on the Conjunctiva	No	None
68510	Biopsy of tear-producing gland	Eye and Ocular Adnexa	Surgical Procedures on the Conjunctiva	No	None
68520	Removal of tear sac of the eye	Eye and Ocular Adnexa	Surgical Procedures on the Conjunctiva	No	None
68525	Biopsy of tear sac of the eye	Eye and Ocular Adnexa	Surgical Procedures on the Conjunctiva	No	None
68530	Removal of foreign body or stone from tear passages	Eye and Ocular Adnexa	Surgical Procedures on the Conjunctiva	No	None
68540	Removal of growth of tear-producing gland	Eye and Ocular Adnexa	Surgical Procedures on the Conjunctiva	No	None
68550	Removal of growth in tear-producing gland	Eye and Ocular Adnexa	Surgical Procedures on the Conjunctiva	No	None

68700	Plastic repair of tear ducts	Eye and Ocular Adnexa	Surgical Procedures on the Conjunctiva	No	None
68705	Release of tissue at tear duct opening	Eye and Ocular Adnexa	Surgical Procedures on the Conjunctiva	No	None
68720	Creation of drainage tract from tear sac to the nasal cavity	Eye and Ocular Adnexa	Surgical Procedures on the Conjunctiva	No	None
68745	Creation of a tear drainage tract to the nasal cavity	Eye and Ocular Adnexa	Surgical Procedures on the Conjunctiva	No	None
68750	Creation of a tear drainage tract to the nasal cavity with insertion of tube or stent	Eye and Ocular Adnexa	Surgical Procedures on the Conjunctiva	No	None
68760	Repair duct opening	Eye and Ocular Adnexa	Surgical Procedures on the Conjunctiva	No	None
68761	Closure of tear duct opening using plug	Eye and Ocular Adnexa	Surgical Procedures on the Conjunctiva	No	None
68770	Closure of abnormal tear-drainage tract	Eye and Ocular Adnexa	Surgical Procedures on the Conjunctiva	No	None
68801	Dilation of tear-drainage opening	Eye and Ocular Adnexa	Surgical Procedures on the Conjunctiva	No	None
68810	Insertion of probe into the tear duct	Eye and Ocular Adnexa	Surgical Procedures on the Conjunctiva	No	None
68811	Insertion of probe into the tear duct under anesthesia	Eye and Ocular Adnexa	Surgical Procedures on the Conjunctiva	No	None
68815	Probing of nasal-tear duct with insertion of tube or stent	Eye and Ocular Adnexa	Surgical Procedures on the Conjunctiva	Yes	PA Effective 9/17/2019
68816	Probing of nasal-tear duct with balloon catheter dilation	Eye and Ocular Adnexa	Surgical Procedures on the Conjunctiva	Yes	PA Effective 9/17/2019
68840	Probing of nasal-tear duct	Eye and Ocular Adnexa	Surgical Procedures on the Conjunctiva	No	None
68850	Injection of contrast for X-ray imaging of tear sac	Eye and Ocular Adnexa	Surgical Procedures on the Conjunctiva	No	None

68899	Tear-producing drainage system procedure	Eye and Ocular Adnexa	Surgical Procedures on the Conjunctiva	Yes	None
69000	Incision and drainage of external ear abscess or blood accumulation	Auditory	Surgical Procedures on the External Ear	No	None
69005	Incision and drainage of external ear abscess or blood accumulation	Auditory	Surgical Procedures on the External Ear	No	None
69020	Incision and drainage of ear canal abscess	Auditory	Surgical Procedures on the External Ear	No	None
69090	Ear piercing	Auditory	Surgical Procedures on the External Ear	No	None
69100	Biopsy of ear	Auditory	Surgical Procedures on the External Ear	No	None
69105	Biopsy of ear canal	Auditory	Surgical Procedures on the External Ear	No	None
69110	Removal of portion of external ear	Auditory	Surgical Procedures on the External Ear	No	None
69120	Removal of entire ear	Auditory	Surgical Procedures on the External Ear	No	None
69140	Removal of bony growths of ear canal	Auditory	Surgical Procedures on the External Ear	No	None
69145	Removal of soft tissue growth of ear canal	Auditory	Surgical Procedures on the External Ear	No	None
69150	Removal of growth of ear canal	Auditory	Surgical Procedures on the External Ear	No	None
69155	Removal of growth of ear canal	Auditory	Surgical Procedures on the External Ear	Yes	None
69200	Removal of foreign body from ear canal	Auditory	Surgical Procedures on the External Ear	No	None
69205	Removal of foreign body from ear canal under anesthesia	Auditory	Surgical Procedures on the External Ear	No	None

69209	Removal of impacted ear wax by washing	Auditory	Surgical Procedures on the External Ear	No	None
69210	Removal of impact ear wax, one ear	Auditory	Surgical Procedures on the External Ear	No	None
69220	Removal of skin debris and drainage of mastoid cavity	Auditory	Surgical Procedures on the External Ear	No	None
69222	Removal of skin debris and drainage of mastoid cavity	Auditory	Surgical Procedures on the External Ear	No	None
69300	Repair of protruding ear	Auditory	Surgical Procedures on the External Ear	No	Covered benefit only for Qualified Medicare Beneficiaries
69310	Reconstruction of ear canal	Auditory	Surgical Procedures on the External Ear	Yes	PA Effective 9/17/2019
69320	Creation of an ear canal	Auditory	Surgical Procedures on the External Ear	Yes	PA Effective 9/17/2019
69399	External ear procedure	Auditory	Surgical Procedures on the External Ear	Yes	None
69420	Incision, aspiration, and/or inflation of eardrum	Auditory	Surgical Procedures on the Middle Ear	Yes	PA Effective 9/17/2019
69421	Incision, aspiration, and inflation of eardrum under anesthesia	Auditory	Surgical Procedures on the Middle Ear	Yes	PA Effective 9/17/2019
69424	Removal of implanted eardrum tube under anesthesia	Auditory	Surgical Procedures on the Middle Ear	Yes	PA Effective 9/17/2019
69433	Incision of eardrum with insertion of eardrum tube under local or topical anesthesia	Auditory	Surgical Procedures on the Middle Ear	Yes	PA Effective 9/17/2019
69436	Incision of eardrum with insertion of eardrum tube under general anesthesia	Auditory	Surgical Procedures on the Middle Ear	Yes	PA Effective 9/17/2019
69440	Middle ear exploration	Auditory	Surgical Procedures on the Middle Ear	No	None
69450	Incision of ear canal with release of scar tissue	Auditory	Surgical Procedures on the Middle Ear	No	None
69501	Incision of mastoid bone	Auditory	Surgical Procedures on the Middle Ear	No	None
69502	Removal of mastoid bone	Auditory	Surgical Procedures on the Middle Ear	Yes	PA Effective 9/17/2019

69505	Removal of mastoid bone including removal of growth of middle ear	Auditory	Surgical Procedures on the Middle Ear	No	None
69511	Removal of mastoid bone including removal of growth and bone of middle ear	Auditory	Surgical Procedures on the Middle Ear	Yes	PA Effective 9/17/2019
69530	Removal of portion of temporal bone including removal of mastoid bone	Auditory	Surgical Procedures on the Middle Ear	No	None
69535	Removal of temporal bone of ear	Auditory	Surgical Procedures on the Middle Ear	Yes	None
69540	Removal of polyp of external ear	Auditory	Surgical Procedures on the Middle Ear	No	None
69550	Removal of growth of external ear through ear canal	Auditory	Surgical Procedures on the Middle Ear	No	None
69552	Removal of growth of external ear through mastoid bone	Auditory	Surgical Procedures on the Middle Ear	No	None
69554	Removal of growth of external ear	Auditory	Surgical Procedures on the Middle Ear	Yes	None
69601	Revision of previous mastoid surgery with removal of remaining mastoid bone	Auditory	Surgical Procedures on the Middle Ear	Yes	PA Effective 9/17/2019
69602	Revision of previous mastoid surgery	Auditory	Surgical Procedures on the Middle Ear	No	None
69603	Revision of previous mastoid surgery	Auditory	Surgical Procedures on the Middle Ear	Yes	PA Effective 9/17/2019
69604	Revision of previous mastoid surgery and ear drum	Auditory	Surgical Procedures on the Middle Ear	No	None
69605	Revision of previous mastoid surgery	Auditory	Surgical Procedures on the Middle Ear	No	Code Termined 01/01/2021
69610	Repair of eardrum	Auditory	Surgical Procedures on the Middle Ear	Yes	PA Effective 9/17/2019
69620	Repair of defect or perforation of eardrum	Auditory	Surgical Procedures on the Middle Ear	Yes	PA Effective 9/17/2019
69631	Repair of eardrum and ear canal with opening to ear bones	Auditory	Surgical Procedures on the Middle Ear	Yes	PA Effective 9/17/2019
69632	Repair of eardrum, ear canal, and bones	Auditory	Surgical Procedures on the Middle Ear	Yes	PA Effective 9/17/2019
69633	Repair of eardrum, ear canal, and bones with insertion of prosthesis	Auditory	Surgical Procedures on the Middle Ear	Yes	PA Effective 9/17/2019
69635	Repair of eardrum and ear canal with incision of mastoid bone	Auditory	Surgical Procedures on the Middle Ear	No	None
69636	Repair of eardrum, ear canal, and bones with incision of mastoid bone	Auditory	Surgical Procedures on the Middle Ear	No	None

69637	Repair of eardrum, ear canal, and bones with insertion of prosthesis	Auditory	Surgical Procedures on the Middle Ear	Yes	PA Effective 9/17/2019
69641	Repair of eardrum and ear canal with removal of mastoid bone	Auditory	Surgical Procedures on the Middle Ear	Yes	PA Effective 9/17/2019
69642	Repair of eardrum, ear canal and bones with removal of mastoid bone	Auditory	Surgical Procedures on the Middle Ear	Yes	PA Effective 9/17/2019
69643	Repair of eardrum and ear canal with removal of mastoid bone	Auditory	Surgical Procedures on the Middle Ear	Yes	PA Effective 9/17/2019
69644	Repair of eardrum, ear canal and bones with removal of mastoid bone	Auditory	Surgical Procedures on the Middle Ear	Yes	PA Effective 9/17/2019
69645	Repair of eardrum and ear canal with removal of mastoid bone	Auditory	Surgical Procedures on the Middle Ear	Yes	PA Effective 9/17/2019
69646	Repair of eardrum, ear canal and bones with removal of mastoid bone	Auditory	Surgical Procedures on the Middle Ear	Yes	PA Effective 9/17/2019
69650	Release of ear bone	Auditory	Surgical Procedures on the Middle Ear	No	None
69660	Incision or removal of ear bone with insertion of prosthesis	Auditory	Surgical Procedures on the Middle Ear	Yes	PA Effective 9/17/2019
69661	Incision or removal with drilling of ear bone	Auditory	Surgical Procedures on the Middle Ear	No	None
69662	Revision of previous ear bone surgery	Auditory	Surgical Procedures on the Middle Ear	Yes	PA Effective 9/17/2019
69666	Repair of membrane opening of middle to inner ear	Auditory	Surgical Procedures on the Middle Ear	No	None
69667	Repair of opening into cochlea	Auditory	Surgical Procedures on the Middle Ear	No	None
69670	Creation of flap to close mastoid cavity	Auditory	Surgical Procedures on the Middle Ear	No	None
69676	Removal of eardrum nerve	Auditory	Surgical Procedures on the Middle Ear	No	None
69700	Closure of drainage tract in mastoid cavity	Auditory	Surgical Procedures on the Middle Ear	No	None
69710	Implantation or replacement of temporal bone conduction hearing device	Auditory	Surgical Procedures on the Middle Ear	Yes	None
69711	Removal or repair of temporal bone conduction hearing device	Auditory	Surgical Procedures on the Middle Ear	No	None
69714	Temporal bone implantation of cochlear stimulating system, accessed through the skin	Auditory	Surgical Procedures on the Middle Ear	Yes	None
69715	Removal of mastoid bone with implantation of cochlear stimulating system, accessed through the skin	Auditory	Surgical Procedures on the Middle Ear	No	None

69717	Temporal bone implantation of cochlear stimulating system, accessed through the skin	Auditory	Surgical Procedures on the Middle Ear	Yes	None
69718	Removal of mastoid bone with removal and replacement (accessed through the skin) of cochlear stimulating system	Auditory	Surgical Procedures on the Middle Ear	Yes	PA Effective 9/17/2019
69720	Release of facial nerve	Auditory	Surgical Procedures on the Middle Ear	No	None
69725	Release of facial nerve	Auditory	Surgical Procedures on the Middle Ear	No	None
69740	Repair of facial nerve	Auditory	Surgical Procedures on the Middle Ear	No	None
69745	Repair of facial nerve	Auditory	Surgical Procedures on the Middle Ear	No	None
69799	Middle ear procedure	Auditory	Surgical Procedures on the Middle Ear	Yes	None
69801	Incision of fluid canals of inner ear with infusion of drugs, transcanal approach	Auditory	Surgical Procedures on the Inner Ear	No	None
69805	Inner ear operation	Auditory	Surgical Procedures on the Inner Ear	No	None
69806	Inner ear operation with insertion of shunt	Auditory	Surgical Procedures on the Inner Ear	No	None
69820	Opening of inner ear canal	Auditory	Surgical Procedures on the Inner Ear	No	AMA Termed Code 1/01/2018
69840	Revision of opening of inner ear canal	Auditory	Surgical Procedures on the Inner Ear	No	AMA Termed Code 1/01/2018
69905	Removal of inner ear canal	Auditory	Surgical Procedures on the Inner Ear	No	None
69910	Removal of inner ear canal and removal of mastoid bone	Auditory	Surgical Procedures on the Inner Ear	No	None
69915	Severing of ear canal nerve through mastoid and skull bones	Auditory	Surgical Procedures on the Inner Ear	No	None
69930	Implantation of cochlear device	Auditory	Surgical Procedures on the Inner Ear	Yes	None
69949	Inner ear procedure	Auditory	Surgical Procedures on the Inner Ear	Yes	None
69950	Severing of ear canal nerve through skull bone	Auditory	Surgical Procedures on the Temporal Bone, Middle Fossa Approach	Yes	None

69955	Release of facial nerve	Auditory	Surgical Procedures on the Temporal Bone, Middle Fossa Approach	No	None
69960	Release ear canal	Auditory	Surgical Procedures on the Temporal Bone, Middle Fossa Approach	No	None
69970	Removal of growth of temporal bone	Auditory	Surgical Procedures on the Temporal Bone, Middle Fossa Approach	No	None
69979	Temporal bone procedure	Auditory	Other Procedures of the Temporal Bone Middle Fossa Approach	No	None
69990	Use of operating microscope	Operating Microscope	Operating Microscope	No	Covered benefit only for Qualified Medicare Beneficiaries
70010	Radiological supervision and interpretation X-ray of lower back portion of brain	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Head and Neck	No	None
70015	Radiological supervision and interpretation X-ray of brain and spinal cord with contrast	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Head and Neck	No	None
70030	X-ray of eye	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Head and Neck	No	None
70100	X-ray of mandible, less than 4 views	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Head and Neck	No	None
70110	X-ray of mandible, minimum of 4 views	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Head and Neck	No	None

70120	X-ray of mastoid, less than 3 views per side	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Head and Neck	No	None
70130	X-ray of mastoid, minimum of 3 views per side	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Head and Neck	No	None
70134	X-ray of internal ear canal	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Head and Neck	No	None
70140	X-ray of bones of face, less than 3 views	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Head and Neck	No	None
70150	X-ray of bones of face, minimum of 3 views	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Head and Neck	No	None
70160	X-ray of bones of nose, minimum of 3 views	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Head and Neck	No	None
70170	Radiological supervision and interpretation X-ray of tear drainage structure of eye	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Head and Neck	No	None
70190	X-ray of skull	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Head and Neck	No	None

70200	X-ray of eye bones, minimum of 4 views	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Head and Neck	No	None
70210	X-ray of paranasal sinus, less than 3 views	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Head and Neck	No	None
70220	X-ray of paranasal sinus, complete, minimum of 3 views	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Head and Neck	No	None
70240	X-ray of bone at base of skull	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Head and Neck	No	None
70250	X-ray of skull, less than 4 views	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Head and Neck	No	None
70260	X-ray of skull, complete, minimum of 4 views	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Head and Neck	No	None
70300	X-ray of teeth, single view	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Head and Neck	No	None
70310	X-ray of teeth, less than full mouth	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Head and Neck	No	None

70320	X-ray of teeth, full mouth	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Head and Neck	No	None
70328	X-ray of jaw joint on one side of the face	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Head and Neck	No	None
70330	X-ray of jaw joints on both sides of the face	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Head and Neck	No	None
70332	Radiological supervision and interpretation X-ray of jaw joint	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Head and Neck	No	None
70336	MRI scan of jaw joints	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Head and Neck	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
70350	Imaging of jaws and skull for orthodontic purposes	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Head and Neck	No	None
70355	X-ray imaging of teeth	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Head and Neck	No	None

70360	X-ray of soft tissue of neck	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Head and Neck	No	None
70370	X-ray of voice box or throat	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Head and Neck	No	None
70371	Imaging of voice box with speech evaluation	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Head and Neck	No	None
70380	X-ray of salivary gland	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Head and Neck	No	None
70390	Radiological supervision and interpretation X-ray of salivary structure	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Head and Neck	No	None
70450	CT scan head or brain	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Head and Neck	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).

70460	CT scan head or brain with contrast	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Head and Neck	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
70470	CT scan head or brain before and after contrast	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Head and Neck	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
70480	CT scan of cranial cavity	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Head and Neck	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
70481	CT scan of cranial cavity with contrast	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Head and Neck	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).

70482	CT scan of cranial cavity before and after contrast	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Head and Neck	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
70486	CT scan of face	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Head and Neck	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
70487	CT scan of face with contrast	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Head and Neck	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
70488	CT scan of face before and after contrast	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Head and Neck	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).

70490	CT scan of neck	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Head and Neck	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
70491	CT scan of neck with contrast	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Head and Neck	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
70492	CT scan of neck before and after contrast	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Head and Neck	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
70496	CT scan of blood vessel of head with contrast	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Head and Neck	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).

70498	CT scan of neck blood vessels with contrast	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Head and Neck	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
70540	MRI scan bones of the eye, face, and/or neck	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Head and Neck	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
70542	MRI scan bones of the eye, face, and/or neck with contrast	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Head and Neck	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
70543	MRI scan bones of the eye, face, and/or neck before and after contrast	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Head and Neck	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).

70544	MRA scan of head blood vessels	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Head and Neck	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
70545	MRA scan of head blood vessels with contrast	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Head and Neck	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
70546	MRA scan of head blood vessels before and after contrast	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Head and Neck	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
70547	MRA scan of neck blood vessels	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Head and Neck	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).

70548	MRA scan of neck blood vessels with contrast	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Head and Neck	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
70549	MRA scan of neck blood vessels before and after contrast	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Head and Neck	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
70551	MRI scan brain	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Head and Neck	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
70552	MRI scan of brain with contrast	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Head and Neck	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).

70553	MRI scan of brain before and after contrast	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Head and Neck	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
70554	Functional MRI scan of brain	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Head and Neck	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
70555	Functional MRI scan of brain with physician or psychologist administration of neurofunctional testing	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Head and Neck	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
70557	MRI scan of brain, during open brain procedure	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Head and Neck	No	None
70558	MRI scan of brain with contrast, during open brain procedure	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Head and Neck	No	None

70559	MRI scan of brain, during open brain procedure before and after contrast	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Head and Neck	No	None
71010	X-ray of chest, 1 view, front	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Chest	No	AMA Termed Code 1/01/2018
71015	X-ray of chest, stereo, front	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Chest	No	AMA Termed Code 1/01/2018
71020	X-ray of chest, 2 views, front and side	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Chest	No	AMA Termed Code 1/01/2018
71021	X-ray of chest, 2 views, front and side	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Chest	No	AMA Termed Code 1/01/2018
71022	X-ray of chest, 2 views, front and side	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Chest	No	AMA Termed Code 1/01/2018
71023	X-ray of chest, 2 views, front and side with fluoroscopy	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Chest	No	AMA Termed Code 1/01/2018
71030	X-ray of chest, minimum of 4 views	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Chest	No	AMA Termed Code 1/01/2018
71034	X-ray of chest, complete, minimum of 4 views	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Chest	No	AMA Termed Code 1/01/2018
71035	X-ray of chest, special views	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Chest	No	AMA Termed Code 1/01/2018

71045	Radiologic examination, chest; single view	Diagnostic Radiology	Chest	No	None
71046	Radiologic examination, chest; 2 views	Diagnostic Radiology	Chest	No	None
71047	Radiologic examination, chest; 3 views	Diagnostic Radiology	Chest	No	None
71048	Radiologic examination, chest; 4 or more views	Diagnostic Radiology	Chest	No	None
71100	X-ray of ribs of one side of body, 2 views	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Chest	No	None
71101	X-ray of ribs on one side of body including the chest, minimum of 3 views	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Chest	No	None
71110	X-ray of both sides of the ribs, 3 views	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Chest	No	None
71111	X-ray of both sides of the ribs including the chest, minimum of 4 views	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Chest	No	None
71120	X-ray of breast bone, minimum of 2 views	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Chest	No	None
71130	X-ray of junction of breast and collar bones, minimum of 2 views	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Chest	No	None
71250	CT scan chest	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Chest	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).

71260	CT scan chest with contrast	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Chest	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
71270	CT scan chest before and after contrast	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Chest	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
71275	CT scan of blood vessels in chest with contrast	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Chest	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
71550	MRI scan of chest	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Chest	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).

71551	MRI scan of chest with contrast	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Chest	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
71552	MRI scan of chest before and after contrast	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Chest	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
71555	MRI scan of blood vessels of chest	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Chest	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
72020	X-ray of spine, 1 view	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Spine and Pelvis	No	None
72040	X-ray of spine of neck, 2 or 3 views	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Spine and Pelvis	No	None

72050	X-ray of upper spine, 4 or 5 views	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Spine and Pelvis	No	None
72052	X-ray of upper spine, 6 or more views	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Spine and Pelvis	No	None
72070	X-ray of middle spine, 3 views	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Spine and Pelvis	No	None
72072	X-ray of middle spine, 3 views	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Spine and Pelvis	No	None
72074	X-ray of middle spine, minimum of 4 views	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Spine and Pelvis	No	None
72080	X-ray of middle and lower spine, 2 views	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Spine and Pelvis	No	None
72081	X-ray of spine, 1 view	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Spine and Pelvis	No	None
72082	X-ray of spine, 2 or 3 views	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Spine and Pelvis	No	None

72083	X-ray of spine, 4 or 5 views	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Spine and Pelvis	No	None
72084	X-ray of spine, minimum of 6 views	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Spine and Pelvis	No	None
72100	X-ray of lower and sacral spine, 2 or 3 views	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Spine and Pelvis	No	None
72110	X-ray of lower and sacral spine, minimum of 4 views	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Spine and Pelvis	No	None
72114	X-ray lower and sacral spine including bending views minimum 6 views	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Spine and Pelvis	No	None
72120	X-ray lower and sacral spine including bending views 2 or 3 views	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Spine and Pelvis	No	None
72125	CT scan of upper spine	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Spine and Pelvis	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).

72126	CT scan of upper spine with contrast	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Spine and Pelvis	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
72127	CT scan of upper spine before and after contrast	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Spine and Pelvis	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
72128	CT scan of middle spine	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Spine and Pelvis	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
72129	CT scan of middle spine with contrast	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Spine and Pelvis	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).

72130	CT scan of middle spine before and after contrast	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Spine and Pelvis	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
72131	CT scan of lower spine	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Spine and Pelvis	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
72132	CT scan of lower spine with contrast	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Spine and Pelvis	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
72133	CT scan of lower spine before and after contrast	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Spine and Pelvis	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).

72141	MRI scan of upper spinal canal	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Spine and Pelvis	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
72142	MRI scan of upper spinal canal with contrast	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Spine and Pelvis	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
72146	MRI scan of middle spinal canal	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Spine and Pelvis	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
72147	MRI scan of middle spinal canal with contrast	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Spine and Pelvis	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).

72148	MRI scan of lower spinal canal	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Spine and Pelvis	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
72149	MRI scan of lower spinal canal with contrast	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Spine and Pelvis	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
72156	MRI scan of upper spinal canal before and after contrast	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Spine and Pelvis	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
72157	MRI scan of middle spinal canal before and after contrast	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Spine and Pelvis	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).

72158	MRI scan of lower spinal canal before and after contrast	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Spine and Pelvis	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
72159	MRA scan of spinal canal blood vessels	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Spine and Pelvis	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
72170	X-ray of pelvis, 1 or 2 views	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Spine and Pelvis	No	None
72190	X-ray of pelvis, minimum of 3 views	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Spine and Pelvis	No	None
72191	CT scan of pelvic blood vessels with contrast	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Spine and Pelvis	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).

72192	CT scan pelvis	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Spine and Pelvis	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
72193	CT scan pelvis with contrast	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Spine and Pelvis	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
72194	CT scan of pelvis before and after contrast	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Spine and Pelvis	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
72195	MRI scan of pelvis	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Spine and Pelvis	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).

72196	MRI scan of pelvis with contrast	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Spine and Pelvis	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
72197	MRI scan of pelvis before and after contrast	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Spine and Pelvis	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
72198	MRA scan of pelvic blood vessels	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Spine and Pelvis	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
72200	X-ray of sacroiliac joints, less than 3 views	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Spine and Pelvis	No	None
72202	X-ray of sacroiliac joints, 3 or more views	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Spine and Pelvis	No	None

72220	X-ray of pelvis, minimum of 2 views	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Spine and Pelvis	No	None
72240	Radiological supervision and interpretation X-ray of upper spinal canal	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Spine and Pelvis	No	None
72255	Radiological supervision and interpretation X-ray of middle spinal canal	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Spine and Pelvis	No	None
72265	Radiological supervision and interpretation X-ray of lower spinal canal	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Spine and Pelvis	No	None
72270	Radiological supervision and interpretation X-ray of spinal canal, 2 or more spinal regions	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Spine and Pelvis	No	None
72275	Radiological supervision and interpretation X-ray of covering of spinal cord	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Spine and Pelvis	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
72285	Radiological supervision and interpretation X-ray of disc of vertebra, upper or middle spine	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Spine and Pelvis	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
72295	Radiological supervision and interpretation X-ray of disc of vertebra, lower spine	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Spine and Pelvis	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)

73000	X-ray of collar bone	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Upper Extremities	No	None
73010	X-ray of shoulder blade	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Upper Extremities	No	None
73020	X-ray of shoulder, 1 view	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Upper Extremities	No	None
73030	X-ray of shoulder, minimum of 2 views	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Upper Extremities	No	None
73040	Radiological supervision and interpretation X-ray of shoulder joint	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Upper Extremities	No	None
73050	X-ray of both collar bones	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Upper Extremities	No	None
73060	X-ray of upper arm, minimum of 2 views	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Upper Extremities	No	None
73070	X-ray of elbow, 2 views	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Upper Extremities	No	None

73080	X-ray of elbow, minimum of 3 views	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Upper Extremities	No	None
73085	Radiological supervision and interpretation X-ray of elbow	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Upper Extremities	No	None
73090	X-ray of forearm, 2 views	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Upper Extremities	No	None
73092	X-ray of arm in infant minimum of 2 views	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Upper Extremities	No	None
73100	X-ray of wrist, 2 views	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Upper Extremities	No	None
73110	X-ray of wrist, minimum of 3 views	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Upper Extremities	No	None
73115	Radiological supervision and interpretation X-ray of wrist joint	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Upper Extremities	No	None
73120	X-ray of hand, 2 views	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Upper Extremities	No	None

73130	X-ray of hand, minimum of 3 views	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Upper Extremities	No	None
73140	X-ray of fingers, minimum of 2 views	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Upper Extremities	No	None
73200	CT scan of arm	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Upper Extremities	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
73201	CT scan of arm with contrast	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Upper Extremities	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
73202	CT scan of arm before and after contrast	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Upper Extremities	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).

73206	CT scan of arm blood vessels with contrast	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Upper Extremities	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
73218	MRI scan of arm	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Upper Extremities	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
73219	MRI scan of arm with contrast	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Upper Extremities	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
73220	MRI scan of arm before and after contrast	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Upper Extremities	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).

73221	MRI scan of arm joint	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Upper Extremities	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
73222	MRI scan of arm joint with contrast	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Upper Extremities	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
73223	MRI scan of arm joint before and after contrast	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Upper Extremities	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
73225	MRA scan of arm blood vessels	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Upper Extremities	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).

73501	X-ray of hip with pelvis, 1 view	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Lower Extremities	No	None
73502	X-ray of hip with pelvis, 2-3 views	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Lower Extremities	No	None
73503	X-ray of hip with pelvis, minimum of 4 views	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Lower Extremities	No	None
73521	X-ray of both hips with pelvis, 2 views	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Lower Extremities	No	None
73522	X-ray of both hips with pelvis, 3-4 views	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Lower Extremities	No	None
73523	X-ray of both hips with pelvis, minimum of 5 views	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Lower Extremities	No	None
73525	Radiological supervision and interpretation X-ray of hip joint	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Lower Extremities	No	None
73551	X-ray of femur, 1 view	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Lower Extremities	No	None

73552	X-ray of femur, minimum 2 views	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Lower Extremities	No	None
73560	X-ray of knee, 1 or 2 views	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Lower Extremities	No	None
73562	X-ray of knee, 3 views	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Lower Extremities	No	None
73564	X-ray of knee, 4 or more views	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Lower Extremities	No	None
73565	X-ray of both knees, standing, front to back view	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Lower Extremities	No	None
73580	Radiological supervision and interpretation X-ray of knee joint	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Lower Extremities	No	None
73590	X-ray of lower leg, 2 views	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Lower Extremities	No	None
73592	X-ray of leg in infant minimum of 2 views	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Lower Extremities	No	None

73600	X-ray of ankle, 2 views	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Lower Extremities	No	None
73610	X-ray of ankle, minimum of 3 views	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Lower Extremities	No	None
73615	Radiological supervision and interpretation X-ray of ankle joint	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Lower Extremities	No	None
73620	X-ray of foot, 2 views	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Lower Extremities	No	None
73630	X-ray of foot, minimum of 3 views	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Lower Extremities	No	None
73650	X-ray of heel, minimum of 2 views	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Lower Extremities	No	None
73660	X-ray of toes, minimum of 2 views	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Lower Extremities	No	None

73700	CT scan leg	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Lower Extremities	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
73701	CT scan leg with contrast injection	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Lower Extremities	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
73702	CT scan of leg before and after contrast injection	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Lower Extremities	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
73706	CT scan of lower leg blood vessels with contrast	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Lower Extremities	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).

73718	MRI scan of leg	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Lower Extremities	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
73719	MRI scan of leg with contrast	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Lower Extremities	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
73720	MRI scan of leg before and after contrast	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Lower Extremities	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
73721	MRI scan of leg joint	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Lower Extremities	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).

73722	MRI scan of leg joint with contrast	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Lower Extremities	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
73723	MRI scan of leg joint before and after contrast	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Lower Extremities	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
73725	MRA scan of leg blood vessels	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Lower Extremities	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
74000	X-ray of abdomen, single view	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Abdomen	No	AMA Termed Code 1/01/2018
74010	Imaging of abdomen	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Abdomen	No	AMA Termed Code 1/01/2018
74018	Radiologic examination, abdomen; 1 view	Diagnostic Radiology	Abdomen	No	None
74019	Radiologic examination, abdomen; 2 views	Diagnostic Radiology	Abdomen	No	None

74020	Imaging of abdomen	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Abdomen	No	AMA Termed Code 1/01/2018
74021	Radiologic examination, abdomen; 3 or more views	Diagnostic Radiology	Abdomen	No	None
74022	Imaging of abdomen and chest	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Abdomen	No	None
74150	CT scan abdomen	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Abdomen	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
74160	CT scan abdomen with contrast	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Abdomen	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
74170	CT scan abdomen before and after contrast	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Abdomen	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).

74174	CT scan of abdominal and pelvic blood vessels with contrast	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Abdomen	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
74175	CT scan of abdominal blood vessels with contrast	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Abdomen	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
74176	CT scan of abdomen and pelvis	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Abdomen	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
74177	CT scan of abdomen and pelvis with contrast	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Abdomen	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).

74178	CT scan of abdomen and pelvis before and after contrast	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Abdomen	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
74181	MRI scan of abdomen	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Abdomen	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
74182	MRI scan of abdomen with contrast	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Abdomen	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
74183	MRI scan of abdomen before and after contrast	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Abdomen	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).

74185	MRI scan of blood vessels of abdomen	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Abdomen	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
74190	Radiological supervision and interpretation X-ray of lower abdominal and genital region	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Abdomen	No	None
74210	X-ray of voice box and/or esophagus	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Gastrointestinal Tract	No	None
74220	X-ray of esophagus	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Gastrointestinal Tract	No	None
74230	Imaging for evaluation of swallowing function	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Gastrointestinal Tract	No	None
74235	Radiological supervision and interpretation of removal of foreign bodies in esophagus with balloon catheter	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Gastrointestinal Tract	No	None
74240	X-ray of upper digestive tract	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Gastrointestinal Tract	No	None

74241	X-ray of upper digestive tract, kidneys, urinary ducts (ureters), and bladder	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Gastrointestinal Tract	No	AMA CodeTermed 1/1/2020, to report see 74240
74245	X-ray upper GI series, with small bowel films	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Gastrointestinal Tract	No	AMA CodeTermed 1/1/2020, to report see 74240 and 74248
74246	X-ray of upper digestive tract with contrast	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Gastrointestinal Tract	No	None
74247	X-ray of upper digestive tract, kidneys, urinary ducts (ureters), and bladder with contrast	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Gastrointestinal Tract	No	AMA CodeTermed 1/1/2020, to report see 74246
74249	X-ray of upper digestive tract with contrast followed by x-ray of small bowel at later point	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Gastrointestinal Tract	No	AMA CodeTermed 1/1/2020, to report see 74246 and 74248
74250	X-ray of small intestine	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Gastrointestinal Tract	No	None
74251	X-ray of small intestine by small bowel tube	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Gastrointestinal Tract	No	None

74260	Imaging of small intestine	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Gastrointestinal Tract	No	AMA CodeTermed 1/1/2020, to report see 74251
74261	Diagnostic CT scan of large bowel	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Gastrointestinal Tract	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
74262	Diagnostic CT scan of large bowel with contrast dye	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Gastrointestinal Tract	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
74263	Screening CT scan of large bowel	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Gastrointestinal Tract	No	Service is within the scope of NIA delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/rates
74270	X-ray of large bowel with contrast	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Gastrointestinal Tract	No	None
74280	X-ray of large bowel with contrast	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Gastrointestinal Tract	No	None

74283	Imaging of colon using enema	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Gastrointestinal Tract	No	None
74290	Imaging of gallbladder with contrast	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Gastrointestinal Tract	No	None
74300	Radiological supervision and interpretation X-ray of bile and/or pancreatic ducts during surgery	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Gastrointestinal Tract	No	None
74301	Imaging of bile duct and/or pancreas	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Gastrointestinal Tract	No	Add-On Code - This code must be billed with the appropriate primary procedure code
74328	Radiological supervision and interpretation of insertion of catheter into biliary duct using an endoscope	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Gastrointestinal Tract	No	None
74329	Radiological supervision and interpretation of insertion of catheter into pancreatic duct using an endoscope	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Gastrointestinal Tract	No	None
74330	Placement of catheter of gallbladder and pancreas under imaging using an endoscope	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Gastrointestinal Tract	No	None

74340	Radiological supervision and interpretation of placement of long small bowel tube procedure	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Gastrointestinal Tract	No	None
74355	Radiological supervision and interpretation of placement (accessed through the skin) of small bowel tube	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Gastrointestinal Tract	No	None
74360	Radiological supervision and interpretation of opening of digestive tract procedure	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Gastrointestinal Tract	No	None
74363	Radiological supervision and interpretation of dilation of biliary duct (accessed through the skin)	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Gastrointestinal Tract	No	None
74400	Imaging of urinary tract with injection of contrast into a vein	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Urinary Tract	No	None
74410	Imaging of urinary tract using infusion technique	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Urinary Tract	No	None
74415	Imaging of urinary tract using infusion technique with kidney section filming	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Urinary Tract	No	None
74420	Imaging of urinary tract	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Urinary Tract	No	None

74425	Radiological supervision and interpretation X-ray of urinary tract	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Urinary Tract	No	None
74430	Radiological supervision and interpretation X-ray of urinary bladder, minimum of 3 views	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Urinary Tract	No	None
74440	Radiological supervision and interpretation X-ray of male internal genitals	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Urinary Tract	No	None
74445	Radiological supervision and interpretation X-ray of penis	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Urinary Tract	No	None
74450	Radiological supervision and interpretation X-ray of urinary bladder and urethra	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Urinary Tract	No	None
74455	Radiological supervision and interpretation X-ray of urinary bladder and urethra	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Urinary Tract	No	None
74470	Radiological supervision and interpretation X-ray of kidney cyst, lower back contrast injection	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Urinary Tract	No	None
74485	Radiological supervision and interpretation of dilation of kidney opening, urinary ducts (ureters) or bladder duct (urethra)	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Urinary Tract	No	None

74710	Imaging of pelvis	Radiology	Gynecological and Obstetrical Diagnostic Radiology (Diagnostic Imaging) Procedures	No	None
74712	Magnetic resonance imaging of fetus, single or first pregnancy	Radiology	Gynecological and Obstetrical Diagnostic Radiology (Diagnostic Imaging) Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
74713	Magnetic resonance imaging of fetus, each additional pregnancy	Radiology	Gynecological and Obstetrical Diagnostic Radiology (Diagnostic Imaging) Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406). Add-On Code - This code must be billed with the appropriate primary procedure code.
74740	Radiological supervision and interpretation X-ray of uterine tubes and ovaries	Radiology	Gynecological and Obstetrical Diagnostic Radiology (Diagnostic Imaging) Procedures	No	None
74742	Radiological supervision and interpretation of placement of catheter of uterine tube procedure	Radiology	Gynecological and Obstetrical Diagnostic Radiology (Diagnostic Imaging) Procedures	No	None

74775	Imaging of anogenital region	Radiology	Gynecological and Obstetrical Diagnostic Radiology (Diagnostic Imaging) Procedures	No	None
75557	MRI of heart	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Heart	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
75559	MRI of heart with stress imaging	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Heart	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
75561	MRI of heart before and after contrast	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Heart	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).

75563	MRI of heart before and after contrast with stress imaging	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Heart	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
75565	MRI of blood flow of heart	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Heart	No	Add-on Code; List separately in addition to code for primary procedure. Code first: 75557, 75559, 75561, or 75563
75571	CT scan of heart with evaluation of blood vessel calcium	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Heart	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
75572	CT scan of heart structure with contrast	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Heart	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).

75573	CT scan of congenital heart structure defect with contrast	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Heart	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
75574	CT scan of heart blood vessels and grafts with contrast dye	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Heart	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
75600	Radiological supervision and interpretation X-ray of chest aorta	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Vascular System	No	None
75605	Radiological supervision and interpretation X-ray of chest aorta	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Vascular System	No	None
75625	Radiological supervision and interpretation X-ray of abdominal aorta	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Vascular System	No	None
75630	Radiological supervision and interpretation X-ray of abdominal aorta and both leg arteries	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Vascular System	No	None

75635	CT scan of abdominal aorta and both leg arteries with contrast	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Vascular System	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
75658	Radiological supervision and interpretation of imaging of arm artery	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Vascular System	No	AMA Termed Code 1/01/2018
75705	Radiological supervision and interpretation of imaging of spinal artery	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Vascular System	No	None
75710	Radiological supervision and interpretation of imaging of artery of one arm or leg	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Vascular System	No	None
75716	Radiological supervision and interpretation of imaging of arteries of both arms or legs	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Vascular System	No	None
75726	Radiological supervision and interpretation of imaging of abdominal artery	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Vascular System	No	None
75731	Radiological supervision and interpretation of imaging of artery of one adrenal gland	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Vascular System	No	None

75733	Radiological supervision and interpretation of imaging of arteries of both adrenal glands	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Vascular System	No	None
75736	Radiological supervision and interpretation of imaging of artery of pelvis	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Vascular System	No	None
75741	Radiological supervision and interpretation of imaging of artery of one lung	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Vascular System	No	None
75743	Radiological supervision and interpretation of imaging of arteries of both lungs	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Vascular System	No	None
75746	Radiological supervision and interpretation of imaging of lung artery, contrast inserted by catheter or injection into vein	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Vascular System	No	None
75756	Radiological supervision and interpretation of imaging of artery of breast	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Vascular System	No	None
75774	Radiological supervision and interpretation of imaging of artery	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Vascular System	No	Add-On Code - This code must be billed with the appropriate primary procedure code
75791	AV DIALYSIS SHUNT IMAGING	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Vascular System	No	AMA Deleted code Code invalid as of 1/1/2017 Check for Replacement code

75801	Radiological supervision and interpretation of imaging of lymphatic system of one arm or leg	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Vascular System	No	None
75803	Radiological supervision and interpretation of imaging of lymphatic system of both arms or legs	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Vascular System	No	None
75805	Radiological supervision and interpretation of imaging of lymphatic system of one side of pelvis and abdomen	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Vascular System	No	None
75807	Radiological supervision and interpretation of imaging of lymphatic system of both side of pelvis and abdomen	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Vascular System	No	None
75809	Radiological supervision and interpretation of imaging of previous placed shunt	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Vascular System	No	None
75810	Radiological supervision and interpretation X-ray of vein of spleen and liver	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Vascular System	No	None
75820	Radiological supervision and interpretation of imaging of vein of one arm or leg	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Vascular System	No	None
75822	Radiological supervision and interpretation of imaging of veins of both arms or legs	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Vascular System	No	None

75825	Radiological supervision and interpretation of imaging of major abdominal vein	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Vascular System	No	None
75827	Radiological supervision and interpretation of imaging of major chest vein	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Vascular System	No	None
75831	Radiological supervision and interpretation of imaging of vein of one kidney	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Vascular System	No	None
75833	Radiological supervision and interpretation of imaging of vein of both kidneys	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Vascular System	No	None
75840	Radiological supervision and interpretation of imaging of vein of one adrenal gland	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Vascular System	No	None
75842	Radiological supervision and interpretation of imaging of veins of both adrenal glands	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Vascular System	No	None
75860	Radiological supervision and interpretation of imaging of vein system in head or neck vein	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Vascular System	No	None
75870	Radiological supervision and interpretation of imaging of vein system of head	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Vascular System	No	None

75872	Radiological supervision and interpretation X-ray of spinal canal vein	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Vascular System	No	None
75880	Radiological supervision and interpretation X-ray of vein of eye socket	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Vascular System	No	None
75885	Radiological supervision and interpretation of imaging of liver vein with assessment of blood flow, injection of contrast (accessed through the skin)	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Vascular System	No	None
75887	Radiological supervision and interpretation of imaging of liver vein, injection of contrast (accessed through the skin)	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Vascular System	No	None
75889	Radiological supervision and interpretation of imaging of liver vein with assessment of blood flow	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Vascular System	No	None
75891	Radiological supervision and interpretation of imaging of liver vein	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Vascular System	No	None
75893	Radiological supervision and interpretation of drawing blood via catheter procedure	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Vascular System	No	None
75894	Radiological supervision and interpretation of obstruction of blood vessel via catheter	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Vascular System	No	None

75898	Imaging of blood vessel	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Vascular System	No	None
75901	Radiological supervision and interpretation of removal of obstructive material in catheter procedure	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Vascular System	No	None
75902	Radiological supervision and interpretation of removal of obstructive material from large vein catheter procedure	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Vascular System	No	None
75952	Radiological supervision and interpretation of repair of artery of abdomen procedure	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Vascular System	No	AMA Termed Code 1/01/2018
75953	Radiological supervision and interpretation of placement of blood vessel prosthesis procedure	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Vascular System	No	AMA Termed Code 1/01/2018
75954	Radiological supervision and interpretation of repair of artery of pelvis procedure	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Vascular System	No	AMA Termed Code 1/01/2018
75956	Radiological supervision and interpretation of repair of chest aorta with graft	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Vascular System	Yes	None
75957	Radiological supervision and interpretation of repair of chest aorta with graft	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Vascular System	Yes	None

75958	Radiological supervision and interpretation of placement of blood vessel prosthesis procedure	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Vascular System	Yes	None
75959	Radiological supervision and interpretation of placement of blood vessel prosthesis procedure	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Vascular System	Yes	None
75962	REPAIR ARTERIAL BLOCKAGE	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Vascular System	No	AMA Deleted code Code invalid as of 1/1/2017 Check for Replacement code
75964	REPAIR ARTERY BLOCKAGE EACH	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Vascular System	No	AMA Deleted code Code invalid as of 1/1/2017 Check for Replacement code
75966	REPAIR ARTERIAL BLOCKAGE	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Vascular System	No	AMA Deleted code Code invalid as of 1/1/2017 Check for Replacement code
75968	REPAIR ARTERY BLOCKAGE EACH	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Vascular System	No	AMA Deleted code Code invalid as of 1/1/2017 Check for Replacement code
75970	Radiological supervision and interpretation of biopsy procedure	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Vascular System	No	None
75978	REPAIR VENOUS BLOCKAGE	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Vascular System	No	AMA Deleted code Code invalid as of 1/1/2017 Check for Replacement code

75984	Radiological supervision and interpretation of change of tube (accessed through the skin) or drainage catheter with contrast monitoring	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Vascular System	No	None
75989	Radiological supervision and interpretation of placement of catheter with drainage (accessed through the skin) procedure	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedures of the Vascular System	No	None
76000	Imaging guidance for procedure, up to 1 hour	Radiology	Other Diagnostic Radiology (Diagnostic Imaging) Related Procedures	No	None
76001	Imaging guidance for procedure, more than 1 hour	Radiology	Other Diagnostic Radiology (Diagnostic Imaging) Related Procedures	No	AMA Termed Code 1/01/2019
76010	Imaging from nose to rectum, single view, child	Radiology	Other Diagnostic Radiology (Diagnostic Imaging) Related Procedures	No	None
76080	Imaging for abscess or abnormal drainage tract procedure	Radiology	Other Diagnostic Radiology (Diagnostic Imaging) Related Procedures	No	None
76098	Imaging of surgical specimen	Radiology	Other Diagnostic Radiology (Diagnostic Imaging) Related Procedures	No	None
76100	Single plane imaging procedure	Radiology	Other Diagnostic Radiology (Diagnostic Imaging) Related Procedures	No	None

76101	Complex motion imaging procedure on one side of body	Radiology	Other Diagnostic Radiology (Diagnostic Imaging) Related Procedures	No	None
76102	Complex motion imaging procedure on both sides of body	Radiology	Other Diagnostic Radiology (Diagnostic Imaging) Related Procedures	No	None
76120	Imaging of organ	Radiology	Other Diagnostic Radiology (Diagnostic Imaging) Related Procedures	No	None
76125	Imaging of organ	Radiology	Other Diagnostic Radiology (Diagnostic Imaging) Related Procedures	No	Add-On Code - This code must be billed with the appropriate primary procedure code
76140	Consultation on X-ray imaging	Radiology	Other Diagnostic Radiology (Diagnostic Imaging) Related Procedures	No	None
76376	3D radiographic procedure	Radiology	Other Diagnostic Radiology (Diagnostic Imaging) Related Procedures	No	Effective 5/1/19 through 3/31/21: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
76377	3D radiographic procedure with computerized image postprocessing	Radiology	Other Diagnostic Radiology (Diagnostic Imaging) Related Procedures	No	Effective 5/1/19 through 3/31/21: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).

76380	CT scan limited or follow-up study	Radiology	Other Diagnostic Radiology (Diagnostic Imaging) Related Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
76390	MRI study	Radiology	Other Diagnostic Radiology (Diagnostic Imaging) Related Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
76391	MAGNETIC RESONANCE ELASTOGRAPHY	Diagnostic Radiology Services	Other	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
76496	Fluoroscopic procedure	Radiology	Other Diagnostic Radiology (Diagnostic Imaging) Related Procedures	Yes	None
76497	CT scan	Radiology	Other Diagnostic Radiology (Diagnostic Imaging) Related Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Unlisted, miscellaneous code, PA Required
76498	MRI scan	Radiology	Other Diagnostic Radiology (Diagnostic Imaging) Related Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Unlisted, miscellaneous code, PA Required

76499	Imaging procedure	Radiology	Other Diagnostic Radiology (Diagnostic Imaging) Related Procedures	Yes	All Unlisted, miscellaneous codes require PA, unless otherwise indicated
76506	Ultrasound of brain	Radiology	Diagnostic Ultrasound Procedures of the Head and Neck	No	None
76510	Ultrasound of eye tissue and structures	Radiology	Diagnostic Ultrasound Procedures of the Head and Neck	No	None
76511	Ultrasound of eye disease or growth	Radiology	Diagnostic Ultrasound Procedures of the Head and Neck	No	None
76512	Ultrasound of eye disease, growth, or structure	Radiology	Diagnostic Ultrasound Procedures of the Head and Neck	No	None
76513	Ultrasound of eye using water bath method	Radiology	Diagnostic Ultrasound Procedures of the Head and Neck	No	None
76514	Ultrasound of corneal structure and measurement	Radiology	Diagnostic Ultrasound Procedures of the Head and Neck	No	None
76516	Ultrasound to determine length from cornea to retina	Radiology	Diagnostic Ultrasound Procedures of the Head and Neck	No	None
76519	Ultrasound of eye for determination of lens power	Radiology	Diagnostic Ultrasound Procedures of the Head and Neck	No	None
76529	Ultrasound of eye foreign body localization	Radiology	Diagnostic Ultrasound Procedures of the Head and Neck	No	None
76536	Ultrasound of head and neck	Radiology	Diagnostic Ultrasound Procedures of the Head and Neck	No	None
76604	Ultrasound of chest	Radiology	Diagnostic Ultrasound Procedures of the Chest	No	None

76641	Ultrasound of one breast	Radiology	Diagnostic Ultrasound Procedures of the Chest	No	None
76642	Ultrasound of one breast	Radiology	Diagnostic Ultrasound Procedures of the Chest	No	None
76700	Ultrasound of abdomen	Radiology	Diagnostic Ultrasound Procedures of the Abdomen and Retroperitoneum	No	None
76705	Ultrasound of abdomen	Radiology	Diagnostic Ultrasound Procedures of the Abdomen and Retroperitoneum	No	None
76706	Ultrasound evaluation of abdominal aorta to detect bulging (aneurysm)	Radiology	Diagnostic Ultrasound Procedures of the Abdomen and Retroperitoneum	No	None
76770	Ultrasound behind abdominal cavity	Radiology	Diagnostic Ultrasound Procedures of the Abdomen and Retroperitoneum	No	None
76775	Ultrasound behind abdominal cavity, limited	Radiology	Diagnostic Ultrasound Procedures of the Abdomen and Retroperitoneum	No	None
76776	Ultrasound of transplanted kidney	Radiology	Diagnostic Ultrasound Procedures of the Abdomen and Retroperitoneum	No	None
76800	Ultrasound of spinal canal	Radiology	Diagnostic Ultrasound Procedures of the Spinal Canal	No	None
76801	Abdominal ultrasound of pregnant uterus (less than 14 weeks 0 days) single or first fetus	Radiology	Diagnostic Ultrasound Procedures of the Pelvis	No	None

76802	Abdominal ultrasound of pregnant uterus (less than 14 weeks 0 days)	Radiology	Diagnostic Ultrasound Procedures of the Pelvis	No	Add-On Code - This code must be billed with the appropriate primary procedure code
76805	Abdominal ultrasound of pregnant uterus (greater or equal to 14 weeks 0 days) single or first fetus	Radiology	Diagnostic Ultrasound Procedures of the Pelvis	No	None
76810	Abdominal ultrasound of pregnant uterus (greater or equal to 14 weeks 0 days)	Radiology	Diagnostic Ultrasound Procedures of the Pelvis	No	Add-On Code - This code must be billed with the appropriate primary procedure code
76811	Abdominal ultrasound of pregnant uterus single or first fetus	Radiology	Diagnostic Ultrasound Procedures of the Pelvis	No	None
76812	Abdominal ultrasound of pregnant uterus	Radiology	Diagnostic Ultrasound Procedures of the Pelvis	No	Add-On Code - This code must be billed with the appropriate primary procedure code
76813	Ultrasound of pregnant uterus (first trimester) single or first fetus	Radiology	Diagnostic Ultrasound Procedures of the Pelvis	Yes	PA Effective 9/17/2019
76814	Ultrasound of pregnant uterus (first trimester), abdominal or vaginal approach	Radiology	Diagnostic Ultrasound Procedures of the Pelvis	No	Add-On Code - This code must be billed with the appropriate primary procedure code
76815	Ultrasound of pregnant uterus, 1 or more fetus(es)	Radiology	Diagnostic Ultrasound Procedures of the Pelvis	Yes	PA Effective 9/17/2019
76816	Ultrasound re-evaluation of pregnant uterus, per fetus	Radiology	Diagnostic Ultrasound Procedures of the Pelvis	No	None
76817	Vaginal ultrasound of pregnant uterus	Radiology	Diagnostic Ultrasound Procedures of the Pelvis	Yes	PA Effective 9/17/2019
76818	Ultrasound and monitoring of heart of fetus	Radiology	Diagnostic Ultrasound Procedures of the Pelvis	Yes	PA Effective 9/17/2019
76819	Ultrasound of fetus	Radiology	Diagnostic Ultrasound Procedures of the Pelvis	Yes	PA Effective 9/17/2019
76820	Ultrasound of fetal umbilical artery flow rate	Radiology	Diagnostic Ultrasound Procedures of the Pelvis	Yes	PA Effective 9/17/2019
76821	Ultrasound of fetal brain artery	Radiology	Diagnostic Ultrasound Procedures of the Pelvis	Yes	PA Effective 9/17/2019
76825	Ultrasound of fetal heart blood flow	Radiology	Diagnostic Ultrasound Procedures of the Pelvis	Yes	PA Effective 9/17/2019

76826	Follow-up or repeat ultrasound of fetal heart blood flow	Radiology	Diagnostic Ultrasound Procedures of the Pelvis	No	None
76827	Ultrasound of fetal heart	Radiology	Diagnostic Ultrasound Procedures of the Pelvis	No	None
76828	Follow-up or repeat ultrasound of fetal heart	Radiology	Diagnostic Ultrasound Procedures of the Pelvis	No	None
76830	Ultrasound pelvis through vagina	Radiology	Diagnostic Ultrasound Procedures of the Pelvis	No	None
76831	Ultrasound of uterus	Radiology	Diagnostic Ultrasound Procedures of the Pelvis	No	None
76856	Ultrasound of pelvis	Radiology	Diagnostic Ultrasound Procedures of the Pelvis	No	None
76857	Ultrasound of pelvis	Radiology	Diagnostic Ultrasound Procedures of the Pelvis	No	None
76870	Ultrasound of scrotum	Radiology	Diagnostic Ultrasound Procedures of the Genitalia	No	None
76872	Ultrasound of rectum	Radiology	Diagnostic Ultrasound Procedures of the Genitalia	No	None
76873	Ultrasound of prostate	Radiology	Diagnostic Ultrasound Procedures of the Genitalia	No	None
76881	Ultrasound of leg or arm	Radiology	Diagnostic Ultrasound Procedures of the Extremities	No	None
76882	Ultrasound of arm or leg	Radiology	Diagnostic Ultrasound Procedures of the Extremities	No	None
76885	Ultrasound of hips with manipulation, infant	Radiology	Diagnostic Ultrasound Procedures of the Extremities	No	None
76886	Ultrasound of hips, infant	Radiology	Diagnostic Ultrasound Procedures of the Extremities	No	None

76930	Ultrasonic guidance for drainage of sac that covers the heart	Radiology	Ultrasonic Guidance Procedures	No	AMA CodeTermed 1/1/2020, to report see 33016-33018
76932	Ultrasonic guidance for biopsy of heart wall	Radiology	Ultrasonic Guidance Procedures	No	None
76936	Ultrasound guidance for repair of blood vessel	Radiology	Ultrasonic Guidance Procedures	No	None
76937	Ultrasound guidance for accessing into blood vessel	Radiology	Ultrasonic Guidance Procedures	No	Add-On Code - This code must be billed with the appropriate primary procedure code
76940	Ultrasound guidance for tissue destruction	Radiology	Ultrasonic Guidance Procedures	No	None
76941	Ultrasonic guidance imaging supervision and interpretation for transfusion or drainage of uterus	Radiology	Ultrasonic Guidance Procedures	No	None
76942	Ultrasonic guidance imaging supervision and interpretation for insertion of needle	Radiology	Ultrasonic Guidance Procedures	No	None
76945	Ultrasonic guidance imaging supervision and interpretation for chorionic villus sampling	Radiology	Ultrasonic Guidance Procedures	No	None
76946	Ultrasonic guidance imaging supervision and interpretation for amniocentesis	Radiology	Ultrasonic Guidance Procedures	No	None
76948	Ultrasonic guidance imaging supervision and interpretation for suction of egg	Radiology	Ultrasonic Guidance Procedures	No	None
76965	Ultrasonic guidance for administration of radiation therapy	Radiology	Ultrasonic Guidance Procedures	No	None
76970	Ultrasound follow-up study	Radiology	Other Diagnostic Ultrasound Procedures	No	Code Termed 01/01/2021
76975	Supervision and interpretation of ultrasound of digestive tract using an endoscope	Radiology	Other Diagnostic Ultrasound Procedures	No	Effective 4/1/2021: Prior Authorization is not required. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
76977	Ultrasound of bone density measurement	Radiology	Other Diagnostic Ultrasound Procedures	No	None
76978	Ultrasound using targeted microbubble contrast of first lesion	Diagnostic Radiology Services	Other	Yes	None
76979	Ultrasound using targeted microbubble contrast of additional lesion	Diagnostic Radiology Services	Other	Yes	None
76981	Elastography ultrasound of organ tissue	Diagnostic Radiology Services	Other	Yes	None
76982	Elastography ultrasound of first lesion	Diagnostic Radiology Services	Other	Yes	None

76983	Elastography ultrasound of additional lesion	Diagnostic Radiology Services	Other	Yes	None
76998	Ultrasonic guidance during surgery	Radiology	Other Diagnostic Ultrasound Procedures	No	None
76999	Ultrasound procedure	Radiology	Other Diagnostic Ultrasound Procedures	Yes	None
77001	Fluoroscopic guidance for insertion, replacement or removal of central venous access device	Radiology	Fluoroscopic Guidance	No	Add-On Code - This code must be billed with the appropriate primary procedure code
77002	Fluoroscopic guidance for insertion of needle	Radiology	Fluoroscopic Guidance	No	Add-On Code - This code must be billed with the appropriate primary procedure code
77003	Fluoroscopic guidance for injection into spine or muscle next to spine	Radiology	Fluoroscopic Guidance	Yes	Add-On Code - This code must be billed with the appropriate primary procedure code; Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
77011	CT scan guidance for stereotactic localization	Radiology	Computed Tomography Guidance	No	None
77012	Radiological supervision and interpretation of CT guidance for needle insertion	Radiology	Computed Tomography Guidance	No	None
77013	CT scan guidance for and monitoring of tissue destruction	Radiology	Computed Tomography Guidance	No	None
77014	CT scan guidance for insertion of radiation therapy fields	Radiology	Computed Tomography Guidance	Yes	No PA Required if Radiation Therapy has been approved
77021	Radiological supervision and interpretation of MRI guidance for insertion of needle	Radiology	Magnetic Resonance Guidance	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
77022	MRI guidance for destruction of tissue	Radiology	Magnetic Resonance Guidance	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).

77046	MRI of one breast	Diagnostic Radiology Services	MRI	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
77047	MRI of both breasts	Diagnostic Radiology Services	MRI	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
77048	MRI of one breast with and without contrast	Diagnostic Radiology Services	MRI	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
77049	MRI of both breasts with and without contrast	Diagnostic Radiology Services	MRI	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).

77051	COMPUTER DX MAMMOGRAM ADD-ON	None	None	No	AMA Deleted code Code invalid as of 1/1/2017 Check for Replacement code
77052	COMP SCREEN MAMMOGRAM ADD-ON	None	None	No	AMA Deleted code Code invalid as of 1/1/2017 Check for Replacement code
77053	Radiological supervision and interpretation of imaging of breast duct	Radiology	Breast, Mammography	No	None
77054	Radiological supervision and interpretation of imaging of breast ducts	Radiology	Breast, Mammography	No	None
77055	MAMMOGRAM ONE BREAST	Radiology	Breast, Mammography	No	AMA Deleted code Code invalid as of 1/1/2017 Check for Replacement code
77056	MAMMOGRAM BOTH BREASTS	Radiology	Breast, Mammography	No	AMA Deleted code Code invalid as of 1/1/2017 Check for Replacement code
77057	MAMMOGRAM SCREENING	Radiology	Breast, Mammography	No	AMA Deleted code Code invalid as of 1/1/2017 Check for Replacement code
77058	MRI scan of one breast with contrast	Radiology	Breast, Mammography	No	AMA CodeTermed 01/01/2019 To Report See 77046, 77049
77059	MRI scan of both breasts with contrast	Radiology	Breast, Mammography	No	AMA CodeTermed 01/01/2019 To Report See 77046, 77049
77061	Digital tomography of one breast	Radiology	Breast, Mammography	No	None
77062	Digital tomography of both breasts	Radiology	Breast, Mammography	No	None
77063	Screening digital tomography of both breasts	Radiology	Breast, Mammography	No	Add-On Code - This code must be billed with the appropriate primary procedure code
77065	Mammography of one breast	Radiology	Breast, Mammography	No	None
77066	Mammography of both breasts	Radiology	Breast, Mammography	No	None
77067	Mammography of both breasts	Radiology	Breast, Mammography	No	None
77071	Imaging of joint with stressing by physician	Radiology	Bone/Joint Studies	No	None
77072	Imaging for bone age assessment	Radiology	Bone/Joint Studies	No	None
77073	Imaging for bone length assessment	Radiology	Bone/Joint Studies	No	None
77074	X-ray of bones	Radiology	Bone/Joint Studies	No	None
77075	X-ray survey of forearm or wrist bone density	Radiology	Bone/Joint Studies	No	None
77076	X-ray survey of bones, infant	Radiology	Bone/Joint Studies	No	None
77077	Imaging of 2 or more joints, single view	Radiology	Bone/Joint Studies	No	None

77078	CT scan bone mineral density study 1 or more sites	Radiology	Bone/Joint Studies	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). The USPSTF recommends screening for osteoporosis in women age 65 years and older and in younger women whose fracture risk is equal to or greater than that of a 65-year-old white woman who has no additional risk factors.
77080	Bone density measurement using dedicated X-ray machine	Radiology	Bone/Joint Studies	No	None
77081	Bone density measurement using dedicated X-ray machine	Radiology	Bone/Joint Studies	No	None
77084	MRI scan of bone marrow	Radiology	Bone/Joint Studies	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
77085	Bone density measurement using dedicated X-ray machine	Radiology	Bone/Joint Studies	No	None
77086	Fracture assessment of spine bones using dedicated X-ray machine for bone density measurement	Radiology	Bone/Joint Studies	No	None
77261	Management of radiation therapy, simple	Radiology	Consultation: Clinical Management for Radiation Treatment	No	Covered benefit only for Qualified Medicare Beneficiaries
77262	Management of radiation therapy, intermediate	Radiology	Consultation: Clinical Management for Radiation Treatment	No	Covered benefit only for Qualified Medicare Beneficiaries
77263	Management of radiation therapy, complex	Radiology	Consultation: Clinical Management for Radiation Treatment	No	Covered benefit only for Qualified Medicare Beneficiaries
77280	Management of radiation therapy simulation, simple	Radiology	Consultation: Clinical Management for Radiation Treatment	No	Covered benefit only for Qualified Medicare Beneficiaries

77285	Management of radiation therapy, simulation, intermediate	Radiology	Consultation: Clinical Management for Radiation Treatment	No	Covered benefit only for Qualified Medicare Beneficiaries
77290	Management of radiation therapy, simulation, complex	Radiology	Consultation: Clinical Management for Radiation Treatment	No	Covered benefit only for Qualified Medicare Beneficiaries
77293	Respiratory motion management simulation	Radiology	Consultation: Clinical Management for Radiation Treatment	No	Covered benefit only for Qualified Medicare Beneficiaries
77295	Management of radiation therapy, 3D	Radiology	Consultation: Clinical Management for Radiation Treatment	No	Covered benefit only for Qualified Medicare Beneficiaries
77299	Management of radiation therapy	Radiology	Consultation: Clinical Management for Radiation Treatment	No	Covered benefit only for Qualified Medicare Beneficiaries
77300	Calculation of radiation therapy dose	Radiology	Medical Radiation Physics, Dosimetry, Treatment Devices, and Special Services for Radiation Treatment	No	Covered benefit only for Qualified Medicare Beneficiaries
77301	Management of modulation radiotherapy planning	Radiology	Medical Radiation Physics, Dosimetry, Treatment Devices, and Special Services for Radiation Treatment	No	Covered benefit only for Qualified Medicare Beneficiaries
77306	Radiation therapy plan	Radiology	Medical Radiation Physics, Dosimetry, Treatment Devices, and Special Services for Radiation Treatment	No	Covered benefit only for Qualified Medicare Beneficiaries

77307	Radiation therapy plan	Radiology	Medical Radiation Physics, Dosimetry, Treatment Devices, and Special Services for Radiation Treatment	No	Covered benefit only for Qualified Medicare Beneficiaries
77316	Radiation therapy plan	Radiology	Medical Radiation Physics, Dosimetry, Treatment Devices, and Special Services for Radiation Treatment	No	Covered benefit only for Qualified Medicare Beneficiaries
77317	Radiation therapy plan	Radiology	Medical Radiation Physics, Dosimetry, Treatment Devices, and Special Services for Radiation Treatment	No	Covered benefit only for Qualified Medicare Beneficiaries
77318	Radiation therapy plan	Radiology	Medical Radiation Physics, Dosimetry, Treatment Devices, and Special Services for Radiation Treatment	No	Covered benefit only for Qualified Medicare Beneficiaries
77321	Radiation therapy total body port plan	Radiology	Medical Radiation Physics, Dosimetry, Treatment Devices, and Special Services for Radiation Treatment	No	Covered benefit only for Qualified Medicare Beneficiaries
77331	Special radiation therapy planning	Radiology	Medical Radiation Physics, Dosimetry, Treatment Devices, and Special Services for Radiation Treatment	No	Covered benefit only for Qualified Medicare Beneficiaries

77332	Radiation treatment devices, design and construction, simple	Radiology	Medical Radiation Physics, Dosimetry, Treatment Devices, and Special Services for Radiation Treatment	No	Covered benefit only for Qualified Medicare Beneficiaries
77333	Radiation treatment devices, design and construction, intermediate	Radiology	Medical Radiation Physics, Dosimetry, Treatment Devices, and Special Services for Radiation Treatment	No	Covered benefit only for Qualified Medicare Beneficiaries
77334	Radiation treatment devices, design and construction, complex	Radiology	Medical Radiation Physics, Dosimetry, Treatment Devices, and Special Services for Radiation Treatment	No	Covered benefit only for Qualified Medicare Beneficiaries
77336	Radiation therapy consultation per week	Radiology	Medical Radiation Physics, Dosimetry, Treatment Devices, and Special Services for Radiation Treatment	No	Covered benefit only for Qualified Medicare Beneficiaries
77338	Design and construction of device for radiation therapy	Radiology	Medical Radiation Physics, Dosimetry, Treatment Devices, and Special Services for Radiation Treatment	No	Covered benefit only for Qualified Medicare Beneficiaries
77370	Radiation therapy consultation	Radiology	Medical Radiation Physics, Dosimetry, Treatment Devices, and Special Services for Radiation Treatment	No	Covered benefit only for Qualified Medicare Beneficiaries

77371	Radiation therapy delivery, stereotactic radiosurgery (SRS) for cranial growths, per session	Radiology	Stereotactic Radiation Treatment Delivery	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
77372	Radiation therapy delivery, stereotactic radiosurgery (SRS) for cranial growths, per session	Radiology	Stereotactic Radiation Treatment Delivery	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
77373	Stereotactic body radiation therapy 1 or more lesions using imaging guidance	Radiology	Stereotactic Radiation Treatment Delivery	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
77385	Radiation therapy delivery	Radiology	Stereotactic Radiation Treatment Delivery	Yes	None
77386	Radiation therapy delivery	Radiology	Stereotactic Radiation Treatment Delivery	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
77387	Guidance for localization of target delivery of radiation treatment delivery	Radiology	Stereotactic Radiation Treatment Delivery	No	None
77399	Management of radiation therapy	Radiology	Other Radiation Procedures	No	Covered benefit only for Qualified Medicare Beneficiaries

77401	Radiation treatment delivery, superficial	Radiology	Radiation Treatment Delivery	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
77402	Radiation treatment delivery	Radiology	Radiation Treatment Delivery	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
77407	Radiation treatment delivery	Radiology	Radiation Treatment Delivery	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
77412	Radiation treatment delivery	Radiology	Radiation Treatment Delivery	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
77417	Therapeutic radiology port films	Radiology	Radiation Treatment Delivery	No	Covered benefit only for Qualified Medicare Beneficiaries
77422	Radiation treatment delivery, high energy, single treatment area	Radiology	Neutron Beam Treatment Delivery	No	AMA Termed Code 1/01/2018

77423	Radiation treatment delivery, high energy	Radiology	Neutron Beam Treatment Delivery	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
77424	Intraoperative single X-ray radiation treatment session	Radiology	Neutron Beam Treatment Delivery	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
77425	Intraoperative electrons radiation treatment single session	Radiology	Neutron Beam Treatment Delivery	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
77427	Radiation treatment management, 5 treatments	Radiology	Radiation Treatment Management	Yes	None
77431	Radiation treatment management, 1 or 2 treatments	Radiology	Radiation Treatment Management	No	None
77432	Stereotactic radiation treatment management of brain lesions, complete course of treatment consisting of 1 session	Radiology	Radiation Treatment Management	No	None
77435	Stereotactic radiation treatment management of 1 or more lesions using imaging guidance, per treatment course	Radiology	Radiation Treatment Management	Yes	None
77469	Intraoperative radiation treatment management	Radiology	Radiation Treatment Management	No	None
77470	Special radiation treatment procedure	Radiology	Radiation Treatment Management	No	None
77499	Management of radiation therapy	Radiology	Radiation Treatment Management	Yes	None

77520	Proton treatment delivery, simple	Radiology	Proton Beam Radiation Treatment Delivery	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
77522	Proton treatment delivery, simple with compensation	Radiology	Proton Beam Radiation Treatment Delivery	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
77523	Proton treatment delivery, intermediate	Radiology	Proton Beam Radiation Treatment Delivery	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
77525	Proton treatment delivery, complex	Radiology	Proton Beam Radiation Treatment Delivery	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
77600	External hyperthermia treatment depth 4 cm or less	Radiology	Radiation Hyperthermia Treatment	No	None
77605	External hyperthermia treatment depth greater than 4 cm	Radiology	Radiation Hyperthermia Treatment	No	None
77610	Hyperthermia treatment, 5 or fewer probe applications	Radiology	Radiation Hyperthermia Treatment	No	None
77615	Hyperthermia treatment, 5 or more probe applications	Radiology	Radiation Hyperthermia Treatment	No	None

77620	Hyperthermia treatment by organ cavity probes	Radiology	Clinical Intracavitary Radiation Hyperthermia Treatment	No	None
77750	Infusion or instillation of radioelement solution, includes 3-month follow-up care	Radiology	Clinical Brachytherapy Radiation Treatment	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
77761	Application of organ cavity radiation source, simple	Radiology	Clinical Brachytherapy Radiation Treatment	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
77762	Application of organ cavity radiation source, intermediate	Radiology	Clinical Brachytherapy Radiation Treatment	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
77763	Application of organ cavity radiation source, complex	Radiology	Clinical Brachytherapy Radiation Treatment	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.

77767	High dose brachytherapy through skin surface, 1 channel or up to 2.0 cm	Radiology	Clinical Brachytherapy Radiation Treatment	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
77768	High dose brachytherapy through skin surface, 2 channels or more than 2.0 cm	Radiology	Clinical Brachytherapy Radiation Treatment	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
77770	High dose brachytherapy , 1 channel	Radiology	Clinical Brachytherapy Radiation Treatment	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
77771	High dose brachytherapy , 2- 12 channels	Radiology	Clinical Brachytherapy Radiation Treatment	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
77772	High dose brachytherapy , more than 12 channels	Radiology	Clinical Brachytherapy Radiation Treatment	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.

77778	Application of radiation source, complex	Radiology	Clinical Brachytherapy Radiation Treatment	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
77789	Surface application of radiation	Radiology	Clinical Brachytherapy Radiation Treatment	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
77790	Supervision, handling, loading of radiation	Radiology	Clinical Brachytherapy Radiation Treatment	No	None
77799	Administration of radiation therapy	Radiology	Clinical Brachytherapy Radiation Treatment	Yes	None
78012	Nuclear medicine imaging for thyroid uptake measurements	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78013	Nuclear medicine imaging of thyroid	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78014	Nuclear medicine imaging for thyroid uptake measurements	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78015	Nuclear medicine limited study for thyroid cancer	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).

78016	Nuclear medicine additional studies for thyroid cancer	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78018	Nuclear medicine whole body study for thyroid cancer	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78020	Nuclear medicine study for thyroid cancer	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78070	Imaging of parathyroid	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78071	Imaging of parathyroid with nuclear medicine study	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78072	Imaging of parathyroid with CT and nuclear medicine study	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78075	Imaging of blood vessel of gland of kidney	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78099	Nuclear medicine study of endocrine organs	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	None
78102	Imaging of bone marrow limited area	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).

78103	Imaging of bone marrow multiple areas	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78104	Imaging of bone marrow whole body	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78110	Nuclear medicine study of plasma	Radiology	Diagnostic Nuclear Medicine Procedures	No	None
78111	Nuclear medicine study of plasma	Radiology	Diagnostic Nuclear Medicine Procedures	No	None
78120	Nuclear medicine study of red blood cell	Radiology	Diagnostic Nuclear Medicine Procedures	No	None
78121	Nuclear medicine study of red blood cell	Radiology	Diagnostic Nuclear Medicine Procedures	No	None
78122	Nuclear medicine study of blood	Radiology	Diagnostic Nuclear Medicine Procedures	No	None
78130	Nuclear medicine study of red blood cell	Radiology	Diagnostic Nuclear Medicine Procedures	No	None
78135	Nuclear medicine study of red blood cell	Radiology	Diagnostic Nuclear Medicine Procedures	No	Code Termed 01/01/2021
78140	Nuclear medicine study of red blood cell	Radiology	Diagnostic Nuclear Medicine Procedures	No	None
78185	Imaging of spleen	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78190	Nuclear medicine study of survival of blood cell	Radiology	Diagnostic Nuclear Medicine Procedures	No	AMA Termed Code 1/01/2018
78191	Nuclear medicine study of platelet	Radiology	Diagnostic Nuclear Medicine Procedures	No	None

78195	Imaging of lymphatic tissue and lymph node	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78199	Nuclear medicine study of cardiovascular systems	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	None
78201	Imaging of liver	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78202	Imaging of liver blood flow	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78205	Nuclear medicine study of liver	Radiology	Diagnostic Nuclear Medicine Procedures	No	AMA CodeTermed 1/1/2020, to report see 78803
78206	Nuclear medicine study of liver with blood flow	Radiology	Diagnostic Nuclear Medicine Procedures	No	AMA CodeTermed 1/1/2020
78215	Imaging of liver and spleen	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78216	Imaging of liver and spleen with blood flow	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78226	Imaging of liver and bile duct system	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78227	Imaging of liver and bile duct system with use of drugs	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).

78230	Imaging of salivary gland	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78231	Imaging of salivary gland	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78232	Nuclear medicine study of salivary gland	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78258	Imaging of esophagus using radioisotopes	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78261	Imaging of stomach lining	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78262	Stomach and esophagus regurgitation study	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78264	Stomach emptying study	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78265	Stomach emptying and small bowel transit study	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).

78266	Stomach emptying and small bowel with colon transit study	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78267	Nuclear medicine study of digestive tract	Radiology	Diagnostic Nuclear Medicine Procedures	No	None
78268	Nuclear medicine study of digestive tract	Radiology	Diagnostic Nuclear Medicine Procedures	No	None
78270	Vitamin B-12 absorption study	Radiology	Diagnostic Nuclear Medicine Procedures	No	AMA Termed Code 1/01/2019
78271	Vitamin B-12 absorption study with factor necessary for absorption	Radiology	Diagnostic Nuclear Medicine Procedures	No	AMA Termed Code 1/01/2019
78272	Vitamin B-12 absorption study without then with factor necessary for absorption	Radiology	Diagnostic Nuclear Medicine Procedures	No	AMA Termed Code 1/01/2019
78278	Acute digestive tract blood loss imaging	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78282	Digestive tract protein loss	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78290	Intestine imaging	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78291	Peritoneal-venous shunt patency test	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78299	Nuclear medicine study of digestive tracts	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	None

78300	Bone and/or joint imaging	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78305	Bone and/or joint imaging, multiple areas	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78306	Bone and/or joint imaging, whole body	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78315	Bone and/or joint imaging, 3 phase study	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78320	Nuclear medicine study of bone and/or joint	Radiology	Diagnostic Nuclear Medicine Procedures	No	AMA CodeTermed 1/1/2020, to report see 78803
78350	Bone density (bone mineral content) study	Radiology	Diagnostic Nuclear Medicine Procedures	No	None
78351	Bone density (bone mineral content) study,	Radiology	Diagnostic Nuclear Medicine Procedures	No	None
78399	Diagnostic musculoskeletal nuclear medicine studies	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	None
78414	Non-imaging determination of cardiovascular function	Radiology	Diagnostic Nuclear Medicine Procedures	No	Effective 5/1/19 through 3/31/21: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78428	Cardiac shunt detection	Radiology	Diagnostic Nuclear Medicine Procedures	No	Effective 5/1/19 through 3/31/21: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).

78445	Non-cardiac vascular flow imaging	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78451	Nuclear medicine study of vessels of heart using drugs or exercise single study	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78452	Nuclear medicine study of vessels of heart using drugs or exercise multiple studies	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78453	Nuclear medicine single study of vessels of heart using drugs or exercise	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).

78454	Nuclear medicine multiple studies of vessels of heart at rest, using drugs, or exercise	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78456	Diagnostic nuclear imaging of platelet proteins for blood clot assessment in vein	Radiology	Diagnostic Nuclear Medicine Procedures	No	None
78457	Venography for blood clot in vein, one leg or arm	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78458	Venography for blood clot in veins, both legs or arms	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78459	Nuclear medicine study heart muscle with metabolic evaluation	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).

78466	Nuclear medicine study of heart muscle following heart attack	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78468	Nuclear medicine study of heart muscle following heart attack with evaluation of blood ejection from heart	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78469	Nuclear medicine study of heart muscle following heart attack	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78472	Nuclear medicine study of heart wall motion at rest or stress with evaluation of blood ejection from heart, single study	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).

78473	Nuclear medicine study of heart function wall motion at rest and stress with evaluation of blood ejection from heart, multiple studies	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78481	Nuclear medicine study of heart wall motion at rest or stress with evaluation of blood ejection from heart, single study	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78483	Nuclear medicine study of heart wall motion at rest and stress with evaluation of blood ejection from heart, multiple studies	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78491	Nuclear medicine study heart muscle at rest or stress single study	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).

78492	Nuclear medicine study heart muscle at rest and/or stress multiple studies	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78494	Nuclear medicine study of heart wall motion at rest with evaluation of blood ejection from heart	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78496	Nuclear medicine study of heart function at rest or stress with evaluation of blood ejection from heart	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406). Add-On Code - This code must be billed with the appropriate primary procedure code.
78499	Nuclear medicine study of cardiovascular systems	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Unlisted, miscellaneous code, PA Required

78579	Nuclear medicine study of lung ventilation	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78580	Nuclear medicine study of blood circulation in the lungs	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78582	Nuclear medicine study of lung ventilation and blood circulation in the lungs	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78597	Nuclear medicine study with measurement of blood circulation in the lungs	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78598	Nuclear medicine study with measurement of blood circulation in the lungs and ventilation	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78599	Nuclear medicine study of respiratory systems	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	None
78600	Imaging of brain, less than 4 static views	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78601	Imaging of brain with blood flow, less than 4 static views	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78605	Imaging of brain with blood flow, minimum of 4 static views	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).

78606	Imaging of brain with blood flow, minimum of 4 static views	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78607	Nuclear medicine study of brain	Radiology	Diagnostic Nuclear Medicine Procedures	No	AMA CodeTermed 1/1/2020, to report see 78803
78608	Nuclear medicine study brain with metabolic evaluation	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78609	Nuclear medicine study brain with blood circulation evaluation	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78610	Imaging of brain, blood flow	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78630	Imaging of brain and spinal cord fluid flow at base of brain	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78635	Imaging of brain and spinal cord fluid flow in brain compartments (ventricles)	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).

78645	Imaging of brain and spinal cord fluid flow shunt evaluation	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78647	Nuclear medicine study of brain and spinal cord fluid flow	Radiology	Diagnostic Nuclear Medicine Procedures	No	AMA CodeTermed 1/1/2020, to report see 78803
78650	Imaging of brain and spinal cord fluid leakage detection and localization	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78660	Nuclear medicine study of tear drainage structure of eye	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78699	Nuclear medicine study of nervous systems	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	None
78700	Imaging of kidney	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78701	Nuclear medicine study of kidney with assessment of blood flow	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78707	Nuclear medicine study of kidney with assessment of blood flow and function	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78708	Nuclear medicine study of kidney with assessment of blood flow and function	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).

78709	Nuclear medicine study of kidney with assessment of blood flow and function	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78710	Nuclear medicine study of kidney	Radiology	Diagnostic Nuclear Medicine Procedures	No	AMA CodeTermed 1/1/2020, to report see 78803
78725	Nuclear medicine kidney function study	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78730	Nuclear medicine study of remaining urine in bladder	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78740	Nuclear medicine backwash of urine into kidney	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78761	Nuclear medicine study of testicles and blood vessel flow	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78799	Nuclear medicine study of urogenital systems	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	None
78800	Nuclear medicine study of radioactive material distribution at tumor location	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78801	Nuclear medicine study of radioactive material distribution at multiple tumor locations	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).

78802	Nuclear medicine study of radioactive material distribution at tumor locations in whole body, single day imaging	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78803	Nuclear medicine study of radioactive material distribution	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78804	Nuclear medicine study of radioactive material distribution of whole body, requiring 2 or more days imaging	Radiology	Diagnostic Nuclear Medicine Procedures	No	Effective 5/1/19 through 3/31/21: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78805	Nuclear medicine study of radioactive material distribution at site of inflammation	Radiology	Diagnostic Nuclear Medicine Procedures	No	AMA CodeTermed 1/1/2020, to report see 78300, 78305-78306, 78315, 78800-78803, and 78830-78832
78806	Nuclear medicine study of radioactive material distribution at sites of inflammation in whole body	Radiology	Diagnostic Nuclear Medicine Procedures	No	AMA CodeTermed 1/1/2020, to report see 78300, 78305-78306, 78315, 78800-78803, and 78830-78832
78807	Nuclear medicine study of radioactive material distribution at site of inflammation	Radiology	Diagnostic Nuclear Medicine Procedures	No	AMA CodeTermed 1/1/2020, to report see 78300, 78305-78306, 78315, 78800-78803, and 78830-78832
78808	Injection of radioactive contrast material into a vein for non-imaging gamma probe	Radiology	Diagnostic Nuclear Medicine Procedures	No	Covered benefit only for Qualified Medicare Beneficiaries
78811	Nuclear medicine study limited area	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).

78812	Nuclear medicine imaging from skull base to mid-thigh	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78813	Nuclear medicine imaging whole body	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78814	Nuclear medicine study with CT imaging	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78815	Nuclear medicine study with CT imaging skull base to mid-thigh	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).

78816	Nuclear medicine study with CT imaging whole body	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78999	Diagnostic nuclear medicine procedures	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	None
79005	Oral administration of radioactive material therapy agent	Radiology	Therapeutic Nuclear Medicine Procedures	No	None
79101	Radioactive material therapy into vein	Radiology	Therapeutic Nuclear Medicine Procedures	No	None
79200	Radioactive material therapy into body space or cavity	Radiology	Therapeutic Nuclear Medicine Procedures	No	None
79300	Radioactive material therapy into tissue	Radiology	Therapeutic Nuclear Medicine Procedures	No	None
79403	Radioactive material therapy into vein	Radiology	Therapeutic Nuclear Medicine Procedures	No	None
79440	Radioactive material therapy into bone joint	Radiology	Therapeutic Nuclear Medicine Procedures	No	None
79445	Radioactive material therapy into artery	Radiology	Therapeutic Nuclear Medicine Procedures	No	None
79999	Radioactive material therapy procedure	Radiology	Therapeutic Nuclear Medicine Procedures	Yes	None
80047	Blood test, basic group of blood chemicals	Pathology and Laboratory	Organ or Disease Oriented Panels	No	None
80048	Blood test, basic group of blood chemicals	Pathology and Laboratory	Organ or Disease Oriented Panels	No	None

80050	General health panel	Pathology and Laboratory	Organ or Disease Oriented Panels	No	None
80051	Blood test panel for electrolytes (sodium potassium, chloride, carbon dioxide)	Pathology and Laboratory	Organ or Disease Oriented Panels	No	None
80053	Blood test, comprehensive group of blood chemicals	Pathology and Laboratory	Organ or Disease Oriented Panels	No	None
80055	Obstetric blood test panel	Pathology and Laboratory	Organ or Disease Oriented Panels	No	None
80061	Blood test, lipids (cholesterol and triglycerides)	Pathology and Laboratory	Organ or Disease Oriented Panels	No	None
80069	Kidney function blood test panel	Pathology and Laboratory	Organ or Disease Oriented Panels	No	None
80074	Acute hepatitis panel	Pathology and Laboratory	Organ or Disease Oriented Panels	No	None
80076	Liver function blood test panel	Pathology and Laboratory	Organ or Disease Oriented Panels	No	None
80081	Blood test panel for obstetrics (cbc, differential wbc count, hepatitis b, hiv, rubella, syphilis, antibody screening, rbc, blood typing)	Pathology and Laboratory	Organ or Disease Oriented Panels	No	None
80150	Amikacin (antibiotic) level	Pathology and Laboratory	Therapeutic Drug Assays	No	None
80155	Caffeine level	Pathology and Laboratory	Therapeutic Drug Assays	No	None
80156	Carbamazepine level	Pathology and Laboratory	Therapeutic Drug Assays	No	None
80157	Carbamazepine level	Pathology and Laboratory	Therapeutic Drug Assays	No	None
80158	Cyclosporine level	Pathology and Laboratory	Therapeutic Drug Assays	No	None
80159	Clozapine level	Pathology and Laboratory	Therapeutic Drug Assays	No	None
80162	Digoxin level	Pathology and Laboratory	Therapeutic Drug Assays	No	None
80163	Digoxin level	Pathology and Laboratory	Therapeutic Drug Assays	No	None
80164	Valproic acid level	Pathology and Laboratory	Therapeutic Drug Assays	No	None
80165	Valproic acid level	Pathology and Laboratory	Therapeutic Drug Assays	No	None
80168	Ethosuximide level	Pathology and Laboratory	Therapeutic Drug Assays	No	None
80169	Everolimus level	Pathology and Laboratory	Therapeutic Drug Assays	No	None

80170	Gentamicin (antibiotic) level	Pathology and Laboratory	Therapeutic Drug Assays	No	None
80171	Gabapentin level	Pathology and Laboratory	Therapeutic Drug Assays	No	None
80173	Haloperidol level	Pathology and Laboratory	Therapeutic Drug Assays	No	None
80175	Lamotrigine level	Pathology and Laboratory	Therapeutic Drug Assays	No	None
80176	Lidocaine level	Pathology and Laboratory	Therapeutic Drug Assays	No	None
80177	Levetiracetam level	Pathology and Laboratory	Therapeutic Drug Assays	No	None
80178	Lithium level	Pathology and Laboratory	Therapeutic Drug Assays	No	None
80180	Mycophenolate (mycophenolic acid) level	Pathology and Laboratory	Therapeutic Drug Assays	No	None
80183	Oxcarbazepine level	Pathology and Laboratory	Therapeutic Drug Assays	No	None
80184	Phenobarbital level	Pathology and Laboratory	Therapeutic Drug Assays	No	None
80185	Phenytoin level	Pathology and Laboratory	Therapeutic Drug Assays	No	None
80186	Phenytoin level	Pathology and Laboratory	Therapeutic Drug Assays	No	None
80188	Primidone level	Pathology and Laboratory	Therapeutic Drug Assays	No	None
80190	Procainamide level	Pathology and Laboratory	Therapeutic Drug Assays	No	None
80192	Procainamide level	Pathology and Laboratory	Therapeutic Drug Assays	No	None
80194	Quinidine level	Pathology and Laboratory	Therapeutic Drug Assays	No	None
80195	Sirolimus level	Pathology and Laboratory	Therapeutic Drug Assays	No	None
80197	Tacrolimus level	Pathology and Laboratory	Therapeutic Drug Assays	No	None
80198	Theophylline level	Pathology and Laboratory	Therapeutic Drug Assays	No	None
80199	Tiagabine level	Pathology and Laboratory	Therapeutic Drug Assays	No	None
80200	Tobramycin (antibiotic) level	Pathology and Laboratory	Therapeutic Drug Assays	No	None
80201	Topiramate level	Pathology and Laboratory	Therapeutic Drug Assays	No	None
80202	Vancomycin (antibiotic) level	Pathology and Laboratory	Therapeutic Drug Assays	No	None
80203	Zonisamide level	Pathology and Laboratory	Therapeutic Drug Assays	No	None
80299	Quantitation of therapeutic drug	Pathology and Laboratory	Therapeutic Drug Assays	No	None
80300	DRUG SCREEN NON TLC DEVICES	Pathology and Laboratory	Therapeutic Drug Assays	No	AMA Deleted code Code invalid as of 1/1/2017 Check for Replacement code
80301	DRUG SCREEN CLASS LIST A	Pathology and Laboratory	Therapeutic Drug Assays	No	None
80302	DRUG SCREEN PRSMPTV 1 CLASS	Pathology and Laboratory	Therapeutic Drug Assays	No	None
80303	DRUG SCREEN ONE/MULT CLASS	Pathology and Laboratory	Therapeutic Drug Assays	No	None

80304	DRUG SCREEN ONE/MULT CLASS	Pathology and Laboratory	Therapeutic Drug Assays	No	None
80305	Testing for presence of drug	Pathology and Laboratory	Drug Assay Procedures	No	None
80306	Testing for presence of drug	Pathology and Laboratory	Drug Assay Procedures	No	None
80307	Testing for presence of drug	Pathology and Laboratory	Drug Assay Procedures	No	None
80320	Alcohols levels	Pathology and Laboratory	Drug Assay Procedures	No	None
80321	Alcohols levels	Pathology and Laboratory	Drug Assay Procedures	No	None
80322	Alcohols levels	Pathology and Laboratory	Drug Assay Procedures	No	None
80323	Alkaloids levels	Pathology and Laboratory	Drug Assay Procedures	No	None
80324	Amphetamines levels	Pathology and Laboratory	Drug Assay Procedures	No	None
80325	Amphetamines levels	Pathology and Laboratory	Drug Assay Procedures	No	None
80326	Amphetamines levels	Pathology and Laboratory	Drug Assay Procedures	No	None
80327	Anabolic steroids levels	Pathology and Laboratory	Drug Assay Procedures	No	None
80328	Anabolic steroids levels	Pathology and Laboratory	Drug Assay Procedures	No	None
80329	Analgesics levels	Pathology and Laboratory	Drug Assay Procedures	No	None
80330	Analgesics levels	Pathology and Laboratory	Drug Assay Procedures	No	None
80331	Analgesics levels	Pathology and Laboratory	Drug Assay Procedures	No	None
80332	Antidepressants levels	Pathology and Laboratory	Drug Assay Procedures	No	None
80333	Antidepressants levels	Pathology and Laboratory	Drug Assay Procedures	No	None
80334	Antidepressants levels	Pathology and Laboratory	Drug Assay Procedures	No	None
80335	Antidepressants levels	Pathology and Laboratory	Drug Assay Procedures	No	None
80336	Antidepressants levels	Pathology and Laboratory	Drug Assay Procedures	No	None
80337	Antidepressants levels	Pathology and Laboratory	Drug Assay Procedures	No	None
80338	Antidepressants levels	Pathology and Laboratory	Drug Assay Procedures	No	None
80339	Antiepileptics levels	Pathology and Laboratory	Drug Assay Procedures	No	None
80340	Antiepileptics levels	Pathology and Laboratory	Drug Assay Procedures	No	None
80341	Antiepileptics levels	Pathology and Laboratory	Drug Assay Procedures	No	None
80342	Antipsychotics levels	Pathology and Laboratory	Drug Assay Procedures	No	None
80343	Antipsychotics levels	Pathology and Laboratory	Drug Assay Procedures	No	None
80344	Antipsychotics levels	Pathology and Laboratory	Drug Assay Procedures	No	None
80345	Barbiturates levels	Pathology and Laboratory	Drug Assay Procedures	No	None

80346	Benzodiazepines levels	Pathology and Laboratory	Drug Assay Procedures	No	None
80347	Benzodiazepines levels	Pathology and Laboratory	Drug Assay Procedures	No	None
80348	Buprenorphine level	Pathology and Laboratory	Drug Assay Procedures	No	None
80349	Cannabinoids levels	Pathology and Laboratory	Drug Assay Procedures	No	None
80350	Cannabinoids levels	Pathology and Laboratory	Drug Assay Procedures	No	None
80351	Cannabinoids levels	Pathology and Laboratory	Drug Assay Procedures	No	None
80352	Cannabinoids levels	Pathology and Laboratory	Drug Assay Procedures	No	None
80353	Cocaine level	Pathology and Laboratory	Drug Assay Procedures	No	None
80354	Fentanyl level	Pathology and Laboratory	Drug Assay Procedures	No	None
80355	Gabapentin level non-blood	Pathology and Laboratory	Drug Assay Procedures	No	None
80356	Heroin metabolite level	Pathology and Laboratory	Drug Assay Procedures	No	None
80357	Ketamine and norketamine levels	Pathology and Laboratory	Drug Assay Procedures	No	None
80358	Methadone level	Pathology and Laboratory	Drug Assay Procedures	No	None
80359	Methylenedioxyamphetamines levels	Pathology and Laboratory	Drug Assay Procedures	No	None
80360	Methylphenidate level	Pathology and Laboratory	Drug Assay Procedures	No	None
80361	Opiates levels	Pathology and Laboratory	Drug Assay Procedures	No	None
80362	Opioids levels	Pathology and Laboratory	Drug Assay Procedures	No	None
80363	Opioids levels	Pathology and Laboratory	Drug Assay Procedures	No	None
80364	Opioids levels	Pathology and Laboratory	Drug Assay Procedures	No	None
80365	Oxycodone levels	Pathology and Laboratory	Drug Assay Procedures	No	None
80366	Pregabalin level	Pathology and Laboratory	Drug Assay Procedures	No	None
80367	Propoxyphene level	Pathology and Laboratory	Drug Assay Procedures	No	None
80368	Sedative hypnotics (non-benzodiazepines) levels	Pathology and Laboratory	Drug Assay Procedures	No	None
80369	Skeletal muscle relaxants levels	Pathology and Laboratory	Drug Assay Procedures	No	None
80370	Skeletal muscle relaxants levels	Pathology and Laboratory	Drug Assay Procedures	No	None
80371	Synthetic stimulants levels	Pathology and Laboratory	Drug Assay Procedures	No	None
80372	Tapentadol level	Pathology and Laboratory	Drug Assay Procedures	No	None
80373	Tramadol level	Pathology and Laboratory	Drug Assay Procedures	No	None
80374	Stereoisomer (enantiomer) drug analysis	Pathology and Laboratory	Drug Assay Procedures	No	None
80375	Drugs or substances measurement	Pathology and Laboratory	Drug Assay Procedures	No	None

80376	Drugs or substances measurement	Pathology and Laboratory	Drug Assay Procedures	No	None
80377	Drugs or substances measurement	Pathology and Laboratory	Drug Assay Procedures	No	None
80400	Hormonal panel for adrenal gland assessment (adrenal gland insufficiency)	Pathology and Laboratory	Evocative/Suppression Testing Procedures	No	None
80402	Hormone panel for adrenal gland assessment (21 hydroxylase deficiency)	Pathology and Laboratory	Evocative/Suppression Testing Procedures	No	None
80406	Hormone panel adrenal gland assessment (3 beta-hydroxydehydrogenase deficiency)	Pathology and Laboratory	Evocative/Suppression Testing Procedures	No	None
80408	Aldosterone suppression evaluation panel	Pathology and Laboratory	Evocative/Suppression Testing Procedures	No	None
80410	Calcitonin stimulation panel	Pathology and Laboratory	Evocative/Suppression Testing Procedures	No	None
80412	Adrenal gland stimulation panel	Pathology and Laboratory	Evocative/Suppression Testing Procedures	No	None
80414	Reproductive hormone panel (testosterone)	Pathology and Laboratory	Evocative/Suppression Testing Procedures	No	None
80415	Reproductive hormone panel (estradiol)	Pathology and Laboratory	Evocative/Suppression Testing Procedures	No	None
80416	Renal vein renin (kidney enzyme) stimulation panel	Pathology and Laboratory	Evocative/Suppression Testing Procedures	No	None
80417	Peripheral vein renin (kidney enzyme) stimulation panel	Pathology and Laboratory	Evocative/Suppression Testing Procedures	No	None
80418	Anterior pituitary gland evaluation panel	Pathology and Laboratory	Evocative/Suppression Testing Procedures	No	None
80420	Dexamethasone (steroid) suppression evaluation panel, 48 hour	Pathology and Laboratory	Evocative/Suppression Testing Procedures	No	None
80422	Glucagon (hormone) tolerance panel to evaluate for insulinoma (pancreatic tumor)	Pathology and Laboratory	Evocative/Suppression Testing Procedures	No	None
80424	Glucagon (hormone) tolerance panel to evaluate for pheochromocytoma (adrenal gland tumor)	Pathology and Laboratory	Evocative/Suppression Testing Procedures	No	None

80426	Gonadotropin releasing hormone (reproductive hormone) panel	Pathology and Laboratory	Evocative/Suppression Testing Procedures	No	None
80428	Growth hormone stimulation panel	Pathology and Laboratory	Evocative/Suppression Testing Procedures	No	None
80430	Growth hormone suppression panel	Pathology and Laboratory	Evocative/Suppression Testing Procedures	No	None
80432	Insulin-induced C-peptide (protein) suppression panel	Pathology and Laboratory	Evocative/Suppression Testing Procedures	No	None
80434	Insulin tolerance panel for ACTH (adrenal gland hormone) insufficiency	Pathology and Laboratory	Evocative/Suppression Testing Procedures	No	None
80435	Insulin tolerance panel for growth hormone deficiency	Pathology and Laboratory	Evocative/Suppression Testing Procedures	No	None
80436	Metyrapone (hormone antibody) panel	Pathology and Laboratory	Evocative/Suppression Testing Procedures	No	None
80438	Thyrotropin releasing hormone (TRH) (hypothalamus hormone) stimulation panel, 1 hour	Pathology and Laboratory	Evocative/Suppression Testing Procedures	No	None
80439	Thyrotropin releasing hormone (TRH) (hypothalamus hormone) stimulation panel, 2 hour	Pathology and Laboratory	Evocative/Suppression Testing Procedures	No	None
80500	Clinical pathology consultation	Pathology and Laboratory	Clinical Pathology Consultations	No	None
80502	Comprehensive, clinical pathology consultation	Pathology and Laboratory	Clinical Pathology Consultations	No	None
81000	Manual urinalysis test with examination using microscope	Pathology and Laboratory	Urinalysis Procedures	No	None
81001	Manual urinalysis test with examination using microscope	Pathology and Laboratory	Urinalysis Procedures	No	None
81002	Urinalysis, manual test	Pathology and Laboratory	Urinalysis Procedures	No	None
81003	Automated urinalysis test	Pathology and Laboratory	Urinalysis Procedures	No	None
81005	Analysis of urine	Pathology and Laboratory	Urinalysis Procedures	No	None
81007	Urinalysis for bacteria	Pathology and Laboratory	Urinalysis Procedures	No	None
81015	Urinalysis using microscope	Pathology and Laboratory	Urinalysis Procedures	No	None
81020	Urinalysis, 2 or 3 glass test	Pathology and Laboratory	Urinalysis Procedures	No	None
81025	Urine pregnancy test	Pathology and Laboratory	Urinalysis Procedures	No	None

81050	Urine volume measurement	Pathology and Laboratory	Urinalysis Procedures	No	None
81099	Analysis of urine	Pathology and Laboratory	Urinalysis Procedures	Yes	None
81105	Human Platelet Antigen 1 genotyping (HPA-1), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-1a/b (L33P)	Pathology and Laboratory	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81106	Human Platelet Antigen 2 genotyping (HPA-2), GP1BA (glycoprotein Ib [platelet], alpha polypeptide [GPIIb]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-2a/b (T145M)	Pathology and Laboratory	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81107	Human Platelet Antigen 3 genotyping (HPA-3), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa complex], antigen CD41 [GPIIb]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-3a/b (I843S)	Pathology and Laboratory	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81108	Human Platelet Antigen 4 genotyping (HPA-4), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-4a/b (R143Q)	Pathology and Laboratory	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81109	Human Platelet Antigen 5 genotyping (HPA-5), ITGA2 (integrin, alpha 2 [CD49B, alpha 2 subunit of VLA-2 receptor] [GPIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant (eg, HPA-5a/b (K505E))	Pathology and Laboratory	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81110	Human Platelet Antigen 6 genotyping (HPA-6w), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-6a/b (R489Q)	Pathology and Laboratory	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81111	Human Platelet Antigen 9 genotyping (HPA-9w), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa complex], antigen CD41 [GPIIb]) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-9a/b (V837M)	Pathology and Laboratory	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81112	Human Platelet Antigen 15 genotyping (HPA-15), CD109 (CD109 molecule) (eg, neonatal alloimmune thrombocytopenia [NAIT], post-transfusion purpura), gene analysis, common variant, HPA-15a/b (S682Y)	Pathology and Laboratory	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian

81120	IDH1 (isocitrate dehydrogenase 1 [NADP+], soluble) (eg, glioma), common variants (eg, R132H, R132C)	Pathology and Laboratory	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81121	IDH2 (isocitrate dehydrogenase 2 [NADP+], mitochondrial) (eg, glioma), common variants (eg, R140W, R172M)	Pathology and Laboratory	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81161	Gene analysis (dystrophin)	Pathology and Laboratory	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81162	Gene analysis (breast cancer 1 and 2) full sequence and duplication or deletion variants	Pathology and Laboratory	Molecular Pathology Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
81163	Gene analysis (breast cancer 1 and 2) of full sequence	Pathology and Laboratory Services	Molecular Pathology Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81164	Gene analysis (breast cancer 1 and 2) for duplication or deletion variants	Pathology and Laboratory Services	Molecular Pathology Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81165	Gene analysis (breast cancer 1) of full sequence	Pathology and Laboratory Services	Molecular Pathology Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81166	Gene analysis (breast cancer 1) for duplication or deletion variants	Pathology and Laboratory Services	Molecular Pathology Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)

81167	Gene analysis (breast cancer 2) for duplication or deletion variants	Pathology and Laboratory Services	Molecular Pathology Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81170	Gene analysis (ABL proto-oncogene 1, non-receptor tyrosine kinase)	Pathology and Laboratory	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81171	Gene analysis (fragile X mental retardation 2) for abnormal alleles	Pathology and Laboratory Services	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81172	Gene analysis (fragile X mental retardation 2) for characterization of alleles	Pathology and Laboratory Services	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81173	Gene analysis (androgen receptor) of full sequence	Pathology and Laboratory Services	Molecular Pathology Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81174	Gene analysis (androgen receptor) for known familial variant	Pathology and Laboratory Services	Molecular Pathology Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81175	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; full gene sequence	Pathology and Laboratory	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81176	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; targeted sequence analysis (eg, exon 12)	Pathology and Laboratory	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81177	Gene analysis (atropin 1) for abnormal alleles	Pathology and Laboratory Services	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian

81178	Gene analysis (ataxin 1) for abnormal alleles	Pathology and Laboratory Services	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81179	Gene analysis (ataxin 2) for abnormal alleles	Pathology and Laboratory Services	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81180	Gene analysis (ataxin 3) for abnormal alleles	Pathology and Laboratory Services	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81181	Gene analysis (ataxin 7) for abnormal alleles	Pathology and Laboratory Services	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81182	Gene analysis (ataxin 8 opposite strand [non-protein coding]) for abnormal alleles	Pathology and Laboratory Services	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81183	Gene analysis (ataxin 10) for abnormal alleles	Pathology and Laboratory Services	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81184	Gene analysis (calcium voltage-gated channel subunit alpha1 A) for abnormal alleles	Pathology and Laboratory Services	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81185	Gene analysis (calcium voltage-gated channel subunit alpha1 A) of full sequence	Pathology and Laboratory Services	Molecular Pathology Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81186	Gene analysis (calcium voltage-gated channel subunit alpha1 A) for known familial variant	Pathology and Laboratory Services	Molecular Pathology Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)

81187	Gene analysis (CCH-type zinc finger nucleic acid binding protein) for abnormal alleles	Pathology and Laboratory Services	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81188	Gene analysis (cystatin B) for abnormal alleles	Pathology and Laboratory Services	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81189	Gene analysis (cystatin B) of full sequence	Pathology and Laboratory Services	Molecular Pathology Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81190	Gene analysis (cystatin B) for known familial variants	Pathology and Laboratory Services	Molecular Pathology Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81200	Gene analysis (aspartoacylase)	Pathology and Laboratory	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81201	Gene analysis (adenomatous polyposis coli), full gene sequence	Pathology and Laboratory	Molecular Pathology Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81202	Gene analysis (adenomatous polyposis coli), known familial variants	Pathology and Laboratory	Molecular Pathology Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81203	Gene analysis (adenomatous polyposis coli), duplication or deletion variants	Pathology and Laboratory	Molecular Pathology Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)

81204	Gene analysis (androgen receptor) for characterization of alleles	Pathology and Laboratory Services	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81205	Gene analysis (branched-chain keto acid dehydrogenase E1, beta polypeptide)	Pathology and Laboratory	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81206	Translocation analysis (BCR/ABL1) minor breakpoint	Pathology and Laboratory	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81207	Translocation analysis (BCR/ABL1) major breakpoint	Pathology and Laboratory	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81208	Translocation analysis (BCR/ABL1) other breakpoint	Pathology and Laboratory	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81209	Gene analysis (Bloom syndrome, RecQ helicase-like)	Pathology and Laboratory	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81210	Gene analysis (v-raf murine sarcoma viral oncogene homolog B1)	Pathology and Laboratory	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81211	Gene analysis (breast cancer 1 and 2) full sequence and common duplication or deletion variants	Pathology and Laboratory	Molecular Pathology Procedures	No	AMA CodeTermed 01/01/2019 To Report See 81162-81164
81212	Gene analysis (breast cancer 1 and 2) variants	Pathology and Laboratory	Molecular Pathology Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81213	Gene analysis (breast cancer 1 and 2) uncommon duplication or deletion variants	Pathology and Laboratory	Molecular Pathology Procedures	No	AMA CodeTermed 1/1/2019
81214	Gene analysis (breast cancer 1) full sequence and common duplication or deletion variants	Pathology and Laboratory	Molecular Pathology Procedures	No	AMA CodeTermed 01/01/2019 To Report See 81162-81164

81215	Gene analysis (breast cancer 1) known familial variant	Pathology and Laboratory	Molecular Pathology Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81216	Gene analysis (breast cancer 2) full sequence analysis	Pathology and Laboratory	Molecular Pathology Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81217	Gene analysis (breast cancer 2) known familial variant	Pathology and Laboratory	Molecular Pathology Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81218	Gene analysis (ccaat/enhancer binding protein [c/ebp], alpha) full gene sequence	Pathology and Laboratory	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81219	Gene analysis (calreticulin), common variants	Pathology and Laboratory	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81220	Gene analysis (cystic fibrosis transmembrane conductance regular) common variants	Pathology and Laboratory	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81221	Gene analysis (cystic fibrosis transmembrane conductance regular) known familial variants	Pathology and Laboratory	Molecular Pathology Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81222	Gene analysis (cystic fibrosis transmembrane conductance regular) duplication or deletion variants	Pathology and Laboratory	Molecular Pathology Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)

81223	Gene analysis (cystic fibrosis transmembrane conductance regular) full gene sequence	Pathology and Laboratory	Molecular Pathology Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81224	Gene analysis (cystic fibrosis transmembrane conductance regular) intron 8 poly-T	Pathology and Laboratory	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81225	Gene analysis (cytochrome P450, family 2, subfamily C, polypeptide 19) common variants	Pathology and Laboratory	Molecular Pathology Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81226	Gene analysis (cytochrome P450, family 2, subfamily D, polypeptide 6) common variants	Pathology and Laboratory	Molecular Pathology Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81227	Gene analysis (cytochrome P450, family 2, subfamily C, polypeptide 9) common variants	Pathology and Laboratory	Molecular Pathology Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81228	Genome-wide microarray analysis for copy number variants	Pathology and Laboratory	Molecular Pathology Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81229	Genome-wide microarray analysis for copy number and single nucleotide polymorphism variants	Pathology and Laboratory	Molecular Pathology Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81230	CYP3A4 (cytochrome P450 family 3 subfamily A member 4) (eg, drug metabolism), gene analysis, common variant(s) (eg, *2, *22)	Pathology and Laboratory	Molecular Pathology Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)

81231	CYP3A5 (cytochrome P450 family 3 subfamily A member 5) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *7)	Pathology and Laboratory	Molecular Pathology Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81232	DPYD (dihydropyrimidine dehydrogenase) (eg, 5-fluorouracil/5-FU and capecitabine drug metabolism), gene analysis, common variant(s) (eg, *2A, *4, *5, *6)	Pathology and Laboratory	Molecular Pathology Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81233	Gene analysis (Bruton's tyrosine kinase) for common variants	Pathology and Laboratory Services	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81234	Gene analysis (DM1 protein kinase) for abnormal alleles	Pathology and Laboratory Services	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81235	Gene analysis (epidermal growth factor receptor), common variants	Pathology and Laboratory	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81236	Gene analysis (enhancer of zeste 2 polycomb repressive complex 2 subunit) of full sequence	Pathology and Laboratory Services	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81237	Gene analysis (enhancer of zeste 2 polycomb repressive complex 2 subunit) for common variants	Pathology and Laboratory Services	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81238	F9 (coagulation factor IX) (eg, hemophilia B), full gene sequence	Pathology and Laboratory	Molecular Pathology Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81239	Gene analysis (DM1 protein kinase) for characterization of alleles	Pathology and Laboratory Services	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian

81240	Gene analysis (prothrombin, coagulation factor II) A variant	Pathology and Laboratory	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81241	Gene analysis (coagulation factor V) Leiden variant	Pathology and Laboratory	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81242	Gene analysis (Fanconi anemia, complementation group C) common variant	Pathology and Laboratory	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81243	Gene analysis (fragile X mental retardation) abnormal alleles	Pathology and Laboratory	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81244	Gene analysis (fragile X mental retardation) characterization of alleles	Pathology and Laboratory	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81245	Gene analysis (fms-related tyrosine kinase 3) internal tandem duplication variants	Pathology and Laboratory	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81246	Test for detecting genes associated with blood cancer	Pathology and Laboratory	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81247	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; common variant(s) (eg, A, A-)	Pathology and Laboratory	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81248	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; known familial variant(s)	Pathology and Laboratory	Molecular Pathology Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)

81249	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; full gene sequence	Pathology and Laboratory	Molecular Pathology Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81250	Gene analysis (glucose-6-phosphatase, catalytic subunit) common variants	Pathology and Laboratory	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81251	Gene analysis (glucosidase, beta, acid) common variants	Pathology and Laboratory	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81252	Gene analysis (gap junction protein, beta 2, 26kda, connexin 26), full gene sequence	Pathology and Laboratory	Molecular Pathology Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81253	Gene analysis (gap junction protein, beta 2, 26kda, connexin 26), known familial variants	Pathology and Laboratory	Molecular Pathology Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81254	Gene analysis (gap junction protein, beta 6, 30kda, connexin 30), common variants	Pathology and Laboratory	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81255	Gene analysis (hexosaminidase A) common variants	Pathology and Laboratory	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81256	Gene analysis (hemochromatosis) common variants	Pathology and Laboratory	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81257	Gene analysis (alpha globin 1 and alpha globin 2) common deletions or variant	Pathology and Laboratory	Molecular Pathology Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)

81258	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; known familial variant	Pathology and Laboratory	Molecular Pathology Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81259	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; full gene sequence	Pathology and Laboratory	Molecular Pathology Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81260	Gene analysis (inhibitor of kappa light polypeptide gene enhancer in B-cells, kinase complex-associated protein) common variants	Pathology and Laboratory	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81261	Gene rearrangement analysis (immunoglobulin heavy chain locus) to detect abnormal clonal population amplified methodology	Pathology and Laboratory	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81262	Gene rearrangement analysis (immunoglobulin heavy chain locus) to detect abnormal clonal population direct probe methodology	Pathology and Laboratory	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81263	Gene rearrangement analysis (immunoglobulin heavy chain locus), variable region somatic mutation analysis	Pathology and Laboratory	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81264	Gene rearrangement analysis (immunoglobulin kappa light chain locus) to detect abnormal clonal population	Pathology and Laboratory	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81265	Comparative analysis using Short Tandem Repeat (STR) markers of patient and specimen	Pathology and Laboratory	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81266	Comparative analysis using Short Tandem Repeat (STR) markers of patient and specimen	Pathology and Laboratory	Molecular Pathology Procedures	Yes	Add-On Code - This code must be billed with the appropriate primary procedure code; If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian

81267	Chimerism analysis post transplantation	Pathology and Laboratory	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81268	Chimerism analysis post transplantation	Pathology and Laboratory	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81269	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; duplication/deletion variants	Pathology and Laboratory	Molecular Pathology Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81270	Gene analysis (Janus kinase 2) variant	Pathology and Laboratory	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81271	Gene analysis (Huntingtin) for abnormal alleles	Pathology and Laboratory Services	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81272	Gene analysis (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog), targeted sequence	Pathology and Laboratory	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81273	Gene analysis (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog), D816 variants	Pathology and Laboratory	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81274	Gene analysis (Huntingtin) for characterization of alleles	Pathology and Laboratory Services	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81275	Gene analysis (v-Ki-ras2 Kirsten rat sarcoma viral oncogene) variants in codons 12 and 13	Pathology and Laboratory	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81276	Gene analysis (Kirsten rat sarcoma viral oncogene homolog), additional variants	Pathology and Laboratory	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian

81280	LONG QT SYND GENE FULL SEQ	Pathology and Laboratory	Molecular Pathology Procedures	No	AMA Deleted code Code invalid as of 1/1/2017 Check for Replacement code
81281	LONG QT SYND KNOWN FAM VAR	Pathology and Laboratory	Molecular Pathology Procedures	No	AMA Deleted code Code invalid as of 1/1/2017 Check for Replacement code
81282	LONG QT SYN GENE DUP/DLT VAR	Pathology and Laboratory	Molecular Pathology Procedures	No	AMA Deleted code Code invalid as of 1/1/2017 Check for Replacement code
81283	IFNL3 (interferon, lambda 3) (eg, drug response), gene analysis, rs12979860 variant	Pathology and Laboratory	Molecular Pathology Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81284	Gene analysis (frataxin) for abnormal alleles	Pathology and Laboratory Services	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81285	Gene analysis (frataxin) for characterization of alleles	Pathology and Laboratory Services	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81286	Gene analysis (frataxin) of full sequence	Pathology and Laboratory Services	Molecular Pathology Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81287	MGMT (O-6-methylguanine-DNA methyltransferase) gene analysis	Pathology and Laboratory	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81288	Test for detecting genes associated with colon cancer	Pathology and Laboratory	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81289	Gene analysis (frataxin) for known familial variants	Pathology and Laboratory Services	Molecular Pathology Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)

81290	Gene analysis (mucolipin 1) common variants	Pathology and Laboratory	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81291	Gene analysis (5, 10-methylenetetrahydrofolate reductase) common variants	Pathology and Laboratory	Molecular Pathology Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81292	Gene analysis (mutL homolog 1, colon cancer, nonpolyposis type 2) full sequence analysis	Pathology and Laboratory	Molecular Pathology Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81293	Gene analysis (mutL homolog 1, colon cancer, nonpolyposis type 2) known familial variants	Pathology and Laboratory	Molecular Pathology Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81294	Gene analysis (mutL homolog 1, colon cancer, nonpolyposis type 2) duplication or deletion variants	Pathology and Laboratory	Molecular Pathology Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81295	Gene analysis (mutS homolog 2, colon cancer, nonpolyposis type 1) full sequence analysis	Pathology and Laboratory	Molecular Pathology Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81296	Gene analysis (mutS homolog 2, colon cancer, nonpolyposis type 1) known familial variants	Pathology and Laboratory	Molecular Pathology Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81297	Gene analysis (mutS homolog 2, colon cancer, nonpolyposis type 1) duplication or deletion variants	Pathology and Laboratory	Molecular Pathology Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)

81298	Gene analysis (mutS homolog 6 [E coli]) full sequence analysis	Pathology and Laboratory	Molecular Pathology Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81299	Gene analysis (mutS homolog 6 [E coli]) known familial variants	Pathology and Laboratory	Molecular Pathology Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81300	Gene analysis (mutS homolog 6 [E coli]) duplication or deletion variants	Pathology and Laboratory	Molecular Pathology Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81301	Microsatellite instability analysis	Pathology and Laboratory	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81302	Gene analysis (methyl CpG binding protein 2) full sequence analysis	Pathology and Laboratory	Molecular Pathology Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81303	Gene analysis (methyl CpG binding protein 2) known familial variant	Pathology and Laboratory	Molecular Pathology Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81304	Gene analysis (methyl CpG binding protein 2) duplication or deletion variants	Pathology and Laboratory	Molecular Pathology Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81305	Gene analysis (myeloid differentiation primary response 88) for p.Leu265Pro variant	Pathology and Laboratory Services	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian

81306	Gene analysis (nudix hydrolase 15) for common variants	Pathology and Laboratory Services	Molecular Pathology Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81310	Gene analysis (nucleophosmin) exon 12 variants	Pathology and Laboratory	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81311	Gene analysis for cancer (neuroblastoma)	Pathology and Laboratory	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81312	Gene analysis (poly[A] binding protein nuclear 1) for abnormal alleles	Pathology and Laboratory Services	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81313	Test for detecting genes associated with prostate cancer	Pathology and Laboratory	Molecular Pathology Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81314	Gene analysis ((platelet-derived growth factor receptor, alpha polypeptide) targeted sequence	Pathology and Laboratory	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81315	Translocation analysis (PML-RARA regulated adaptor molecule 1) common breakpoint	Pathology and Laboratory	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81316	Translocation analysis (PML-RARA regulated adaptor molecule 1) single breakpoint	Pathology and Laboratory	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81317	Gene analysis (postmeiotic segregation increased 2 [S cerevisiae]) full sequence analysis	Pathology and Laboratory	Molecular Pathology Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)

81318	Gene analysis (postmeiotic segregation increased 2 [S cerevisiae]) known familial variants	Pathology and Laboratory	Molecular Pathology Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81319	Gene analysis (postmeiotic segregation increased 2 [S cerevisiae]) duplication or deletion variants	Pathology and Laboratory	Molecular Pathology Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81320	Gene analysis (phospholipase C gamma 2) for common variants	Pathology and Laboratory Services	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81321	Gene analysis (phosphatase and tensin homolog), full sequence analysis	Pathology and Laboratory	Molecular Pathology Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81322	Gene analysis (phosphatase and tensin homolog), known familial variant	Pathology and Laboratory	Molecular Pathology Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81323	Gene analysis (phosphatase and tensin homolog), duplication or deletion variant	Pathology and Laboratory	Molecular Pathology Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81324	Gene analysis (peripheral myelin protein 22), duplication or deletion analysis	Pathology and Laboratory	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81325	Gene analysis (peripheral myelin protein 22), full sequence analysis	Pathology and Laboratory	Molecular Pathology Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)

81326	Gene analysis (peripheral myelin protein 22), known familial variant	Pathology and Laboratory	Molecular Pathology Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81327	Methylation analysis (Septin9)	Pathology and Laboratory	Molecular Pathology Procedures	No	Service is within the scope of EviCore delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates
81328	SLCO1B1 (solute carrier organic anion transporter family, member 1B1) (eg, adverse drug reaction), gene analysis, common variant(s) (eg, *5)	Pathology and Laboratory	Molecular Pathology Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81329	Gene analysis (survival of motor neuron 1, telomeric) for dosage/deletion	Pathology and Laboratory Services	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81330	Gene analysis (sphingomyelin phosphodiesterase 1, acid lysosomal) common variants	Pathology and Laboratory	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81331	Methylation analysis (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A)	Pathology and Laboratory	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81332	Gene analysis (serpin peptidase inhibitor, clade A, alpha-1 antiproteinase, antitrypsin, member 1) common variants	Pathology and Laboratory	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81333	Gene analysis (transforming growth factor beta-induced) for common variants	Pathology and Laboratory Services	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81334	RUNX1 (runt related transcription factor 1) (eg, acute myeloid leukemia, familial platelet disorder with associated myeloid malignancy), gene analysis, targeted sequence analysis (eg, exons 3-8)	Pathology and Laboratory	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian

81335	TPMT (thiopurine S-methyltransferase) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3)	Pathology and Laboratory	Molecular Pathology Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81336	Gene analysis (survival of motor neuron 1, telomeric) of full sequence	Pathology and Laboratory Services	Molecular Pathology Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81337	Gene analysis (survival of motor neuron 1, telomeric) for known familial sequence variants	Pathology and Laboratory Services	Molecular Pathology Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81340	Gene analysis (T cell antigen receptor beta) amplification methodology	Pathology and Laboratory	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81341	Gene rearrangement analysis detection abnormal clonal population (T cell antigen receptor beta) direct probe methodology	Pathology and Laboratory	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81342	Gene rearrangement analysis detection abnormal clonal population (T cell antigen receptor gamma)	Pathology and Laboratory	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81343	Gene analysis (protein phosphatase 2 regulatory subunit Bbeta) for abnormal alleles	Pathology and Laboratory Services	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81344	Gene analysis (TATA box binding protein) for abnormal alleles	Pathology and Laboratory Services	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81345	Gene analysis (telomerase reverse transcriptase) targeted sequence analysis	Pathology and Laboratory Services	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian

81346	TYMS (thymidylate synthetase) (eg, 5-fluorouracil/5-FU drug metabolism), gene analysis, common variant(s) (eg, tandem repeat variant)	Pathology and Laboratory	Molecular Pathology Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81350	Gene analysis (UDP glucuronosyltransferase 1 family, polypeptide A1) common variants	Pathology and Laboratory	Molecular Pathology Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81355	Gene analysis (vitamin K epoxide reductase complex subunit 1) common variants	Pathology and Laboratory	Molecular Pathology Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81361	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); common variant(s) (eg, HbS, HbC, HbE)	Pathology and Laboratory	Molecular Pathology Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81362	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); known familial variant(s)	Pathology and Laboratory	Molecular Pathology Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81363	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); duplication/deletion variant(s)	Pathology and Laboratory	Molecular Pathology Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81364	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); full gene sequence	Pathology and Laboratory	Molecular Pathology Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81370	HLA class I and II typing low resolution HLA-A, -B, -C, -DRB1/3/4/5 and -DQB1	Pathology and Laboratory	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian

81371	HLA class I and II typing, low resolution HLA-A, -B, and -DRB1	Pathology and Laboratory	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81372	HLA class I typing low resolution	Pathology and Laboratory	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81373	HLA class I typing low resolution one locus	Pathology and Laboratory	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81374	HLA class I typing, low resolution one antigen equivalent	Pathology and Laboratory	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81375	HLA class II typing low resolution HLA-DRB1/3/4/5 and -DQB1	Pathology and Laboratory	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81376	HLA class II typing low resolution one locus	Pathology and Laboratory	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81377	HLA class II typing low resolution one antigen equivalent	Pathology and Laboratory	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81378	HLA class I and II typing high resolution HLA-A, -B, -C, and -DRB1	Pathology and Laboratory	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81379	HLA Class I typing high resolution	Pathology and Laboratory	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81380	HLA class I typing high resolution one locus	Pathology and Laboratory	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian

81381	HLA class I typing high resolution one allele or allele group	Pathology and Laboratory	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81382	HLA class II typing high resolution one locus	Pathology and Laboratory	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81383	HLA class II typing high resolution one allele or allele group	Pathology and Laboratory	Molecular Pathology Procedures	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81400	Molecular pathology procedure level 1	Pathology and Laboratory	Molecular Pathology Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81401	Molecular pathology procedure level 2	Pathology and Laboratory	Molecular Pathology Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81402	Molecular pathology procedure level 3	Pathology and Laboratory	Molecular Pathology Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81403	Molecular pathology procedure level 4	Pathology and Laboratory	Molecular Pathology Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81404	Molecular pathology procedure level 5	Pathology and Laboratory	Molecular Pathology Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)

81405	Molecular pathology procedure level 6	Pathology and Laboratory	Molecular Pathology Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81406	Molecular pathology procedure level 7	Pathology and Laboratory	Molecular Pathology Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81407	Molecular pathology procedure level 8	Pathology and Laboratory	Molecular Pathology Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81408	Molecular pathology procedure level 9	Pathology and Laboratory	Molecular Pathology Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81410	Test for detecting genes associated with heart disease	Pathology and Laboratory	Genomic Sequencing Procedures and Other Molecular Multianalyte Assays	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81411	Test for detecting genes associated with heart disease	Pathology and Laboratory	Genomic Sequencing Procedures and Other Molecular Multianalyte Assays	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81412	Test for detecting genes for disorders related to Ashkenazi Jews	Pathology and Laboratory	Genomic Sequencing Procedures and Other Molecular Multianalyte Assays	No	Service is within the scope of EviCore delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates

81413	Test for detecting genes associated with heart disease	Pathology and Laboratory	Genomic Sequencing Procedures and Other Molecular Multianalyte Assays	No	Service is within the scope of EviCore delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates
81414	Test for detecting genes associated with heart disease	Pathology and Laboratory	Genomic Sequencing Procedures and Other Molecular Multianalyte Assays	No	Service is within the scope of EviCore delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates
81415	Test for detecting genes associated with diseases	Pathology and Laboratory	Genomic Sequencing Procedures and Other Molecular Multianalyte Assays	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81416	Test for detecting genes associated with disease	Pathology and Laboratory	Genomic Sequencing Procedures and Other Molecular Multianalyte Assays	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81417	Reevaluation test for detecting genes associated with disease	Pathology and Laboratory	Genomic Sequencing Procedures and Other Molecular Multianalyte Assays	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81420	Test for detecting genes associated with fetal disease	Pathology and Laboratory	Genomic Sequencing Procedures and Other Molecular Multianalyte Assays	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81422	Test for detecting genes associated with fetal disease	Pathology and Laboratory	Genomic Sequencing Procedures and Other Molecular Multianalyte Assays	No	Service is within the scope of EviCore delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates

81425	Test for detecting genes associated with disease	Pathology and Laboratory	Genomic Sequencing Procedures and Other Molecular Multianalyte Assays	Yes	Effective 1/1/2020: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81426	Test for detecting genes associated with disease	Pathology and Laboratory	Genomic Sequencing Procedures and Other Molecular Multianalyte Assays	Yes	Effective 1/1/2020: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81427	Reevaluation test for detecting genes associated with disease	Pathology and Laboratory	Genomic Sequencing Procedures and Other Molecular Multianalyte Assays	Yes	Effective 1/1/2020: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81430	Test for detecting genes causing hearing loss	Pathology and Laboratory	Genomic Sequencing Procedures and Other Molecular Multianalyte Assays	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81431	Test for detecting genes causing hearing loss	Pathology and Laboratory	Genomic Sequencing Procedures and Other Molecular Multianalyte Assays	No	Service is within the scope of EviCore delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates
81432	Gene analysis (breast and related cancers), genomic sequence	Pathology and Laboratory	Genomic Sequencing Procedures and Other Molecular Multianalyte Assays	No	Service is within the scope of EviCore delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates
81433	Gene analysis (breast and related cancers), duplication or deletion variants	Pathology and Laboratory	Genomic Sequencing Procedures and Other Molecular Multianalyte Assays	No	Service is within the scope of EviCore delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates

81434	Gene analysis (retinal disorders), genomic sequence	Pathology and Laboratory	Genomic Sequencing Procedures and Other Molecular Multianalyte Assays	No	Service is within the scope of EviCore delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates
81435	Test for detecting genes associated with colon cancer	Pathology and Laboratory	Genomic Sequencing Procedures and Other Molecular Multianalyte Assays	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81436	Test for detecting genes associated with colon cancer	Pathology and Laboratory	Genomic Sequencing Procedures and Other Molecular Multianalyte Assays	No	Service is within the scope of EviCore delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates
81437	Gene analysis (neuroendocrine tumors), genomic sequence	Pathology and Laboratory	Genomic Sequencing Procedures and Other Molecular Multianalyte Assays	No	Service is within the scope of EviCore delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates
81438	Gene analysis (neuroendocrine tumors), duplication and deletion variants	Pathology and Laboratory	Genomic Sequencing Procedures and Other Molecular Multianalyte Assays	No	Service is within the scope of EviCore delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates
81439	Test for detecting genes associated with inherited disease of heart muscle	Pathology and Laboratory	Genomic Sequencing Procedures and Other Molecular Multianalyte Assays	No	Service is within the scope of EviCore delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates
81440	Test for detecting genes	Pathology and Laboratory	Genomic Sequencing Procedures and Other Molecular Multianalyte Assays	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)

81442	Gene analysis (noonan syndrome) genomic sequence analysis	Pathology and Laboratory	Genomic Sequencing Procedures and Other Molecular Multianalyte Assays	No	Service is within the scope of EviCore delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates
81443	Genomic sequence analysis panel for severe inherited conditions with sequencing of 15 or more genes	Pathology and Laboratory Services	Molecular Pathology Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81445	Test for detecting genes associated with cancer of body organ	Pathology and Laboratory	Genomic Sequencing Procedures and Other Molecular Multianalyte Assays	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81448	Hereditary peripheral neuropathies (eg, Charcot-Marie-Tooth, spastic paraplegia), genomic sequence analysis panel, must include sequencing of at least 5 peripheral neuropathy-related genes (eg, BSCL2, GJB1, MFN2, MPZ, REEP1, SPAST, SPG11, SPTLC1)	Pathology and Laboratory	Genomic Sequencing Procedures and Other Molecular Multianalyte Assays	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81450	Test for detecting genes associated with blood related cancer	Pathology and Laboratory	Genomic Sequencing Procedures and Other Molecular Multianalyte Assays	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81455	Test for detecting genes associated with cancer	Pathology and Laboratory	Genomic Sequencing Procedures and Other Molecular Multianalyte Assays	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81460	Test for detecting genes associated with disease	Pathology and Laboratory	Genomic Sequencing Procedures and Other Molecular Multianalyte Assays	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)

81465	Test for detecting genes associated with disease	Pathology and Laboratory	Genomic Sequencing Procedures and Other Molecular Multianalyte Assays	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81470	Test for detecting genes associated with intellectual disability	Pathology and Laboratory	Genomic Sequencing Procedures and Other Molecular Multianalyte Assays	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81471	Test for detecting genes associated with intellectual disability	Pathology and Laboratory	Genomic Sequencing Procedures and Other Molecular Multianalyte Assays	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81479	Molecular pathology procedure	Pathology and Laboratory	Genomic Sequencing Procedures and Other Molecular Multianalyte Assays	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81490	Test for detecting genes associated with rheumatoid arthritis using immunoassay technique	Pathology and Laboratory	Multianalyte Assays with Algorithmic Analyses	No	Service is within the scope of EviCore delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates
81493	Test for detecting genes associated with heart vessels diseases	Pathology and Laboratory	Multianalyte Assays with Algorithmic Analyses	No	Service is within the scope of EviCore delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates
81500	Genetic profiling on oncology biopsy of ovarian lesions	Pathology and Laboratory	Multianalyte Assays with Algorithmic Analyses	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)

81503	Genetic profiling on oncology biopsy of ovarian lesions	Pathology and Laboratory	Multianalyte Assays with Algorithmic Analyses	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81504	Genetic profiling on oncology biopsy lesions	Pathology and Laboratory	Multianalyte Assays with Algorithmic Analyses	No	Service is within the scope of EviCore delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates
81506	Endocrinology (type 2 diabetes), biochemical assays of seven analytes (glucose, hba1c, insulin, hs-crp, adiponectin, ferritin, interleukin 2-receptor alpha), utilizing serum or plasma, algorithm reporting a risk score	Pathology and Laboratory	Multianalyte Assays with Algorithmic Analyses	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81507	DNA analysis using maternal plasma	Pathology and Laboratory	Multianalyte Assays with Algorithmic Analyses	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81508	Fetal congenital abnormalities, biochemical assays of two proteins (papp-a, hcg [any form]), utilizing maternal serum, algorithm reported as a risk score	Pathology and Laboratory	Multianalyte Assays with Algorithmic Analyses	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81509	Fetal congenital abnormalities, biochemical assays of three proteins (papp-a, hcg [any form], dia), utilizing maternal serum, algorithm reported as a risk score	Pathology and Laboratory	Multianalyte Assays with Algorithmic Analyses	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81510	Fetal congenital abnormalities, biochemical assays of three analytes (afp, ue3, hcg [any form]), utilizing maternal serum, algorithm reported as a risk score	Pathology and Laboratory	Multianalyte Assays with Algorithmic Analyses	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81511	Fetal congenital abnormalities, biochemical assays of four analytes (afp, ue3, hcg [any form], dia) utilizing maternal serum, algorithm reported as a risk score	Pathology and Laboratory	Multianalyte Assays with Algorithmic Analyses	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian
81512	Fetal congenital abnormalities, biochemical assays of five analytes (afp, ue3, total hcg, hyperglycosylated hcg, dia) utilizing maternal serum, algorithm reported as a risk score	Pathology and Laboratory	Multianalyte Assays with Algorithmic Analyses	Yes	If this code is included in a request that includes any eviCore delegated code(s), the PA is required through eviCore. Otherwise, PA request should be submitted to Meridian

81518	mRNA gene analysis of 11 genes in breast tumor tissue	Pathology and Laboratory Services	Molecular Pathology Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81519	Test for detecting genes associated with breast cancer	Pathology and Laboratory	Multianalyte Assays with Algorithmic Analyses	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81520	Oncology (breast), mRNA gene expression profiling by hybrid capture of 58 genes (50 content and 8 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence risk score	Pathology and Laboratory	Multianalyte Assays with Algorithmic Analyses	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81521	Oncology (breast), mRNA, microarray gene expression profiling of 70 content genes and 465 housekeeping genes, utilizing fresh frozen or formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk of distant metastasis	Pathology and Laboratory	Multianalyte Assays with Algorithmic Analyses	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81525	Gene analysis (colon related cancer)	Pathology and Laboratory	Multianalyte Assays with Algorithmic Analyses	No	Service is within the scope of EviCore delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates
81528	Gene analysis (colorectal cancer)	Pathology and Laboratory	Multianalyte Assays with Algorithmic Analyses	No	None
81535	Culture of live tumor cells and chemotherapy drug response by staining	Pathology and Laboratory	Multianalyte Assays with Algorithmic Analyses	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)

81536	Culture of live tumor cells and chemotherapy drug response by staining	Pathology and Laboratory	Multianalyte Assays with Algorithmic Analyses	Yes	Add-On Code - This code must be billed with the appropriate primary procedure code; Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81538	Testing of lung tumor cells for prediction of survival	Pathology and Laboratory	Multianalyte Assays with Algorithmic Analyses	No	Service is within the scope of EviCore delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates
81539	Measurement of proteins associated with prostate cancer	Pathology and Laboratory	Multianalyte Assays with Algorithmic Analyses	No	Service is within the scope of EviCore delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates
81540	Gene analysis (cancer)	Pathology and Laboratory	Multianalyte Assays with Algorithmic Analyses	No	Service is within the scope of EviCore delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates
81541	Oncology (prostate), mRNA gene expression profiling by real-time RT-PCR of 46 genes (31 content and 15 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a disease-specific mortality risk score	Pathology and Laboratory	Multianalyte Assays with Algorithmic Analyses	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81545	Gene analysis (thyroid cancer)	Pathology and Laboratory	Multianalyte Assays with Algorithmic Analyses	No	Code termed 01/01/2021 - Service is within the scope of EviCore delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates
81551	Oncology (prostate), promoter methylation profiling by real-time PCR of 3 genes (GSTP1, APC, RASSF1), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a likelihood of prostate cancer detection on repeat biopsy	Pathology and Laboratory	Multianalyte Assays with Algorithmic Analyses	No	Service is within the scope of EviCore delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates

81595	Test for detecting genes associated with heart diseases	Pathology and Laboratory	Multianalyte Assays with Algorithmic Analyses	No	Service is within the scope of EviCore delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates
81596	Biochemical assays for evaluation of chronic Hepatitis C virus infection	Pathology and Laboratory Services	Multianalyte Assays	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81599	Multianalyte assay procedure with algorithmic analysis	Pathology and Laboratory	Multianalyte Assays with Algorithmic Analyses	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
82009	Ketone bodies analysis	Pathology and Laboratory	Chemistry Procedures	No	None
82010	Ketone bodies analysis	Pathology and Laboratory	Chemistry Procedures	No	None
82013	Acetylcholinesterase (enzyme) level	Pathology and Laboratory	Chemistry Procedures	No	None
82016	Chemical analysis for genetic disorder	Pathology and Laboratory	Chemistry Procedures	No	None
82017	Chemical test for genetic disorder	Pathology and Laboratory	Chemistry Procedures	No	None
82024	Adrenocorticotrophic hormone (ACTH) level	Pathology and Laboratory	Chemistry Procedures	No	None
82030	Adenosine, 5-monophosphate, cyclic (cyclic AMP) level	Pathology and Laboratory	Chemistry Procedures	No	None
82040	Albumin (protein) level	Pathology and Laboratory	Chemistry Procedures	No	None
82042	Urine albumin (protein) level	Pathology and Laboratory	Chemistry Procedures	No	None
82043	Urine microalbumin (protein) level	Pathology and Laboratory	Chemistry Procedures	No	None
82044	Urine microalbumin (protein) analysis	Pathology and Laboratory	Chemistry Procedures	No	None
82045	Albumin (protein) level related to restricted heart blood flow	Pathology and Laboratory	Chemistry Procedures	No	None
82075	Breath alcohol level	Pathology and Laboratory	Chemistry Procedures	No	None
82085	Aldolase (enzyme) level	Pathology and Laboratory	Chemistry Procedures	No	None
82088	Aldosterone hormone level	Pathology and Laboratory	Chemistry Procedures	No	None
82103	Alpha-1-antitrypsin (protein) blood test	Pathology and Laboratory	Chemistry Procedures	No	None
82104	Alpha-1-antitrypsin (protein) blood test	Pathology and Laboratory	Chemistry Procedures	No	None
82105	Alpha-fetoprotein (AFP) level, serum	Pathology and Laboratory	Chemistry Procedures	No	None

82106	Alpha-fetoprotein (AFP) level, amniotic fluid	Pathology and Laboratory	Chemistry Procedures	No	None
82107	Alpha-fetoprotein (AFP) analysis	Pathology and Laboratory	Chemistry Procedures	No	None
82108	Aluminum level	Pathology and Laboratory	Chemistry Procedures	No	None
82120	Vaginal fluid chemical analysis for bacteria	Pathology and Laboratory	Chemistry Procedures	No	None
82127	Amino acid analysis	Pathology and Laboratory	Chemistry Procedures	No	None
82128	Amino acid analysis, multiple amino acids	Pathology and Laboratory	Chemistry Procedures	No	None
82131	Amino acid analysis	Pathology and Laboratory	Chemistry Procedures	No	None
82135	Aminolevulinic acid (protein) level	Pathology and Laboratory	Chemistry Procedures	No	None
82136	Amino acid level, multiple amino acids	Pathology and Laboratory	Chemistry Procedures	No	None
82139	Amino acid level, multiple amino acids	Pathology and Laboratory	Chemistry Procedures	No	None
82140	Ammonia level	Pathology and Laboratory	Chemistry Procedures	No	None
82143	Amniotic fluid scan	Pathology and Laboratory	Chemistry Procedures	No	None
82150	Amylase (enzyme) level	Pathology and Laboratory	Chemistry Procedures	No	None
82154	Androstenediol glucuronide (hormone) level	Pathology and Laboratory	Chemistry Procedures	No	None
82157	Androstenedione (hormone) level	Pathology and Laboratory	Chemistry Procedures	No	None
82160	Androsterone (hormone) level	Pathology and Laboratory	Chemistry Procedures	No	None
82163	Angiotensin II (protein) level	Pathology and Laboratory	Chemistry Procedures	No	None
82164	Angiotensin I - converting enzyme (ACE) level	Pathology and Laboratory	Chemistry Procedures	No	None
82172	Apolipoprotein level	Pathology and Laboratory	Chemistry Procedures	No	None
82175	Arsenic level	Pathology and Laboratory	Chemistry Procedures	No	None
82180	Ascorbic acid (Vitamin C) level, blood	Pathology and Laboratory	Chemistry Procedures	No	None
82190	Measurement of substance using spectroscopy (light)	Pathology and Laboratory	Chemistry Procedures	No	None
82232	Beta-2 microglobulin (protein) level	Pathology and Laboratory	Chemistry Procedures	No	None
82239	Bile acids level	Pathology and Laboratory	Chemistry Procedures	No	None
82240	Bile acids level	Pathology and Laboratory	Chemistry Procedures	No	None
82247	Bilirubin level	Pathology and Laboratory	Chemistry Procedures	No	None
82248	Bilirubin level	Pathology and Laboratory	Chemistry Procedures	No	None
82252	Stool analysis for bilirubin	Pathology and Laboratory	Chemistry Procedures	No	None
82261	Biotinidase (enzyme) level	Pathology and Laboratory	Chemistry Procedures	No	None
82270	Stool analysis for blood to screen for colon tumors	Pathology and Laboratory	Chemistry Procedures	No	None

82271	Specimen analysis for blood	Pathology and Laboratory	Chemistry Procedures	No	None
82272	Stool analysis for blood	Pathology and Laboratory	Chemistry Procedures	No	None
82274	Stool analysis for blood	Pathology and Laboratory	Chemistry Procedures	No	None
82286	Bradykinin (protein) level	Pathology and Laboratory	Chemistry Procedures	No	None
82300	Cadmium level	Pathology and Laboratory	Chemistry Procedures	No	None
82306	Vitamin D-3 level	Pathology and Laboratory	Chemistry Procedures	No	None
82308	Calcitonin (hormone) level	Pathology and Laboratory	Chemistry Procedures	No	None
82310	Calcium level	Pathology and Laboratory	Chemistry Procedures	No	None
82330	Calcium level	Pathology and Laboratory	Chemistry Procedures	No	None
82331	Calcium level	Pathology and Laboratory	Chemistry Procedures	No	None
82340	Urine calcium level	Pathology and Laboratory	Chemistry Procedures	No	None
82355	Analysis of stone	Pathology and Laboratory	Chemistry Procedures	No	None
82360	Chemical analysis of stone	Pathology and Laboratory	Chemistry Procedures	No	None
82365	Infrared analysis of stone	Pathology and Laboratory	Chemistry Procedures	No	None
82370	X-ray analysis of stone	Pathology and Laboratory	Chemistry Procedures	No	None
82373	Carbohydrate deficient transferrin (protein) level	Pathology and Laboratory	Chemistry Procedures	No	None
82374	Carbon dioxide (bicarbonate) level	Pathology and Laboratory	Chemistry Procedures	No	None
82375	Carboxyhemoglobin (protein) level	Pathology and Laboratory	Chemistry Procedures	No	None
82376	Carboxyhemoglobin (protein) analysis	Pathology and Laboratory	Chemistry Procedures	No	None
82378	Carcinoembryonic antigen (CEA) protein level	Pathology and Laboratory	Chemistry Procedures	No	None
82379	Carnitine level	Pathology and Laboratory	Chemistry Procedures	No	None
82380	Carotene level	Pathology and Laboratory	Chemistry Procedures	No	None
82382	Catecholamines (organic nitrogen) urine level	Pathology and Laboratory	Chemistry Procedures	No	None
82383	Catecholamines organic nitrogen blood level	Pathology and Laboratory	Chemistry Procedures	No	None
82384	Catecholamines (organic nitrogen) level	Pathology and Laboratory	Chemistry Procedures	No	None
82387	Cathepsin-D (enzyme) level	Pathology and Laboratory	Chemistry Procedures	No	None
82390	Ceruloplasmin (protein) level	Pathology and Laboratory	Chemistry Procedures	No	None
82397	Analysis using chemiluminescent technique (light and chemical)reaction	Pathology and Laboratory	Chemistry Procedures	No	None
82415	Chloramphenicol level	Pathology and Laboratory	Chemistry Procedures	No	None
82435	Blood chloride level	Pathology and Laboratory	Chemistry Procedures	No	None

82436	Urine chloride level	Pathology and Laboratory	Chemistry Procedures	No	None
82438	Chloride level	Pathology and Laboratory	Chemistry Procedures	No	None
82441	Screening test for chlorinated hydrocarbons	Pathology and Laboratory	Chemistry Procedures	No	None
82465	Cholesterol level	Pathology and Laboratory	Chemistry Procedures	No	None
82480	Cholinesterase (enzyme) level, to test for exposure to chemical or liver disease	Pathology and Laboratory	Chemistry Procedures	No	None
82482	Cholinesterase (enzyme) level	Pathology and Laboratory	Chemistry Procedures	No	None
82485	Chondroitin B sulfate (protein) level	Pathology and Laboratory	Chemistry Procedures	No	None
82495	Chromium level to test for poisoning or deficiency	Pathology and Laboratory	Chemistry Procedures	No	None
82507	Citrate level	Pathology and Laboratory	Chemistry Procedures	No	None
82523	Collagen cross links test, (urine test to evaluate bone health)	Pathology and Laboratory	Chemistry Procedures	No	Covered benefit only for Qualified Medicare Beneficiaries
82525	Copper level	Pathology and Laboratory	Chemistry Procedures	No	None
82528	Corticosterone (hormone) level	Pathology and Laboratory	Chemistry Procedures	No	None
82530	Cortisol (hormone) measurement	Pathology and Laboratory	Chemistry Procedures	No	None
82533	Cortisol (hormone) measurement	Pathology and Laboratory	Chemistry Procedures	No	None
82540	Creatine measurement	Pathology and Laboratory	Chemistry Procedures	No	None
82542	Chemical analysis using chromatography technique	Pathology and Laboratory	Chemistry Procedures	No	None
82550	Creatine kinase (cardiac enzyme) level	Pathology and Laboratory	Chemistry Procedures	No	None
82552	Creatine kinase (cardiac enzyme) level	Pathology and Laboratory	Chemistry Procedures	No	None
82553	Creatine kinase (cardiac enzyme) level	Pathology and Laboratory	Chemistry Procedures	No	None
82554	Creatine kinase (cardiac enzyme) level	Pathology and Laboratory	Chemistry Procedures	No	None
82565	Blood creatinine level	Pathology and Laboratory	Chemistry Procedures	No	None
82570	Creatinine level to test for kidney function or muscle injury	Pathology and Laboratory	Chemistry Procedures	No	None
82575	Creatinine clearance measurement to test for kidney function	Pathology and Laboratory	Chemistry Procedures	No	None
82585	Cryofibrinogen (protein) level	Pathology and Laboratory	Chemistry Procedures	No	None
82595	Cryoglobulin (protein) measurement	Pathology and Laboratory	Chemistry Procedures	No	None
82600	Cyanide measurement	Pathology and Laboratory	Chemistry Procedures	No	None
82607	Cyanocobalamin (vitamin B-12) level	Pathology and Laboratory	Chemistry Procedures	No	None
82608	Cyanocobalamin (vitamin B-12) level	Pathology and Laboratory	Chemistry Procedures	No	None
82610	Cystatin C (enzyme inhibitor) level	Pathology and Laboratory	Chemistry Procedures	No	None

82615	Cystine and homocystine (amino acids) analysis	Pathology and Laboratory	Chemistry Procedures	No	None
82626	Dehydroepiandrosterone (DHEA) hormone level	Pathology and Laboratory	Chemistry Procedures	No	None
82627	Dehydroepiandrosterone (DHEA-S) hormone level	Pathology and Laboratory	Chemistry Procedures	No	None
82633	Desoxycorticosterone, 11 (hormone) level	Pathology and Laboratory	Chemistry Procedures	No	None
82634	Deoxycortisol, 11 (hormone) level	Pathology and Laboratory	Chemistry Procedures	No	None
82638	Dibucaine number (enzyme) measurement	Pathology and Laboratory	Chemistry Procedures	No	None
82642	Measurement of dihydrotestosterone	Pathology and Laboratory Services	Chemistry	Yes	None
82652	Dihydroxyvitamin D, 1, 25 level	Pathology and Laboratory	Chemistry Procedures	No	None
82656	Pancreatic elastase (enzyme) measurement	Pathology and Laboratory	Chemistry Procedures	No	None
82657	Enzyme activity measurement	Pathology and Laboratory	Chemistry Procedures	No	None
82658	Enzyme activity measurement	Pathology and Laboratory	Chemistry Procedures	No	None
82664	Electrophoresis, laboratory testing technique	Pathology and Laboratory	Chemistry Procedures	No	None
82668	Erythropoietin (protein) level	Pathology and Laboratory	Chemistry Procedures	No	None
82670	Estradiol (hormone) level	Pathology and Laboratory	Chemistry Procedures	No	None
82671	Estrogen analysis	Pathology and Laboratory	Chemistry Procedures	No	None
82672	Estrogen analysis	Pathology and Laboratory	Chemistry Procedures	No	None
82677	Estriol (hormone) level	Pathology and Laboratory	Chemistry Procedures	No	None
82679	Estrone (hormone) level	Pathology and Laboratory	Chemistry Procedures	No	None
82693	Ethylene glycol (antifreeze) measurement	Pathology and Laboratory	Chemistry Procedures	No	None
82696	Etiocholanolone (testosterone byproduct) level	Pathology and Laboratory	Chemistry Procedures	No	None
82705	Stool fat analysis	Pathology and Laboratory	Chemistry Procedures	No	None
82710	Stool fat measurement	Pathology and Laboratory	Chemistry Procedures	No	None
82715	Stool fat measurement	Pathology and Laboratory	Chemistry Procedures	No	None
82725	Fatty acids measurement	Pathology and Laboratory	Chemistry Procedures	No	None
82726	Very long chain fatty acids level	Pathology and Laboratory	Chemistry Procedures	No	None
82728	Ferritin (blood protein) level	Pathology and Laboratory	Chemistry Procedures	No	None
82731	Fetal fibronectin (protein) analysis	Pathology and Laboratory	Chemistry Procedures	No	None
82735	Fluoride level	Pathology and Laboratory	Chemistry Procedures	No	None
82746	Folic acid level	Pathology and Laboratory	Chemistry Procedures	No	None

82747	Folic acid level	Pathology and Laboratory	Chemistry Procedures	No	None
82757	Semen fructose (carbohydrate) level	Pathology and Laboratory	Chemistry Procedures	No	None
82759	Galactokinase (enzyme) level	Pathology and Laboratory	Chemistry Procedures	No	None
82760	Galactose (carbohydrate) level	Pathology and Laboratory	Chemistry Procedures	No	None
82775	Galactose-1-phosphate uridyl transferase (enzyme) level	Pathology and Laboratory	Chemistry Procedures	No	None
82776	Galactose-1-phosphate uridyl transferase screening test	Pathology and Laboratory	Chemistry Procedures	No	None
82777	Galectin-3 level	Pathology and Laboratory	Chemistry Procedures	No	None
82784	Gammaglobulin (immune system protein) measurement	Pathology and Laboratory	Chemistry Procedures	Yes	PA Effective 9/17/2019
82785	IgE (immune system protein) level	Pathology and Laboratory	Chemistry Procedures	No	None
82787	Gammaglobulin (immune system protein) measurement	Pathology and Laboratory	Chemistry Procedures	No	None
82800	Blood pH level	Pathology and Laboratory	Chemistry Procedures	No	None
82803	Blood gases measurement	Pathology and Laboratory	Chemistry Procedures	No	None
82805	Blood gases measurement	Pathology and Laboratory	Chemistry Procedures	No	None
82810	Blood gas, oxygen saturation measurement	Pathology and Laboratory	Chemistry Procedures	No	None
82820	Hemoglobin-oxygen affinity measurement	Pathology and Laboratory	Chemistry Procedures	No	None
82930	Gastric acid analysis	Pathology and Laboratory	Chemistry Procedures	No	None
82938	Gastrin (GI tract hormone) level	Pathology and Laboratory	Chemistry Procedures	No	None
82941	Gastrin (GI tract hormone) level	Pathology and Laboratory	Chemistry Procedures	No	None
82943	Glucagon (pancreatic hormone) level	Pathology and Laboratory	Chemistry Procedures	No	None
82945	Glucose (sugar) level on body fluid	Pathology and Laboratory	Chemistry Procedures	No	None
82946	Glucagon (pancreatic hormone) tolerance test	Pathology and Laboratory	Chemistry Procedures	No	None
82947	Blood glucose (sugar) level	Pathology and Laboratory	Chemistry Procedures	No	None
82948	Blood glucose (sugar) measurement using reagent strip	Pathology and Laboratory	Chemistry Procedures	No	None
82950	Blood glucose (sugar) level after receiving dose of glucose	Pathology and Laboratory	Chemistry Procedures	No	None
82951	Blood glucose (sugar) tolerance test	Pathology and Laboratory	Chemistry Procedures	No	None
82952	Blood glucose (sugar) tolerance test	Pathology and Laboratory	Chemistry Procedures	No	Add-On Code - This code must be billed with the appropriate primary procedure code
82955	G6PD (enzyme) level	Pathology and Laboratory	Chemistry Procedures	No	None
82960	G6PD (enzyme) screening test	Pathology and Laboratory	Chemistry Procedures	No	None
82962	Blood glucose (sugar) test performed by hand-held instrument	Pathology and Laboratory	Chemistry Procedures	No	None

82963	Glucosidase (sugar enzyme) measurement	Pathology and Laboratory	Chemistry Procedures	No	None
82965	Glutamate dehydrogenase (enzyme) measurement	Pathology and Laboratory	Chemistry Procedures	No	None
82977	Glutamyltransferase (liver enzyme) level	Pathology and Laboratory	Chemistry Procedures	No	None
82978	Glutathione (protein) level	Pathology and Laboratory	Chemistry Procedures	No	None
82979	Glutathione reductase (enzyme) level	Pathology and Laboratory	Chemistry Procedures	No	None
82985	Glycated protein level	Pathology and Laboratory	Chemistry Procedures	No	None
83001	Gonadotropin, follicle stimulating (reproductive hormone) level	Pathology and Laboratory	Chemistry Procedures	No	None
83002	Gonadotropin, luteinizing (reproductive hormone) level	Pathology and Laboratory	Chemistry Procedures	No	None
83003	Human growth hormone level	Pathology and Laboratory	Chemistry Procedures	No	None
83006	Test for detecting genes associated with growth stimulation	Pathology and Laboratory	Chemistry Procedures	No	None
83009	Blood test analysis for helicobacter pylori	Pathology and Laboratory	Chemistry Procedures	No	None
83010	Haptoglobin (serum protein) level	Pathology and Laboratory	Chemistry Procedures	No	None
83012	Haptoglobin (serum protein) measurement	Pathology and Laboratory	Chemistry Procedures	No	None
83013	Breath test analysis for helicobacter pylori	Pathology and Laboratory	Chemistry Procedures	No	None
83014	Administration of drug for helicobacter pylori	Pathology and Laboratory	Chemistry Procedures	No	None
83015	Heavy metal screening test	Pathology and Laboratory	Chemistry Procedures	No	None
83018	Heavy metal level	Pathology and Laboratory	Chemistry Procedures	No	None
83020	Hemoglobin analysis and measurement	Pathology and Laboratory	Chemistry Procedures	No	None
83021	Hemoglobin analysis and measurement	Pathology and Laboratory	Chemistry Procedures	No	None
83026	Hemoglobin level	Pathology and Laboratory	Chemistry Procedures	No	None
83030	Fetal hemoglobin level	Pathology and Laboratory	Chemistry Procedures	No	None
83033	Fetal hemoglobin analysis	Pathology and Laboratory	Chemistry Procedures	No	None
83036	Hemoglobin A1C level	Pathology and Laboratory	Chemistry Procedures	No	None
83037	Hemoglobin A1C level	Pathology and Laboratory	Chemistry Procedures	No	None
83045	Methemoglobin (hemoglobin) analysis	Pathology and Laboratory	Chemistry Procedures	No	None
83050	Methemoglobin (hemoglobin) analysis	Pathology and Laboratory	Chemistry Procedures	No	None
83051	Plasma hemoglobin level	Pathology and Laboratory	Chemistry Procedures	No	None
83060	Sulfhemoglobin (hemoglobin) level	Pathology and Laboratory	Chemistry Procedures	No	None
83065	Thermolabile (heat sensitive) hemoglobin level	Pathology and Laboratory	Chemistry Procedures	No	None
83068	Screening test for unstable hemoglobin	Pathology and Laboratory	Chemistry Procedures	No	None

83069	Urine hemoglobin level	Pathology and Laboratory	Chemistry Procedures	No	None
83070	Hemosiderin (hemoglobin breakdown product) analysis	Pathology and Laboratory	Chemistry Procedures	No	None
83080	b-Hexosaminidase (enzyme) level	Pathology and Laboratory	Chemistry Procedures	No	None
83088	Histamine (immune system substance) level	Pathology and Laboratory	Chemistry Procedures	No	None
83090	Homocysteine (amino acid) level	Pathology and Laboratory	Chemistry Procedures	No	None
83150	Homovanillic acid (organic acid) level	Pathology and Laboratory	Chemistry Procedures	No	None
83491	Hydroxycorticosteroids, 17 (adrenal gland hormone) level	Pathology and Laboratory	Chemistry Procedures	No	None
83497	Hydroxyindolacetic acid (product of metabolism) level	Pathology and Laboratory	Chemistry Procedures	No	None
83498	Hydroxyprogesterone, 17-D (synthetic hormone) level	Pathology and Laboratory	Chemistry Procedures	No	None
83499	Hydroxyprogesterone, 20 (synthetic hormone) level	Pathology and Laboratory	Chemistry Procedures	No	AMA Termed Code 1/01/2018
83500	Hydroxyproline (amino acid) measurement	Pathology and Laboratory	Chemistry Procedures	No	None
83505	Hydroxyproline (amino acid) measurement	Pathology and Laboratory	Chemistry Procedures	No	None
83516	Analysis of substance using immunoassay technique	Pathology and Laboratory	Chemistry Procedures	No	None
83518	Analysis of substance using immunoassay technique	Pathology and Laboratory	Chemistry Procedures	No	None
83519	Measurement of substance using immunoassay technique	Pathology and Laboratory	Chemistry Procedures	No	None
83520	Measurement of substance using immunoassay technique	Pathology and Laboratory	Chemistry Procedures	No	None
83525	Insulin measurement	Pathology and Laboratory	Chemistry Procedures	No	None
83527	Insulin measurement	Pathology and Laboratory	Chemistry Procedures	No	None
83528	Intrinsic factor (stomach protein) level	Pathology and Laboratory	Chemistry Procedures	No	None
83540	Iron level	Pathology and Laboratory	Chemistry Procedures	No	None
83550	Iron binding capacity	Pathology and Laboratory	Chemistry Procedures	No	None
83570	Isocitric dehydrogenase (enzyme) level	Pathology and Laboratory	Chemistry Procedures	No	None
83582	Ketogenic steroids (hormone) measurement	Pathology and Laboratory	Chemistry Procedures	No	None
83586	Ketosteroids, 17 (hormone) measurement	Pathology and Laboratory	Chemistry Procedures	No	None
83593	Ketosteroids, 17 (hormone) measurement	Pathology and Laboratory	Chemistry Procedures	No	None
83605	Lactic acid level	Pathology and Laboratory	Chemistry Procedures	No	None
83615	Lactate dehydrogenase (enzyme) level	Pathology and Laboratory	Chemistry Procedures	No	None
83625	Lactate dehydrogenase (enzyme) measurement	Pathology and Laboratory	Chemistry Procedures	No	None
83630	Stool lactoferrin (immune system protein) analysis	Pathology and Laboratory	Chemistry Procedures	No	None
83631	Stool lactoferrin (immune system protein) level	Pathology and Laboratory	Chemistry Procedures	No	None

83632	Human placental lactogen (placental hormone) level	Pathology and Laboratory	Chemistry Procedures	No	None
83633	Urine lactose (carbohydrate) analysis	Pathology and Laboratory	Chemistry Procedures	No	None
83655	Lead level	Pathology and Laboratory	Chemistry Procedures	No	None
83661	Fetal lung maturity assessment	Pathology and Laboratory	Chemistry Procedures	No	None
83662	Fetal lung maturity assessment	Pathology and Laboratory	Chemistry Procedures	No	None
83663	Fetal lung maturity assessment	Pathology and Laboratory	Chemistry Procedures	No	None
83664	Fetal lung maturity assessment	Pathology and Laboratory	Chemistry Procedures	No	None
83670	Leucine aminopeptidase (enzyme) level	Pathology and Laboratory	Chemistry Procedures	No	None
83690	Lipase (fat enzyme) level	Pathology and Laboratory	Chemistry Procedures	No	None
83695	Lipoprotein (A) level	Pathology and Laboratory	Chemistry Procedures	No	None
83698	Lipoprotein-associated phospholipase A2 (enzyme) level	Pathology and Laboratory	Chemistry Procedures	No	None
83700	Lipoprotein level	Pathology and Laboratory	Chemistry Procedures	No	None
83701	Lipoprotein measurement	Pathology and Laboratory	Chemistry Procedures	No	None
83704	Lipoprotein level	Pathology and Laboratory	Chemistry Procedures	No	None
83718	HDL cholesterol level	Pathology and Laboratory	Chemistry Procedures	No	None
83719	VLDL cholesterol level	Pathology and Laboratory	Chemistry Procedures	No	None
83721	LDL cholesterol level	Pathology and Laboratory	Chemistry Procedures	No	None
83722	Measurement of small dense low density lipoprotein cholesterol	Pathology and Laboratory Services	Chemistry	Yes	None
83727	Luteinizing releasing factor (reproductive hormone) level	Pathology and Laboratory	Chemistry Procedures	No	None
83735	Magnesium level	Pathology and Laboratory	Chemistry Procedures	No	None
83775	Malate dehydrogenase (enzyme) level	Pathology and Laboratory	Chemistry Procedures	No	None
83785	Manganese (heavy metal) level	Pathology and Laboratory	Chemistry Procedures	No	None
83789	Mass spectrometry (laboratory testing method)	Pathology and Laboratory	Chemistry Procedures	No	None
83825	Mercury level	Pathology and Laboratory	Chemistry Procedures	No	None
83835	Metanephrines level	Pathology and Laboratory	Chemistry Procedures	No	None
83857	Methemalbumin (protein) level	Pathology and Laboratory	Chemistry Procedures	No	None
83861	Microfluid analysis of tears	Pathology and Laboratory	Chemistry Procedures	No	None
83864	Mucopolysaccharides (protein) level	Pathology and Laboratory	Chemistry Procedures	No	None
83872	Joint fluid diagnostic test	Pathology and Laboratory	Chemistry Procedures	No	None

83873	Myelin basic protein (nerve protein) level, spinal fluid	Pathology and Laboratory	Chemistry Procedures	No	None
83874	Myoglobin (muscle protein) level	Pathology and Laboratory	Chemistry Procedures	No	None
83876	Myeloperoxidase (white blood cell enzyme) measurement	Pathology and Laboratory	Chemistry Procedures	No	None
83880	Natriuretic peptide (heart and blood vessel protein) level	Pathology and Laboratory	Chemistry Procedures	No	None
83883	Nephelometry, test method using light	Pathology and Laboratory	Chemistry Procedures	No	None
83885	Nickel level	Pathology and Laboratory	Chemistry Procedures	No	None
83915	Nucleotidase 5' (enzyme) level	Pathology and Laboratory	Chemistry Procedures	No	None
83916	Measurement of immune substance (oligoclonal bands)	Pathology and Laboratory	Chemistry Procedures	No	None
83918	Organic acids level	Pathology and Laboratory	Chemistry Procedures	No	None
83919	Organic acids analysis	Pathology and Laboratory	Chemistry Procedures	No	None
83921	Organic acid level	Pathology and Laboratory	Chemistry Procedures	No	None
83930	Blood osmolality (concentration) measurement	Pathology and Laboratory	Chemistry Procedures	No	None
83935	Urine osmolality (concentration) measurement	Pathology and Laboratory	Chemistry Procedures	No	None
83937	Osteocalcin (bone protein) level	Pathology and Laboratory	Chemistry Procedures	No	None
83945	Oxalate level	Pathology and Laboratory	Chemistry Procedures	No	None
83950	HER-2 oncoprotein (cancer related gene) measurement	Pathology and Laboratory	Chemistry Procedures	No	None
83951	Oncoprotein (cancer related gene) measurement	Pathology and Laboratory	Chemistry Procedures	No	None
83970	Parathormone (parathyroid hormone) level	Pathology and Laboratory	Chemistry Procedures	No	None
83986	Body fluid pH level	Pathology and Laboratory	Chemistry Procedures	No	None
83987	pH exhaled breath	Pathology and Laboratory	Chemistry Procedures	No	None
83992	PCP drug level	Pathology and Laboratory	Chemistry Procedures	No	None
83993	Stool calprotectin (protein) level	Pathology and Laboratory	Chemistry Procedures	No	None
84030	Phenylalanine, PKU (amino acid) level	Pathology and Laboratory	Chemistry Procedures	No	None
84035	Phenylketones (ketone) analysis	Pathology and Laboratory	Chemistry Procedures	No	None
84060	Phosphatase (enzyme) measurement	Pathology and Laboratory	Chemistry Procedures	No	None
84061	Phosphatase (enzyme) level for forensic examination	Pathology and Laboratory	Chemistry Procedures	No	AMA Termed Code 1/01/2018
84066	Phosphatase, prostatic (prostate enzyme) level	Pathology and Laboratory	Chemistry Procedures	No	None
84075	Phosphatase (enzyme) level	Pathology and Laboratory	Chemistry Procedures	No	None
84078	Phosphatase (enzyme) level	Pathology and Laboratory	Chemistry Procedures	No	None
84080	Phosphatase (enzyme) measurement	Pathology and Laboratory	Chemistry Procedures	No	None

84081	Phosphatidylglycerol (amniotic fluid organic acid) level	Pathology and Laboratory	Chemistry Procedures	No	None
84085	Phosphogluconate, 6, dehydrogenase (enzyme) level	Pathology and Laboratory	Chemistry Procedures	No	None
84087	Phosphohexose isomerase (enzyme) level	Pathology and Laboratory	Chemistry Procedures	No	None
84100	Phosphate level	Pathology and Laboratory	Chemistry Procedures	No	None
84105	Urine phosphate level	Pathology and Laboratory	Chemistry Procedures	No	None
84106	Urine porphobilinogen (metabolism substance) analysis	Pathology and Laboratory	Chemistry Procedures	No	None
84110	Urine porphobilinogen (metabolism substance) level	Pathology and Laboratory	Chemistry Procedures	No	None
84112	Cervicovaginal secretion of placenta protein	Pathology and Laboratory	Chemistry Procedures	No	None
84119	Urine porphyrins (metabolism substance) analysis	Pathology and Laboratory	Chemistry Procedures	No	None
84120	Urine porphyrins (metabolism substance) measurement	Pathology and Laboratory	Chemistry Procedures	No	None
84126	Stool porphyrins (metabolism substance) level	Pathology and Laboratory	Chemistry Procedures	No	None
84132	Blood potassium level	Pathology and Laboratory	Chemistry Procedures	No	None
84133	Urine potassium level	Pathology and Laboratory	Chemistry Procedures	No	None
84134	Prealbumin (protein) level	Pathology and Laboratory	Chemistry Procedures	No	None
84135	Pregnanediol (reproductive hormone) level	Pathology and Laboratory	Chemistry Procedures	No	None
84138	Pregnanetriol (reproductive hormone) level	Pathology and Laboratory	Chemistry Procedures	No	None
84140	Pregnenolone (reproductive hormone) level	Pathology and Laboratory	Chemistry Procedures	No	None
84143	17-hydroxypregnenolone (hormone) level	Pathology and Laboratory	Chemistry Procedures	No	None
84144	Progesterone (reproductive hormone) level	Pathology and Laboratory	Chemistry Procedures	No	None
84145	Procalcitonin (hormone) level	Pathology and Laboratory	Chemistry Procedures	No	None
84146	Prolactin (milk producing hormone) level	Pathology and Laboratory	Chemistry Procedures	No	None
84150	Prostaglandin (hormone) level	Pathology and Laboratory	Chemistry Procedures	No	None
84152	PSA (prostate specific antigen) measurement	Pathology and Laboratory	Chemistry Procedures	No	None
84153	PSA (prostate specific antigen) measurement	Pathology and Laboratory	Chemistry Procedures	No	None
84154	PSA (prostate specific antigen) measurement	Pathology and Laboratory	Chemistry Procedures	No	None
84155	Total protein level, blood	Pathology and Laboratory	Chemistry Procedures	No	None
84156	Total protein level, urine	Pathology and Laboratory	Chemistry Procedures	No	None
84157	Total protein level, body fluid	Pathology and Laboratory	Chemistry Procedures	No	None
84160	Total protein level	Pathology and Laboratory	Chemistry Procedures	No	None
84163	Pregnancy-associated plasma protein-A level	Pathology and Laboratory	Chemistry Procedures	No	None

84165	Protein measurement, serum	Pathology and Laboratory	Chemistry Procedures	No	None
84166	Protein measurement, body fluid	Pathology and Laboratory	Chemistry Procedures	No	None
84181	Protein measurement	Pathology and Laboratory	Chemistry Procedures	No	None
84182	Protein measurement	Pathology and Laboratory	Chemistry Procedures	No	None
84202	Protoporphyrin (metabolism substance) level	Pathology and Laboratory	Chemistry Procedures	No	None
84203	Protoporphyrin (metabolism substance) screening test	Pathology and Laboratory	Chemistry Procedures	No	None
84206	Proinsulin (pancreatic hormone) level	Pathology and Laboratory	Chemistry Procedures	No	None
84207	Vitamin B-6 level	Pathology and Laboratory	Chemistry Procedures	No	None
84210	Pyruvate (organic acid) level	Pathology and Laboratory	Chemistry Procedures	No	None
84220	Pyruvate kinase (enzyme) level	Pathology and Laboratory	Chemistry Procedures	No	None
84228	Quinine (drug) level	Pathology and Laboratory	Chemistry Procedures	No	None
84233	Estrogen receptor analysis	Pathology and Laboratory	Chemistry Procedures	No	None
84234	Progesterone (reproductive hormone) receptor analysis	Pathology and Laboratory	Chemistry Procedures	No	None
84235	Hormone receptor analysis	Pathology and Laboratory	Chemistry Procedures	No	None
84238	Chemical receptor analysis	Pathology and Laboratory	Chemistry Procedures	No	None
84244	Renin (kidney enzyme) level	Pathology and Laboratory	Chemistry Procedures	No	None
84252	Vitamin B-2 (riboflavin) level	Pathology and Laboratory	Chemistry Procedures	No	None
84255	Selenium (vitamin) level	Pathology and Laboratory	Chemistry Procedures	No	None
84260	Serotonin (hormone) level	Pathology and Laboratory	Chemistry Procedures	No	None
84270	Sex hormone binding globulin (protein) level	Pathology and Laboratory	Chemistry Procedures	No	None
84275	Sialic acid (organic acid) level	Pathology and Laboratory	Chemistry Procedures	No	None
84285	Silica (silicon) level	Pathology and Laboratory	Chemistry Procedures	No	None
84295	Blood sodium level	Pathology and Laboratory	Chemistry Procedures	No	None
84300	Urine sodium level	Pathology and Laboratory	Chemistry Procedures	No	None
84302	Sodium level	Pathology and Laboratory	Chemistry Procedures	No	None
84305	Somatomedin (growth factor) level	Pathology and Laboratory	Chemistry Procedures	No	None
84307	Somatostatin (growth hormone inhibitor) level	Pathology and Laboratory	Chemistry Procedures	No	None
84311	Chemical analysis using spectrophotometry (light)	Pathology and Laboratory	Chemistry Procedures	No	None
84315	Specific gravity (liquid weight) measurement	Pathology and Laboratory	Chemistry Procedures	No	None
84375	Carbohydrate (sugar) analysis	Pathology and Laboratory	Chemistry Procedures	No	None

84376	Carbohydrate analysis	Pathology and Laboratory	Chemistry Procedures	No	None
84377	Carbohydrates analysis	Pathology and Laboratory	Chemistry Procedures	No	None
84378	Carbohydrate analysis	Pathology and Laboratory	Chemistry Procedures	No	None
84379	Carbohydrate analysis	Pathology and Laboratory	Chemistry Procedures	No	None
84392	Urine sulfate (acid) level	Pathology and Laboratory	Chemistry Procedures	No	None
84402	Testosterone (hormone) level	Pathology and Laboratory	Chemistry Procedures	No	None
84403	Testosterone (hormone) level	Pathology and Laboratory	Chemistry Procedures	No	None
84410	Testosterone level	Pathology and Laboratory	Chemistry Procedures	No	None
84425	Vitamin B-1 (thiamine) level	Pathology and Laboratory	Chemistry Procedures	No	None
84430	Thiocyanate (organic sulfur substance) level	Pathology and Laboratory	Chemistry Procedures	No	None
84431	Urine analysis for thromboxane (lipid)	Pathology and Laboratory	Chemistry Procedures	No	None
84432	Thyroglobulin (thyroid related hormone) level	Pathology and Laboratory	Chemistry Procedures	No	None
84436	Thyroxine (thyroid chemical) measurement	Pathology and Laboratory	Chemistry Procedures	No	None
84437	Thyroxine (thyroid chemical) level	Pathology and Laboratory	Chemistry Procedures	No	None
84439	Thyroxine (thyroid chemical) measurement	Pathology and Laboratory	Chemistry Procedures	No	None
84442	Thyroxine binding globulin (thyroid related protein) level	Pathology and Laboratory	Chemistry Procedures	No	None
84443	Blood test, thyroid stimulating hormone (TSH)	Pathology and Laboratory	Chemistry Procedures	No	None
84445	Thyroid stimulating immune globulins (thyroid related protein) level	Pathology and Laboratory	Chemistry Procedures	No	None
84446	Vitamin E level	Pathology and Laboratory	Chemistry Procedures	No	None
84449	Transcortin (cortisol binding protein) level	Pathology and Laboratory	Chemistry Procedures	No	None
84450	Liver enzyme (SGOT), level	Pathology and Laboratory	Chemistry Procedures	No	None
84460	Liver enzyme (SGPT), level	Pathology and Laboratory	Chemistry Procedures	No	None
84466	Transferrin (iron binding protein) level	Pathology and Laboratory	Chemistry Procedures	No	None
84478	Triglycerides level	Pathology and Laboratory	Chemistry Procedures	No	None
84479	Thyroid hormone evaluation	Pathology and Laboratory	Chemistry Procedures	No	None
84480	Thyroid hormone, T3 measurement	Pathology and Laboratory	Chemistry Procedures	No	None
84481	Thyroid hormone, T3 measurement	Pathology and Laboratory	Chemistry Procedures	No	None
84482	Thyroid hormone, T3 measurement	Pathology and Laboratory	Chemistry Procedures	No	None
84484	Troponin (protein) analysis	Pathology and Laboratory	Chemistry Procedures	No	None
84485	Trypsin (pancreatic enzyme) measurement, intestinal fluid	Pathology and Laboratory	Chemistry Procedures	No	None

84488	Trypsin (pancreatic enzyme) analysis, stool	Pathology and Laboratory	Chemistry Procedures	No	None
84490	Stool trypsin (pancreatic enzyme) analysis, 24-hour collection	Pathology and Laboratory	Chemistry Procedures	No	None
84510	Tyrosine (amino acid) level	Pathology and Laboratory	Chemistry Procedures	No	None
84512	Troponin (protein) analysis	Pathology and Laboratory	Chemistry Procedures	No	None
84520	Urea nitrogen level to assess kidney function	Pathology and Laboratory	Chemistry Procedures	No	None
84525	Urea nitrogen level to assess kidney function	Pathology and Laboratory	Chemistry Procedures	No	None
84540	Urea nitrogen level to assess kidney function	Pathology and Laboratory	Chemistry Procedures	No	None
84545	Urea nitrogen level to assess kidney function	Pathology and Laboratory	Chemistry Procedures	No	None
84550	Uric acid level, blood	Pathology and Laboratory	Chemistry Procedures	No	None
84560	Uric acid level	Pathology and Laboratory	Chemistry Procedures	No	None
84577	Urobilinogen (metabolism substance) level, stool	Pathology and Laboratory	Chemistry Procedures	No	None
84578	Urobilinogen (metabolism substance) analysis, urine	Pathology and Laboratory	Chemistry Procedures	No	None
84580	Urobilinogen (metabolism substance) level, urine	Pathology and Laboratory	Chemistry Procedures	No	None
84583	Urobilinogen (metabolism substance) measurement, urine	Pathology and Laboratory	Chemistry Procedures	No	None
84585	Urine vanillylmandelic acid	Pathology and Laboratory	Chemistry Procedures	No	None
84586	Vasoactive intestinal peptide (intestinal hormone) level	Pathology and Laboratory	Chemistry Procedures	No	None
84588	ADH (antidiuretic hormone) level	Pathology and Laboratory	Chemistry Procedures	No	None
84590	Vitamin A level	Pathology and Laboratory	Chemistry Procedures	No	None
84591	Vitamin measurement	Pathology and Laboratory	Chemistry Procedures	No	None
84597	Vitamin K level	Pathology and Laboratory	Chemistry Procedures	No	None
84600	Volatile chemical measurement	Pathology and Laboratory	Chemistry Procedures	No	None
84620	Xylose (carbohydrate) absorption test of blood and/or urine	Pathology and Laboratory	Chemistry Procedures	No	None
84630	Zinc level	Pathology and Laboratory	Chemistry Procedures	No	None
84681	C-peptide (protein) level	Pathology and Laboratory	Chemistry Procedures	No	None
84702	Gonadotropin, chorionic (reproductive hormone) level	Pathology and Laboratory	Chemistry Procedures	No	None
84703	Gonadotropin (reproductive hormone) analysis	Pathology and Laboratory	Chemistry Procedures	No	None
84704	Gonadotropin, chorionic (reproductive hormone) measurement	Pathology and Laboratory	Chemistry Procedures	No	None
84830	Ovulation tests	Pathology and Laboratory	Chemistry Procedures	No	None

84999	Chemistry procedures	Pathology and Laboratory	Chemistry Procedures	No	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
85002	Bleeding time	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85004	White blood cell count	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85007	Microscopic examination for white blood cells with manual cell count	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85008	Microscopic examination for white blood cells	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85009	Manual white blood cell count and evaluation	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85013	Red blood cell hemoglobin concentration	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85014	Red blood cell concentration measurement	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85018	Hemoglobin measurement	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85025	Complete blood cell count (red cells, white blood cell, platelets), automated test	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85027	Complete blood cell count (red cells, white blood cell, platelets), automated test	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85032	Manual blood cell count	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85041	Red blood cell count, automated test	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85044	Red blood count, manual test	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None

85045	Red blood count, automated test	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85046	Red blood count automated, with additional calculations	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85048	Automated white blood cell count	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85049	Platelet count, automated test	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85055	Reticulated (young) platelet measurement	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85060	Blood smear interpretation by physician with written report	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85097	Bone marrow, smear interpretation	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85130	Assessment of blood clotting function	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85170	Blood clot evaluation, (retraction time)	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85175	Blood clot evaluation, (clot dissolving time)	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85210	Clotting factor II prothrombin, measurement	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85220	Clotting factor V (AcG or proaccelerin) measurement	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85230	Clotting factor VII (proconvertin, stable factor)	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85240	Clotting factor VIII (AHG) measurement	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85244	Clotting factor VIII related antigen measurement	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None

85245	Clotting factor VIII (VW factor) measurement	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85246	Clotting factor VIII (VW factor) antigen	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85247	Clotting factor VIII (von Willebrand factor) measurement	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85250	Clotting factor IX (PTC or Christmas) measurement	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85260	Clotting factor X (Stuart-Prower) measurement	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85270	Clotting factor XI (PTA) measurement	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85280	Clotting factor XII (Hageman) measurement	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85290	Clotting factor XIII (fibrin stabilizing) measurement	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85291	Clotting factor XIII (fibrin stabilizing) screening test	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85292	Fletcher factor (clotting factor) measurement	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85293	Fitzgerald factor (clotting factor) measurement	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85300	Antithrombin III antigen (clotting inhibitor) activity	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85301	Antithrombin III antigen (clotting inhibitor) level	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85302	Protein C, (clotting inhibitor) activity	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85303	Protein C antigen (clotting inhibitor) measurement	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None

85305	Protein S (clotting inhibitor) level	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85306	Protein S (clotting inhibitor) measurement	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85307	Activated protein resistance assay	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85335	Clotting factor inhibitor test	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85337	Thrombomodulin (coagulation protein) measurement	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85345	Coagulation time measurement	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85347	Coagulation time measurement	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85348	Coagulation time measurement	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85360	Euglobulin lysis (clot dissolving) measurement	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85362	Coagulation function analysis	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85366	Coagulation function measurement	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85370	Coagulation function measurement	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85378	Coagulation function measurement	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85379	Coagulation function measurement	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85380	Coagulation function measurement	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None

85384	Fibrinogen (factor 1) activity measurement	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85385	Fibrinogen (factor 1) antigen detection	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85390	Coagulation function screening test with interpretation and report	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85396	Coagulation or fibrinolysis (clot dissolving) function measurement with interpretation and written report, per day	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85397	Measurement of blood coagulation and fibrinolysis (clot dissolving) function	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85400	Plasmin (fibrinolytic factor) measurement	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85410	Alpha-2 antiplasmin (factor inhibitor) measurement	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85415	Plasminogen activator (fibrinolytic factor) measurement	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85420	Plasminogen (fibrinolytic factor) measurement	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85421	Plasminogen antigenic (factor inhibitor) measurement	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85441	Evaluation of red blood cell defect (heinz bodies)	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85445	Evaluation of red blood cell defect (Heinz bodies)	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85460	Fetal hemoglobin or red blood cells measurement for assessment of fetal-maternal circulation	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85461	Fetal hemoglobin or red blood cells measurement for assessment of fetal-maternal circulation	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85475	Measurement of hemolysin (red blood cell destructive substance)	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None

85520	Heparin assay	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85525	Heparin neutralization test	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85530	Heparin therapy assessment	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85536	Blood smear for iron	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85540	White blood cell alkaline phosphatase (enzyme) measurement with cell count	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85547	Red blood cell fragility measurement	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85549	White blood cell enzyme activity measurement	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85555	Red blood cell fragility measurement	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85557	Red blood cell fragility measurement	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85576	Platelet function test	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85597	Platelet function test	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85598	Phospholipid test	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85610	Blood test, clotting time	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85611	Blood test, clotting time	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85612	Clotting factor X assessment test	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None

85613	Clotting factor X assessment test	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85635	Blood coagulation screening test	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85651	Red blood cell sedimentation rate, to detect inflammation	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85652	Red blood cell sedimentation rate, to detect inflammation	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85660	Red blood cell sickling measurement	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85670	Thrombin time, fibrinogen screening test	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85675	Thrombin time, fibrinogen screening test	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85705	Thromboplastin inhibition (circulating anticoagulant) measurement	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85730	Coagulation assessment blood test	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85732	Coagulation assessment blood test	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85810	Blood viscosity measurement	Pathology and Laboratory	Hematology and Coagulation Procedures	No	None
85999	Hematology and coagulation procedures	Pathology and Laboratory	Hematology and Coagulation Procedures	Yes	None
86000	Measurement of antibody to infectious organism	Pathology and Laboratory	Immunology Procedures	No	None
86001	Measurement of antibody (IgG) to allergic substance	Pathology and Laboratory	Immunology Procedures	No	None
86003	Measurement of antibody (IgE) to allergic substance	Pathology and Laboratory	Immunology Procedures	No	None
86005	Analysis of antibody (IgE) to allergic substance	Pathology and Laboratory	Immunology Procedures	No	None
86008	Allergen specific IgE; quantitative or semiquantitative, recombinant or purified component, each	Pathology and Laboratory	Immunology	No	None
86021	Antibody identification test for white blood cell antibodies	Pathology and Laboratory	Immunology Procedures	No	None

86022	Antibody identification test for platelet antibodies	Pathology and Laboratory	Immunology Procedures	No	None
86023	Antibody identification test for platelet antibodies	Pathology and Laboratory	Immunology Procedures	No	None
86038	Screening test for autoimmune disorder	Pathology and Laboratory	Immunology Procedures	No	None
86039	Measurement of antibody for assessment of autoimmune disorder	Pathology and Laboratory	Immunology Procedures	No	None
86060	Measurement for Strep antibody (strep throat)	Pathology and Laboratory	Immunology Procedures	No	None
86063	Screening test for Strep antibody (strep throat)	Pathology and Laboratory	Immunology Procedures	No	None
86077	Blood bank physician services for cross match and/or evaluation and written report	Pathology and Laboratory	Immunology Procedures	No	None
86078	Blood bank physician services for investigation of transfusion reaction with written report	Pathology and Laboratory	Immunology Procedures	No	None
86079	Blood bank physician services with written report	Pathology and Laboratory	Immunology Procedures	No	None
86140	Measurement C-reactive protein for detection of infection or inflammation	Pathology and Laboratory	Immunology Procedures	No	None
86141	Measurement C-reactive protein for detection of infection or inflammation	Pathology and Laboratory	Immunology Procedures	No	None
86146	Beta 2 glycoprotein 1 antibody (autoantibody) measurement	Pathology and Laboratory	Immunology Procedures	No	None
86147	Cardiolipin antibody (tissue antibody) measurement	Pathology and Laboratory	Immunology Procedures	No	None
86148	Phospholipid antibody (autoimmune antibody) measurement	Pathology and Laboratory	Immunology Procedures	No	None
86152	Cell enumeration using immunologic selection and identification in fluid specimen	Pathology and Laboratory	Immunology Procedures	No	None
86153	Cell enumeration using immunologic selection and identification in fluid specimen	Pathology and Laboratory	Immunology Procedures	No	None
86155	Measurement of white blood cell function	Pathology and Laboratory	Immunology Procedures	No	None
86156	Measurement of cold agglutinin (protein) to screen for infection or disease	Pathology and Laboratory	Immunology Procedures	No	None
86157	Measurement of cold agglutinin (protein) to detect infection or disease	Pathology and Laboratory	Immunology Procedures	No	None
86160	Measurement of complement (immune system proteins)	Pathology and Laboratory	Immunology Procedures	No	None
86161	Measurement of complement function (immune system proteins)	Pathology and Laboratory	Immunology Procedures	No	None
86162	Measurement of complement (immune system proteins)	Pathology and Laboratory	Immunology Procedures	No	None
86171	Measurement of complement function (immune system proteins)	Pathology and Laboratory	Immunology Procedures	No	Covered benefit only for Qualified Medicare Beneficiaries
86185	Immunologic analysis for detection of antigen	Pathology and Laboratory	Immunology Procedures	No	AMA Termed Code 1/01/2018
86200	Measurement of antibody for rheumatoid arthritis assessment	Pathology and Laboratory	Immunology Procedures	No	None
86215	Measurement of DNA antibody	Pathology and Laboratory	Immunology Procedures	No	None
86225	Measurement of DNA antibody	Pathology and Laboratory	Immunology Procedures	No	None
86226	Measurement of DNA antibody	Pathology and Laboratory	Immunology Procedures	No	None

86235	Measurement of antibody for assessment of autoimmune disorder	Pathology and Laboratory	Immunology Procedures	No	None
86243	Measurement of Fc receptor (immune system protein)	Pathology and Laboratory	Immunology Procedures	No	AMA Termed Code 1/01/2018
86255	Screening test for antibody to noninfectious agent	Pathology and Laboratory	Immunology Procedures	No	None
86256	Measurement of antibody to noninfectious agent	Pathology and Laboratory	Immunology Procedures	No	None
86277	Measurement of growth hormone antibody	Pathology and Laboratory	Immunology Procedures	No	None
86280	Measurement of immune system protein	Pathology and Laboratory	Immunology Procedures	No	None
86294	Immunologic analysis for detection of tumor antigen	Pathology and Laboratory	Immunology Procedures	No	None
86300	Immunologic analysis for detection of tumor antigen	Pathology and Laboratory	Immunology Procedures	No	None
86301	Immunologic analysis for detection of tumor antigen	Pathology and Laboratory	Immunology Procedures	No	None
86304	Immunologic analysis for detection of tumor antigen	Pathology and Laboratory	Immunology Procedures	No	None
86305	Analysis of female reproductive genetic marker	Pathology and Laboratory	Immunology Procedures	No	None
86308	Screening test for mononucleosis (mono)	Pathology and Laboratory	Immunology Procedures	No	None
86309	Mononucleosis antibody level	Pathology and Laboratory	Immunology Procedures	No	None
86310	Mononucleosis antibody level	Pathology and Laboratory	Immunology Procedures	No	None
86316	Analysis for detection of tumor marker	Pathology and Laboratory	Immunology Procedures	No	None
86317	Detection of infectious agent antibody	Pathology and Laboratory	Immunology Procedures	No	Covered benefit only for Qualified Medicare Beneficiaries
86318	Detection of infectious agent antibody	Pathology and Laboratory	Immunology Procedures	No	None
86320	Immunologic analysis technique on serum	Pathology and Laboratory	Immunology Procedures	No	None
86325	Immunologic analysis technique on body fluid	Pathology and Laboratory	Immunology Procedures	No	None
86327	Immunologic analysis technique	Pathology and Laboratory	Immunology Procedures	No	None
86329	Immunologic analysis technique	Pathology and Laboratory	Immunology Procedures	No	None
86331	Immunologic analysis for detection of antigen or antibody	Pathology and Laboratory	Immunology Procedures	No	None
86332	Immune complex measurement	Pathology and Laboratory	Immunology Procedures	No	None
86334	Immunologic analysis technique on serum	Pathology and Laboratory	Immunology Procedures	No	None
86335	Immunologic analysis technique on body fluid	Pathology and Laboratory	Immunology Procedures	No	None
86336	Inhibin A (reproductive organ hormone) measurement	Pathology and Laboratory	Immunology Procedures	No	None
86337	Insulin antibody measurement	Pathology and Laboratory	Immunology Procedures	No	None
86340	Intrinsic factor (stomach protein) antibody measurement	Pathology and Laboratory	Immunology Procedures	No	None
86341	Islet cell (pancreas) antibody measurement	Pathology and Laboratory	Immunology Procedures	No	None

86343	White blood cell histamine (immune system chemical) release test	Pathology and Laboratory	Immunology Procedures	No	None
86344	White blood cell function measurement	Pathology and Laboratory	Immunology Procedures	No	None
86352	Analysis of cell function and analysis for genetic marker	Pathology and Laboratory	Immunology Procedures	No	None
86353	White blood cell function measurement	Pathology and Laboratory	Immunology Procedures	No	None
86355	Total cell count for B cells (white blood cells)	Pathology and Laboratory	Immunology Procedures	No	None
86356	White blood cell antigen measurement	Pathology and Laboratory	Immunology Procedures	No	None
86357	Total cell count for natural killer cells (white blood cell)	Pathology and Laboratory	Immunology Procedures	No	None
86359	T cells count, total	Pathology and Laboratory	Immunology Procedures	No	None
86360	T cell count and ratio	Pathology and Laboratory	Immunology Procedures	No	None
86361	T cell count and ratio	Pathology and Laboratory	Immunology Procedures	No	None
86367	Stem cells count, total	Pathology and Laboratory	Immunology Procedures	No	None
86376	Microsomal antibodies (autoantibody) measurement	Pathology and Laboratory	Immunology Procedures	No	None
86378	Cell function test	Pathology and Laboratory	Immunology Procedures	No	AMA Termed Code 1/01/2018
86382	Viral neutralization test to detect viral antibody level	Pathology and Laboratory	Immunology Procedures	No	None
86384	Nitroblue tetrazolium dye test to measure white blood cell function	Pathology and Laboratory	Immunology Procedures	No	None
86386	Protein test for diagnosis and monitoring of bladder cancer	Pathology and Laboratory	Immunology Procedures	No	None
86403	Screening test for presence of antibody	Pathology and Laboratory	Immunology Procedures	No	None
86406	Antibody level measurement	Pathology and Laboratory	Immunology Procedures	No	None
86430	Rheumatoid factor analysis	Pathology and Laboratory	Immunology Procedures	No	None
86431	Rheumatoid factor level	Pathology and Laboratory	Immunology Procedures	No	None
86480	Tuberculosis test	Pathology and Laboratory	Immunology Procedures	No	None
86481	Tuberculosis test	Pathology and Laboratory	Immunology Procedures	No	None
86485	Skin test for candida (yeast)	Pathology and Laboratory	Immunology Procedures	No	None
86486	Skin test for infectious organism	Pathology and Laboratory	Immunology Procedures	Yes	None
86490	Skin test for coccidioidomycosis (fungal infection)	Pathology and Laboratory	Immunology Procedures	No	None
86510	Skin test histoplasmosis (parasite infection)	Pathology and Laboratory	Immunology Procedures	No	None
86580	Skin test for tuberculosis	Pathology and Laboratory	Immunology Procedures	No	None
86590	Measurement of antibody to streptokinase (enzyme)	Pathology and Laboratory	Immunology Procedures	No	None
86592	Syphilis detection test	Pathology and Laboratory	Immunology Procedures	No	None
86593	Syphilis test	Pathology and Laboratory	Immunology Procedures	No	None

86602	Analysis for antibody to actinomyces (bacteria)	Pathology and Laboratory	Immunology Procedures	No	None
86603	Analysis for antibody to adenovirus (respiratory virus)	Pathology and Laboratory	Immunology Procedures	No	None
86606	Analysis for antibody to aspergillus (fungus)	Pathology and Laboratory	Immunology Procedures	No	None
86609	Analysis for antibody bacteria	Pathology and Laboratory	Immunology Procedures	No	None
86611	Analysis for antibody to Bartonella (bacteria)	Pathology and Laboratory	Immunology Procedures	No	None
86612	Analysis for antibody to blastomyces (fungus)	Pathology and Laboratory	Immunology Procedures	No	None
86615	Analysis for antibody bordetella (respiratory bacteria)	Pathology and Laboratory	Immunology Procedures	No	None
86617	Confirmation test for antibody to Borrelia burgdorferi (Lyme disease bacteria)	Pathology and Laboratory	Immunology Procedures	No	None
86618	Analysis for antibody Borrelia burgdorferi (Lyme disease bacteria)	Pathology and Laboratory	Immunology Procedures	No	None
86619	Analysis for antibody to Borrelia (relapsing fever bacteria)	Pathology and Laboratory	Immunology Procedures	No	None
86622	Analysis for antibody to Brucella (bacteria)	Pathology and Laboratory	Immunology Procedures	No	None
86625	Analysis for antibody to Campylobacter (intestinal bacteria)	Pathology and Laboratory	Immunology Procedures	No	None
86628	Analysis for antibody to Candida (yeast)	Pathology and Laboratory	Immunology Procedures	No	None
86631	Analysis for antibody to Chlamydia (bacteria)	Pathology and Laboratory	Immunology Procedures	No	None
86632	Analysis for antibody (IgM) to Chlamydia (bacteria)	Pathology and Laboratory	Immunology Procedures	No	None
86635	Analysis for antibody to Coccidioides (bacteria)	Pathology and Laboratory	Immunology Procedures	No	None
86638	Analysis for antibody to Coxiella burnetii (Q fever bacteria)	Pathology and Laboratory	Immunology Procedures	No	None
86641	Analysis for antibody to Cryptococcus (yeast)	Pathology and Laboratory	Immunology Procedures	No	None
86644	Analysis for antibody to Cytomegalovirus (CMV)	Pathology and Laboratory	Immunology Procedures	No	None
86645	Analysis for antibody (IgM) to Cytomegalovirus (CMV)	Pathology and Laboratory	Immunology Procedures	No	None
86648	Analysis for antibody to Diphtheria (bacteria)	Pathology and Laboratory	Immunology Procedures	No	None
86651	Analysis for antibody to La crosse (California) virus (encephalitis causing virus)	Pathology and Laboratory	Immunology Procedures	No	None
86652	Analysis for antibody to Eastern equine virus (viral encephalitis)	Pathology and Laboratory	Immunology Procedures	No	None
86653	Analysis for antibody to St. Louis virus (viral encephalitis)	Pathology and Laboratory	Immunology Procedures	No	None
86654	Analysis for antibody to Western equine virus (viral encephalitis)	Pathology and Laboratory	Immunology Procedures	No	None
86658	Analysis for antibody to Enterovirus (gastrointestinal virus)	Pathology and Laboratory	Immunology Procedures	No	None
86663	Analysis for antibody to Epstein-Barr virus (mononucleosis virus)	Pathology and Laboratory	Immunology Procedures	No	None
86664	Analysis for antibody to Epstein-Barr virus (mononucleosis virus)	Pathology and Laboratory	Immunology Procedures	No	None
86665	Analysis for antibody to Epstein-Barr virus (mononucleosis virus)	Pathology and Laboratory	Immunology Procedures	No	None

86666	Analysis for antibody to Ehrlichia (bacteria transmitted by ticks)	Pathology and Laboratory	Immunology Procedures	No	None
86668	Analysis for antibody to Francisella tularensis (bacteria transmitted by rodents)	Pathology and Laboratory	Immunology Procedures	No	None
86671	Analysis for antibody to fungus	Pathology and Laboratory	Immunology Procedures	No	None
86674	Analysis for antibody to Giardia lamblia (intestinal parasite)	Pathology and Laboratory	Immunology Procedures	No	None
86677	Analysis for antibody to Helicobacter pylori (gastrointestinal bacteria)	Pathology and Laboratory	Immunology Procedures	No	None
86682	Analysis for antibody to helminth (intestinal worm)	Pathology and Laboratory	Immunology Procedures	No	None
86684	Analysis for antibody to Haemophilus influenza (respiratory bacteria)	Pathology and Laboratory	Immunology Procedures	No	None
86687	Analysis for antibody to Human T-cell lymphotropic virus, type 1 (HTLV-1)	Pathology and Laboratory	Immunology Procedures	No	None
86688	Analysis for antibody to Human T-cell lymphotropic virus, type 2 (HTLV-2)	Pathology and Laboratory	Immunology Procedures	No	None
86689	Confirmation test for antibody to Human T-cell lymphotropic virus (HTLV) or HIV	Pathology and Laboratory	Immunology Procedures	No	None
86692	Analysis for antibody to Hepatitis D virus	Pathology and Laboratory	Immunology Procedures	No	None
86694	Analysis for antibody to Herpes simplex virus	Pathology and Laboratory	Immunology Procedures	No	None
86695	Analysis for antibody to Herpes simplex virus, type 1	Pathology and Laboratory	Immunology Procedures	No	None
86696	Analysis for antibody to Herpes simplex virus, type 2	Pathology and Laboratory	Immunology Procedures	No	None
86698	Analysis for antibody to histoplasma (fungus)	Pathology and Laboratory	Immunology Procedures	No	None
86701	Analysis for antibody to HIV -1 virus	Pathology and Laboratory	Immunology Procedures	No	None
86702	Analysis for antibody to HIV-2 virus	Pathology and Laboratory	Immunology Procedures	No	None
86703	Analysis for antibody to HIV-1 and HIV-2 virus	Pathology and Laboratory	Immunology Procedures	No	None
86704	Hepatitis B core antibody measurement	Pathology and Laboratory	Immunology Procedures	No	None
86705	Hepatitis B core antibody (IgM) measurement	Pathology and Laboratory	Immunology Procedures	No	None
86706	Hepatitis B surface antibody measurement	Pathology and Laboratory	Immunology Procedures	No	None
86707	Hepatitis Be antibody measurement	Pathology and Laboratory	Immunology Procedures	No	None
86708	Measurement of Hepatitis A antibody	Pathology and Laboratory	Immunology Procedures	No	None
86709	Measurement of Hepatitis A antibody (IgM)	Pathology and Laboratory	Immunology Procedures	No	None
86710	Analysis for antibody to Influenza virus	Pathology and Laboratory	Immunology Procedures	No	None
86711	Analysis for antibody to john cunningham virus	Pathology and Laboratory	Immunology Procedures	No	None
86713	Analysis for antibody to Legionella (waterborne bacteria)	Pathology and Laboratory	Immunology Procedures	No	None
86717	Analysis for antibody to Leishmania (parasite)	Pathology and Laboratory	Immunology Procedures	No	None
86720	Analysis for antibody to Leptospira	Pathology and Laboratory	Immunology Procedures	No	None

86723	Analysis for antibody to <i>Listeria monocytogenes</i> (bacteria)	Pathology and Laboratory	Immunology Procedures	No	None
86727	Analysis for antibody to lymphocytic choriomeningitis virus (viral meningitis)	Pathology and Laboratory	Immunology Procedures	No	None
86729	Analysis for antibody to lymphogranuloma venereum virus (genital infection)	Pathology and Laboratory	Immunology Procedures	No	AMA Termed Code 1/01/2018
86732	Analysis for antibody to mucormycosis (fungus)	Pathology and Laboratory	Immunology Procedures	No	None
86735	Analysis for antibody to mumps virus	Pathology and Laboratory	Immunology Procedures	No	None
86738	Analysis for antibody to <i>Mycoplasma</i> (bacteria)	Pathology and Laboratory	Immunology Procedures	No	None
86741	Analysis for antibody to <i>Neisseria meningitidis</i> (bacterial meningitis)	Pathology and Laboratory	Immunology Procedures	No	None
86744	Analysis for antibody to <i>Nocardia</i> (bacteria)	Pathology and Laboratory	Immunology Procedures	No	None
86747	Analysis for antibody to parvovirus	Pathology and Laboratory	Immunology Procedures	No	None
86750	Analysis for antibody to <i>Plasmodium</i> (malaria parasite)	Pathology and Laboratory	Immunology Procedures	No	None
86753	Analysis for antibody to protozoa (parasite)	Pathology and Laboratory	Immunology Procedures	No	None
86756	Analysis for antibody to respiratory syncytial virus (RSV)	Pathology and Laboratory	Immunology Procedures	No	None
86757	Analysis for antibody to <i>Rickettsia</i> (bacteria)	Pathology and Laboratory	Immunology Procedures	No	None
86759	Analysis for antibody to Rotavirus (intestinal virus)	Pathology and Laboratory	Immunology Procedures	No	None
86762	Analysis for antibody to Rubella (German measles virus)	Pathology and Laboratory	Immunology Procedures	No	None
86765	Analysis for antibody to Rubeola (measles virus)	Pathology and Laboratory	Immunology Procedures	No	None
86768	Analysis for antibody to <i>Salmonella</i> (intestinal bacteria)	Pathology and Laboratory	Immunology Procedures	No	None
86771	Analysis for antibody to <i>Shigella</i> (intestinal bacteria)	Pathology and Laboratory	Immunology Procedures	No	None
86774	Analysis for antibody to tetanus bacteria (<i>Clostridium tetanus</i>)	Pathology and Laboratory	Immunology Procedures	No	None
86777	Analysis for antibody to <i>Toxoplasma</i> (parasite)	Pathology and Laboratory	Immunology Procedures	No	None
86778	Analysis for antibody (IgM) to <i>Toxoplasma</i> (parasite)	Pathology and Laboratory	Immunology Procedures	No	None
86780	Analysis for antibody, <i>Treponema pallidum</i>	Pathology and Laboratory	Immunology Procedures	No	None
86784	Analysis for antibody to <i>Trichinella</i> (worm parasite)	Pathology and Laboratory	Immunology Procedures	No	None
86787	Analysis for antibody to varicella-zoster virus (chicken pox)	Pathology and Laboratory	Immunology Procedures	No	None
86788	Analysis for antibody (IgM) to West Nile virus	Pathology and Laboratory	Immunology Procedures	No	None
86789	Analysis for antibody to West Nile virus	Pathology and Laboratory	Immunology Procedures	No	None
86790	Analysis for antibody to virus	Pathology and Laboratory	Immunology Procedures	No	None
86793	Analysis for antibody to <i>Yersinia</i> (bacteria)	Pathology and Laboratory	Immunology Procedures	No	None
86794	Antibody; Zika virus, IgM	Pathology and Laboratory	Immunology	No	None

86800	Thyroglobulin (thyroid protein) antibody measurement	Pathology and Laboratory	Immunology Procedures	No	None
86803	Hepatitis C antibody measurement	Pathology and Laboratory	Immunology Procedures	No	None
86804	Confirmation test for Hepatitis C antibody	Pathology and Laboratory	Immunology Procedures	No	None
86805	Immunologic analysis for autoimmune disease	Pathology and Laboratory	Immunology Procedures	No	None
86806	Immunologic analysis for autoimmune disease	Pathology and Laboratory	Immunology Procedures	No	None
86807	Transplant antibody measurement	Pathology and Laboratory	Immunology Procedures	No	None
86808	Transplant antibody measurement	Pathology and Laboratory	Immunology Procedures	No	None
86812	Immunologic analysis for autoimmune disease	Pathology and Laboratory	Immunology Procedures	No	None
86813	Immunologic analysis for autoimmune disease	Pathology and Laboratory	Immunology Procedures	No	None
86816	Immunologic analysis for autoimmune disease	Pathology and Laboratory	Immunology Procedures	No	None
86817	Immunologic analysis for autoimmune disease	Pathology and Laboratory	Immunology Procedures	No	None
86821	Immunologic analysis for autoimmune disease	Pathology and Laboratory	Immunology Procedures	No	None
86822	Immunologic analysis for autoimmune disease	Pathology and Laboratory	Immunology Procedures	No	AMA Termed Code 1/01/2018
86825	Immunologic analysis for organ transplant	Pathology and Laboratory	Immunology Procedures	No	None
86826	Immunologic analysis for organ transplant	Pathology and Laboratory	Immunology Procedures	No	Add-On Code - This code must be billed with the appropriate primary procedure code
86828	Assessment of antibodies to Class I and Class II human leukocyte antigens (HLA) antigens	Pathology and Laboratory	Immunology Procedures	No	None
86829	Assessment of antibodies to Class I or Class II human leukocyte antigens (HLA) antigens	Pathology and Laboratory	Immunology Procedures	No	None
86830	Assessment of antibody to human leukocyte antigens (HLA) with antibody identification by qualitative panel using complete HLA phenotypes, HLA class I	Pathology and Laboratory	Immunology Procedures	No	None
86831	Assessment of antibody to human leukocyte antigens (HLA) with antibody identification by qualitative panel using complete HLA phenotypes, HLA class II	Pathology and Laboratory	Immunology Procedures	No	None
86832	Assessment of antibody to human leukocyte antigens (HLA) with high definition qualitative panel for identification of antibody specificities, HLA class I	Pathology and Laboratory	Immunology Procedures	No	None
86833	Assessment of antibody to human leukocyte antigens (HLA) with high definition qualitative panel for identification of antibody specificities, HLA class II	Pathology and Laboratory	Immunology Procedures	No	None
86834	Assessment of antibody to human leukocyte antigens (HLA), HLA class I	Pathology and Laboratory	Immunology Procedures	No	None
86835	Assessment of antibody to human leukocyte antigens (HLA) with solid phase assays, HLA class II	Pathology and Laboratory	Immunology Procedures	No	None

86849	Immunology procedures	Pathology and Laboratory	Immunology Procedures	Yes	None
86850	Screening test for red blood cell antibodies	Pathology and Laboratory	Transfusion Medicine Procedures	No	None
86860	Removal of antibodies from surface of red blood cell	Pathology and Laboratory	Transfusion Medicine Procedures	No	None
86870	Identification of red blood cell antibodies	Pathology and Laboratory	Transfusion Medicine Procedures	No	None
86880	Red blood cell antibody detection test	Pathology and Laboratory	Transfusion Medicine Procedures	No	None
86885	Red blood cell antibody detection test	Pathology and Laboratory	Transfusion Medicine Procedures	No	None
86886	Red blood cell antibody level	Pathology and Laboratory	Transfusion Medicine Procedures	No	None
86890	Processing and storage of blood unit or component	Pathology and Laboratory	Transfusion Medicine Procedures	No	None
86891	Processing and storage of blood unit or component	Pathology and Laboratory	Transfusion Medicine Procedures	No	None
86900	Blood group typing (ABO)	Pathology and Laboratory	Transfusion Medicine Procedures	No	None
86901	Blood typing for Rh (D) antigen	Pathology and Laboratory	Transfusion Medicine Procedures	No	None
86902	Screening test for compatible blood unit	Pathology and Laboratory	Transfusion Medicine Procedures	No	None
86904	Screening test for compatible blood unit	Pathology and Laboratory	Transfusion Medicine Procedures	No	None
86905	Blood typing for red blood cell antigens	Pathology and Laboratory	Transfusion Medicine Procedures	No	None
86906	Blood typing for Rh (D) antigen	Pathology and Laboratory	Transfusion Medicine Procedures	No	None
86910	Blood typing for paternity testing	Pathology and Laboratory	Transfusion Medicine Procedures	No	None
86911	Blood typing for paternity testing	Pathology and Laboratory	Transfusion Medicine Procedures	No	None
86920	Blood unit compatibility test	Pathology and Laboratory	Transfusion Medicine Procedures	No	None
86921	Blood unit compatibility test	Pathology and Laboratory	Transfusion Medicine Procedures	No	None
86922	Blood unit compatibility test	Pathology and Laboratory	Transfusion Medicine Procedures	No	None

86923	Blood unit compatibility test	Pathology and Laboratory	Transfusion Medicine Procedures	No	None
86927	Thawing of fresh frozen plasma unit	Pathology and Laboratory	Transfusion Medicine Procedures	No	Covered benefit only for Qualified Medicare Beneficiaries
86930	Freezing of blood unit	Pathology and Laboratory	Transfusion Medicine Procedures	No	Covered benefit only for Qualified Medicare Beneficiaries
86931	Thawing of blood unit	Pathology and Laboratory	Transfusion Medicine Procedures	No	Covered benefit only for Qualified Medicare Beneficiaries
86932	Freezing and thawing of blood unit	Pathology and Laboratory	Transfusion Medicine Procedures	No	Covered benefit only for Qualified Medicare Beneficiaries
86940	Red blood cell antibody screening test	Pathology and Laboratory	Transfusion Medicine Procedures	No	None
86941	Red blood cell antibody measurement	Pathology and Laboratory	Transfusion Medicine Procedures	No	None
86945	Irradiation of blood product, each unit	Pathology and Laboratory	Transfusion Medicine Procedures	No	None
86950	White blood cell transfusion	Pathology and Laboratory	Transfusion Medicine Procedures	No	None
86960	Volume reduction of blood unit or blood product	Pathology and Laboratory	Transfusion Medicine Procedures	No	None
86965	Pooling of platelets or other blood products	Pathology and Laboratory	Transfusion Medicine Procedures	Yes	PA Effective 9/17/2019
86970	Pretreatment of red blood cells for use in red blood cells antibody analysis and measurement	Pathology and Laboratory	Transfusion Medicine Procedures	Yes	PA Effective 9/17/2019
86971	Pretreatment of red blood cells for use in red blood cells antibody analysis and measurement	Pathology and Laboratory	Transfusion Medicine Procedures	Yes	PA Effective 9/17/2019
86972	Pretreatment of red blood cells for use in red blood cells antibody analysis and measurement	Pathology and Laboratory	Transfusion Medicine Procedures	No	None
86975	Pretreatment of serum for use in red blood cell antibody analysis and measurement	Pathology and Laboratory	Transfusion Medicine Procedures	No	None
86976	Pretreatment of serum for use in red blood cell antibody analysis and measurement	Pathology and Laboratory	Transfusion Medicine Procedures	No	None
86977	Pretreatment of serum for use in red blood cell antibody analysis and measurement	Pathology and Laboratory	Transfusion Medicine Procedures	Yes	PA Effective 9/17/2019
86978	Pretreatment of serum for use in red blood cell antibody analysis and measurement	Pathology and Laboratory	Transfusion Medicine Procedures	Yes	PA Effective 9/17/2019
86985	Splitting of blood or blood products	Pathology and Laboratory	Transfusion Medicine Procedures	No	None
86999	Transfusion medicine procedures	Pathology and Laboratory	Transfusion Medicine Procedures	Yes	None

87003	Animal inoculation, small animal with observation and dissection	Pathology and Laboratory	Microbiology Procedures	No	None
87015	Concentration of specimen for infectious agents	Pathology and Laboratory	Microbiology Procedures	No	None
87040	Bacterial blood culture	Pathology and Laboratory	Microbiology Procedures	No	None
87045	Stool culture	Pathology and Laboratory	Microbiology Procedures	No	None
87046	Stool culture	Pathology and Laboratory	Microbiology Procedures	No	None
87070	Bacterial culture	Pathology and Laboratory	Microbiology Procedures	No	None
87071	Bacterial culture and colony count	Pathology and Laboratory	Microbiology Procedures	No	Covered benefit only for Qualified Medicare Beneficiaries
87073	Bacterial culture and colony count for anaerobic bacteria	Pathology and Laboratory	Microbiology Procedures	No	Covered benefit only for Qualified Medicare Beneficiaries
87075	Bacterial culture	Pathology and Laboratory	Microbiology Procedures	No	None
87076	Bacterial culture for anaerobic isolates	Pathology and Laboratory	Microbiology Procedures	No	Covered benefit only for Qualified Medicare Beneficiaries
87077	Bacterial culture for aerobic isolates	Pathology and Laboratory	Microbiology Procedures	No	Covered benefit only for Qualified Medicare Beneficiaries
87081	Screening test for pathogenic organisms	Pathology and Laboratory	Microbiology Procedures	No	None
87084	Screening test for pathogenic organisms with colony count	Pathology and Laboratory	Microbiology Procedures	No	None
87086	Bacterial colony count, urine	Pathology and Laboratory	Microbiology Procedures	No	None
87088	Bacterial urine culture	Pathology and Laboratory	Microbiology Procedures	No	None
87101	Fungal culture (mold or yeast) of skin, hair, or nail	Pathology and Laboratory	Microbiology Procedures	No	None
87102	Fungal culture (mold or yeast)	Pathology and Laboratory	Microbiology Procedures	No	None
87103	Fungal blood culture (mold or yeast)	Pathology and Laboratory	Microbiology Procedures	No	None
87106	Fungal culture, yeast	Pathology and Laboratory	Microbiology Procedures	No	Covered benefit only for Qualified Medicare Beneficiaries
87107	Culture for identification of yeast	Pathology and Laboratory	Microbiology Procedures	No	Covered benefit only for Qualified Medicare Beneficiaries
87109	Mycoplasma culture	Pathology and Laboratory	Microbiology Procedures	No	None
87110	Culture for chlamydia	Pathology and Laboratory	Microbiology Procedures	No	None
87116	Culture for acid-fast bacilli	Pathology and Laboratory	Microbiology Procedures	No	None
87118	Identification of mycobacteria (TB or TB like organism)	Pathology and Laboratory	Microbiology Procedures	No	Covered benefit only for Qualified Medicare Beneficiaries
87140	Identification of organisms by immunologic analysis	Pathology and Laboratory	Microbiology Procedures	No	None
87143	Identification of organism using chromatography	Pathology and Laboratory	Microbiology Procedures	No	None
87147	Identification of organisms by immunologic analysis	Pathology and Laboratory	Microbiology Procedures	No	None

87149	Identification of organisms by genetic analysis	Pathology and Laboratory	Microbiology Procedures	No	Covered benefit only for Qualified Medicare Beneficiaries
87150	Identification of organisms by genetic analysis	Pathology and Laboratory	Microbiology Procedures	No	Covered benefit only for Qualified Medicare Beneficiaries
87152	Identification of organism by pulse field gel typing	Pathology and Laboratory	Microbiology Procedures	No	Covered benefit only for Qualified Medicare Beneficiaries
87153	Identification of organisms by genetic analysis	Pathology and Laboratory	Microbiology Procedures	No	Covered benefit only for Qualified Medicare Beneficiaries
87158	Microbial identification	Pathology and Laboratory	Microbiology Procedures	No	None
87164	Dark field microscopic examination for organism	Pathology and Laboratory	Microbiology Procedures	No	None
87166	Dark field microscopic examination for organism	Pathology and Laboratory	Microbiology Procedures	No	None
87168	Macroscopic examination (visual inspection) of insect	Pathology and Laboratory	Microbiology Procedures	No	None
87169	Macroscopic examination (visual inspection) of parasite	Pathology and Laboratory	Microbiology Procedures	No	None
87172	Pinworm test	Pathology and Laboratory	Microbiology Procedures	No	None
87176	Tissue preparation for culture	Pathology and Laboratory	Microbiology Procedures	No	None
87177	Smear for parasites	Pathology and Laboratory	Microbiology Procedures	No	None
87181	Evaluation of antimicrobial drug (antibiotic, antifungal, antiviral)	Pathology and Laboratory	Microbiology Procedures	No	None
87184	Evaluation of antimicrobial drug (antibiotic, antifungal, antiviral)	Pathology and Laboratory	Microbiology Procedures	No	None
87185	Evaluation of antimicrobial drug (antibiotic, antifungal, antiviral)	Pathology and Laboratory	Microbiology Procedures	No	None
87186	Evaluation of antimicrobial drug (antibiotic, antifungal, antiviral)	Pathology and Laboratory	Microbiology Procedures	No	None
87187	Evaluation of antimicrobial drug (antibiotic, antifungal, antiviral)	Pathology and Laboratory	Microbiology Procedures	No	None
87188	Evaluation of antimicrobial drug (antibiotic, antifungal, antiviral)	Pathology and Laboratory	Microbiology Procedures	No	None
87190	Antimicrobial study, mycobacteria (TB organism family)	Pathology and Laboratory	Microbiology Procedures	No	None
87197	Evaluation of antibiotic therapy	Pathology and Laboratory	Microbiology Procedures	No	None
87205	Special stain for microorganism	Pathology and Laboratory	Microbiology Procedures	No	None
87206	Special stain for microorganism	Pathology and Laboratory	Microbiology Procedures	No	None
87207	Special stain for microorganism	Pathology and Laboratory	Microbiology Procedures	No	None
87209	Special stain for parasites	Pathology and Laboratory	Microbiology Procedures	No	None
87210	Smear for infectious agents	Pathology and Laboratory	Microbiology Procedures	No	None
87220	Tissue fungi or parasites	Pathology and Laboratory	Microbiology Procedures	No	None
87230	Microbial toxin or antitoxin assay	Pathology and Laboratory	Microbiology Procedures	No	None
87250	Inoculation of embryonated eggs, or small animal for virus isolation	Pathology and Laboratory	Microbiology Procedures	No	None

87252	Tissue culture inoculation for virus isolation	Pathology and Laboratory	Microbiology Procedures	No	None
87253	Tissue culture for virus isolation	Pathology and Laboratory	Microbiology Procedures	No	None
87254	Virus isolation	Pathology and Laboratory	Microbiology Procedures	No	None
87255	Virus isolation	Pathology and Laboratory	Microbiology Procedures	No	None
87260	Detection test for adenovirus (virus)	Pathology and Laboratory	Microbiology Procedures	No	None
87265	Detection test for bordetella pertussis or parapertussis (respiratory bacteria)	Pathology and Laboratory	Microbiology Procedures	No	None
87267	Detection test for enterovirus (intestinal virus)	Pathology and Laboratory	Microbiology Procedures	No	None
87269	Detection test for giardia (intestinal parasite)	Pathology and Laboratory	Microbiology Procedures	No	None
87270	Detection test for chlamydia	Pathology and Laboratory	Microbiology Procedures	No	None
87271	Detection test for cytomegalovirus (CMV)	Pathology and Laboratory	Microbiology Procedures	No	None
87272	Detection test for cryptosporidium (parasite)	Pathology and Laboratory	Microbiology Procedures	No	None
87273	Detection test for herpes simplex virus type 2	Pathology and Laboratory	Microbiology Procedures	No	None
87274	Detection test for herpes simplex virus type 1	Pathology and Laboratory	Microbiology Procedures	No	None
87275	Detection test for influenza B virus	Pathology and Laboratory	Microbiology Procedures	No	None
87276	Detection test for influenza A virus	Pathology and Laboratory	Microbiology Procedures	No	None
87277	Detection test for legionella micdadei (water borne bacteria)	Pathology and Laboratory	Microbiology Procedures	No	AMA Termed Code 1/01/2018
87278	Detection test for legionella pneumophila (water borne bacteria)	Pathology and Laboratory	Microbiology Procedures	No	None
87279	Detection test for parainfluenza virus	Pathology and Laboratory	Microbiology Procedures	No	None
87280	Detection test for respiratory syncytial virus (RSV)	Pathology and Laboratory	Microbiology Procedures	No	None
87281	Detection test for pneumocystis carinii (respiratory parasite)	Pathology and Laboratory	Microbiology Procedures	No	None
87283	Detection test for rubeola (measles virus)	Pathology and Laboratory	Microbiology Procedures	No	None
87285	Detection test for treponema pallidum (syphilis organism)	Pathology and Laboratory	Microbiology Procedures	No	None
87290	Detection test for varicella (chicken pox) zoster virus	Pathology and Laboratory	Microbiology Procedures	No	None
87299	Detection test for organism	Pathology and Laboratory	Microbiology Procedures	No	None
87300	Detection test for multiple organisms	Pathology and Laboratory	Microbiology Procedures	No	None
87301	Detection test for adenovirus enteric types 40/41	Pathology and Laboratory	Microbiology Procedures	No	None
87305	Detection test for aspergillus (fungus)	Pathology and Laboratory	Microbiology Procedures	No	None
87320	Detection test for chlamydia	Pathology and Laboratory	Microbiology Procedures	No	None
87324	Detection test for clostridium difficile toxins (stool pathogen)	Pathology and Laboratory	Microbiology Procedures	No	None
87327	Detection test for cryptococcus neoformans (yeast)	Pathology and Laboratory	Microbiology Procedures	No	None

87328	Detection test for cryptosporidium (parasite)	Pathology and Laboratory	Microbiology Procedures	No	None
87329	Detection test for giardia (intestinal parasite)	Pathology and Laboratory	Microbiology Procedures	No	None
87332	Detection test for cytomegalovirus	Pathology and Laboratory	Microbiology Procedures	No	None
87335	Detection test for E. coli, (escherichia coli 0157)	Pathology and Laboratory	Microbiology Procedures	No	None
87336	Detection test for entamoeba histolytica dispar group (parasite)	Pathology and Laboratory	Microbiology Procedures	No	None
87337	Detection test for entamoeba histolytica group (parasite)	Pathology and Laboratory	Microbiology Procedures	No	None
87338	Qualitative or semiquantitative detection test for helicobacter pylori in stool, multiple-step method	Pathology and Laboratory	Microbiology Procedures	No	None
87339	Detection test for helicobacter pylori (GI tract bacteria)	Pathology and Laboratory	Microbiology Procedures	No	None
87340	Detection test for Hepatitis B surface antigen	Pathology and Laboratory	Microbiology Procedures	No	None
87341	Detection test for Hepatitis B surface antigen	Pathology and Laboratory	Microbiology Procedures	No	None
87350	Detection test for Hepatitis Be surface antigen	Pathology and Laboratory	Microbiology Procedures	No	None
87380	Detection test for Hepatitis D	Pathology and Laboratory	Microbiology Procedures	No	None
87385	Detection test for histoplasma capsulatum (parasite)	Pathology and Laboratory	Microbiology Procedures	No	None
87389	Detection test for HIV-1 and HIV-2	Pathology and Laboratory	Microbiology Procedures	No	None
87390	Detection test for HIV-1	Pathology and Laboratory	Microbiology Procedures	No	None
87391	Detection test for HIV-2	Pathology and Laboratory	Microbiology Procedures	No	None
87400	Detection test for Influenza virus, A or B	Pathology and Laboratory	Microbiology Procedures	No	None
87420	Detection test for respiratory syncytial virus (RSV)	Pathology and Laboratory	Microbiology Procedures	No	None
87425	Detection test for Rotavirus	Pathology and Laboratory	Microbiology Procedures	No	None
87427	Detection test for bacteria toxin (shiga-like toxin)	Pathology and Laboratory	Microbiology Procedures	No	None
87430	Detection test for Strep (Streptococcus, group A)	Pathology and Laboratory	Microbiology Procedures	No	None
87449	Immunologic analysis for detection of organism	Pathology and Laboratory	Microbiology Procedures	No	None
87450	Immunologic analysis for detection of organism	Pathology and Laboratory	Microbiology Procedures	No	None
87451	Immunologic analysis for detection of organism	Pathology and Laboratory	Microbiology Procedures	No	None
87470	Detection test for Bartonella henselae and Bartonella quintana (bacteria)	Pathology and Laboratory	Microbiology Procedures	No	AMA Termed Code 1/01/2018
87471	Detection Bartonella henselae and Bartonella quintana (bacteria)	Pathology and Laboratory	Microbiology Procedures	No	None
87472	Detection test for Bartonella henselae and Bartonella quintana (bacteria)	Pathology and Laboratory	Microbiology Procedures	No	None
87475	Detection test for borrelia burgdorferi, (bacteria)	Pathology and Laboratory	Microbiology Procedures	No	None
87476	Detection test for borrelia burgdorferi (bacteria)	Pathology and Laboratory	Microbiology Procedures	No	None

87477	Detection test for borrelia burgdorferi (bacteria)	Pathology and Laboratory	Microbiology Procedures	No	AMA Termed Code 1/01/2018
87480	Detection test for candida species (yeast)	Pathology and Laboratory	Microbiology Procedures	No	None
87481	Detection test for candida species (yeast)	Pathology and Laboratory	Microbiology Procedures	No	None
87482	Detection test for candida species (yeast)	Pathology and Laboratory	Microbiology Procedures	No	None
87483	Test for detecting nucleic acid of organism causing infection of central nervous system	Pathology and Laboratory	Microbiology Procedures	No	None
87485	Detection test for chlamydia pneumoniae	Pathology and Laboratory	Microbiology Procedures	No	None
87486	Detection test for Chlamydia pneumoniae	Pathology and Laboratory	Microbiology Procedures	No	None
87487	Detection test for chlamydia pneumoniae	Pathology and Laboratory	Microbiology Procedures	No	None
87490	Detection test for chlamydia	Pathology and Laboratory	Microbiology Procedures	No	None
87491	Detection test for chlamydia	Pathology and Laboratory	Microbiology Procedures	No	None
87492	Detection test for chlamydia	Pathology and Laboratory	Microbiology Procedures	No	None
87493	Detection test for clostridium difficile	Pathology and Laboratory	Microbiology Procedures	No	None
87495	Detection test for cytomegalovirus (CMV)	Pathology and Laboratory	Microbiology Procedures	No	None
87496	Detection test for Cytomegalovirus (CMV)	Pathology and Laboratory	Microbiology Procedures	No	None
87497	Detection test for cytomegalovirus, quantification	Pathology and Laboratory	Microbiology Procedures	No	None
87498	Detection test for enterovirus (intestinal virus)	Pathology and Laboratory	Microbiology Procedures	No	None
87500	Detection test for Vancomycin resistance strep (VRE)	Pathology and Laboratory	Microbiology Procedures	No	None
87501	Detection test for influenza virus	Pathology and Laboratory	Microbiology Procedures	No	None
87502	Detection test for multiple types influenza virus	Pathology and Laboratory	Microbiology Procedures	No	None
87503	Detection test for multiple types of influenza virus	Pathology and Laboratory	Microbiology Procedures	No	Add-On Code - This code must be billed with the appropriate primary procedure code
87505	Detection test for digestive tract pathogen	Pathology and Laboratory	Microbiology Procedures	No	None
87506	Detection test for digestive tract pathogen	Pathology and Laboratory	Microbiology Procedures	Yes	PA Effective 9/17/2019
87507	Detection test for digestive tract pathogen	Pathology and Laboratory	Microbiology Procedures	Yes	PA Effective 9/17/2019
87510	Detection test for gardnerella vaginalis (bacteria)	Pathology and Laboratory	Microbiology Procedures	No	None
87511	Detection test for gardnerella vaginalis (bacteria)	Pathology and Laboratory	Microbiology Procedures	No	None
87512	Detection test for gardnerella vaginalis (bacteria)	Pathology and Laboratory	Microbiology Procedures	No	None
87515	Detection test for Hepatitis B virus	Pathology and Laboratory	Microbiology Procedures	No	AMA Termed Code 1/01/2018
87516	Detection test for Hepatitis B virus	Pathology and Laboratory	Microbiology Procedures	No	None
87517	Detection test for Hepatitis B virus	Pathology and Laboratory	Microbiology Procedures	No	None

87520	Detection test for Hepatitis C virus	Pathology and Laboratory	Microbiology Procedures	No	None
87521	Detection test for Hepatitis C virus	Pathology and Laboratory	Microbiology Procedures	No	None
87522	Detection test for Hepatitis C virus	Pathology and Laboratory	Microbiology Procedures	No	None
87525	Detection test for Hepatitis G virus	Pathology and Laboratory	Microbiology Procedures	No	None
87526	Detection test for Hepatitis G virus	Pathology and Laboratory	Microbiology Procedures	No	None
87527	Detection test for Hepatitis G virus	Pathology and Laboratory	Microbiology Procedures	No	None
87528	Detection test for herpes simplex virus	Pathology and Laboratory	Microbiology Procedures	No	None
87529	Detection test for herpes simplex virus	Pathology and Laboratory	Microbiology Procedures	No	None
87530	Detection test for herpes simplex virus	Pathology and Laboratory	Microbiology Procedures	No	None
87531	Detection test for herpes virus-6	Pathology and Laboratory	Microbiology Procedures	No	None
87532	Detection test for herpes virus-6	Pathology and Laboratory	Microbiology Procedures	No	None
87533	Detection test for herpes virus-6	Pathology and Laboratory	Microbiology Procedures	No	None
87534	Detection test for HIV-1 virus	Pathology and Laboratory	Microbiology Procedures	No	None
87535	Detection test for HIV-1 virus	Pathology and Laboratory	Microbiology Procedures	No	None
87536	Detection test for HIV-1 virus	Pathology and Laboratory	Microbiology Procedures	No	None
87537	Detection test for HIV-2 virus	Pathology and Laboratory	Microbiology Procedures	No	None
87538	Detection test for HIV-2 virus	Pathology and Laboratory	Microbiology Procedures	No	None
87539	Detection test for HIV-2 virus	Pathology and Laboratory	Microbiology Procedures	No	None
87540	Detection test for legionella pneumophila (water borne bacteria)	Pathology and Laboratory	Microbiology Procedures	No	None
87541	Detection test for legionella pneumophila (water borne bacteria)	Pathology and Laboratory	Microbiology Procedures	No	None
87542	Detection test for legionella pneumophila (water borne bacteria)	Pathology and Laboratory	Microbiology Procedures	No	None
87550	Detection test for Mycobacteria species (bacteria)	Pathology and Laboratory	Microbiology Procedures	No	None
87551	Detection test for Mycobacteria species (bacteria)	Pathology and Laboratory	Microbiology Procedures	No	None
87552	Detection test for Mycobacteria species (bacteria)	Pathology and Laboratory	Microbiology Procedures	No	None
87555	Detection test for Mycobacteria tuberculosis (TB bacteria)	Pathology and Laboratory	Microbiology Procedures	No	None
87556	Detection test for Mycobacteria tuberculosis (TB bacteria)	Pathology and Laboratory	Microbiology Procedures	No	None
87557	Detection test for Mycobacteria tuberculosis (TB bacteria)	Pathology and Laboratory	Microbiology Procedures	No	None
87560	Detection test for Mycobacteria avium-intracellulare (bacteria)	Pathology and Laboratory	Microbiology Procedures	No	None
87561	Detection test for Mycobacteria avium-intracellulare (bacteria)	Pathology and Laboratory	Microbiology Procedures	No	None
87562	Detection test for Mycobacteria avium-intracellulare (bacteria)	Pathology and Laboratory	Microbiology Procedures	No	None

87580	Detection test for Mycoplasma pneumoniae (bacteria)	Pathology and Laboratory	Microbiology Procedures	No	None
87581	Detection test for Mycoplasma pneumoniae (bacteria)	Pathology and Laboratory	Microbiology Procedures	No	None
87582	Detection test for Mycoplasma pneumoniae (bacteria)	Pathology and Laboratory	Microbiology Procedures	No	None
87590	Detection test for Neisseria gonorrhoeae (gonorrhoeae bacteria)	Pathology and Laboratory	Microbiology Procedures	No	None
87591	Detection test for Neisseria gonorrhoeae (gonorrhoeae bacteria)	Pathology and Laboratory	Microbiology Procedures	No	None
87592	Detection test for Neisseria gonorrhoeae (gonorrhoeae bacteria)	Pathology and Laboratory	Microbiology Procedures	No	None
87623	Detection test for human papillomavirus (hpv)	Pathology and Laboratory	Microbiology Procedures	Yes	PA Effective 9/17/2019
87624	Detection test for human papillomavirus (hpv)	Pathology and Laboratory	Microbiology Procedures	Yes	PA Effective 9/17/2019
87625	Detection test for human papillomavirus (hpv)	Pathology and Laboratory	Microbiology Procedures	Yes	PA Effective 9/17/2019
87631	Detection test for multiple types of respiratory virus	Pathology and Laboratory	Microbiology Procedures	No	None
87632	Detection test for multiple types of respiratory virus	Pathology and Laboratory	Microbiology Procedures	No	None
87633	Detection test for multiple types of respiratory virus	Pathology and Laboratory	Microbiology Procedures	No	None
87634	Infectious agent detection by nucleic acid (DNA or RNA); respiratory syncytial virus, amplified probe technique	Pathology and Laboratory	Microbiology	No	None
87640	Detection test for Staphylococcus aureus (bacteria)	Pathology and Laboratory	Microbiology Procedures	No	None
87641	Detection test for Staphylococcus aureus, methicillin resistant (MRSA bacteria)	Pathology and Laboratory	Microbiology Procedures	No	None
87650	Detection test for Strep (Streptococcus, group A)	Pathology and Laboratory	Microbiology Procedures	No	None
87651	Detection test for Strep (Streptococcus, group A)	Pathology and Laboratory	Microbiology Procedures	No	None
87652	Detection test for Strep (Streptococcus, group A)	Pathology and Laboratory	Microbiology Procedures	No	None
87653	Detection test for Strep (Streptococcus, group B)	Pathology and Laboratory	Microbiology Procedures	No	None
87660	Detection test for Trichomonas vaginalis (genital parasite)	Pathology and Laboratory	Microbiology Procedures	No	None
87661	Detection test for Trichomonas vaginalis (genital parasite)	Pathology and Laboratory	Microbiology Procedures	No	None
87662	Infectious agent detection by nucleic acid (DNA or RNA); Zika virus, amplified probe technique	Pathology and Laboratory	Microbiology	No	None
87797	Detection test for organism	Pathology and Laboratory	Microbiology Procedures	No	None
87798	Detection test for organism	Pathology and Laboratory	Microbiology Procedures	No	None
87799	Detection test for organism	Pathology and Laboratory	Microbiology Procedures	No	None
87800	Detection test for multiple organisms	Pathology and Laboratory	Microbiology Procedures	No	None
87801	Detection test for multiple organisms	Pathology and Laboratory	Microbiology Procedures	No	None
87802	Detection test for Streptococcus, group B (bacteria)	Pathology and Laboratory	Microbiology Procedures	No	None

87803	Detection test for clostridium difficile toxin A (bacteria)	Pathology and Laboratory	Microbiology Procedures	No	None
87804	Detection test for influenza virus	Pathology and Laboratory	Microbiology Procedures	No	None
87806	Detection test for HIV-1	Pathology and Laboratory	Microbiology Procedures	No	None
87807	Detection test for respiratory syncytial virus (RSV)	Pathology and Laboratory	Microbiology Procedures	No	None
87808	Detection test for Trichomonas vaginal (genital parasite)	Pathology and Laboratory	Microbiology Procedures	No	None
87809	Detection test for adenovirus	Pathology and Laboratory	Microbiology Procedures	No	None
87810	Detection test for chlamydia	Pathology and Laboratory	Microbiology Procedures	No	None
87850	Detection test for Neisseria gonorrhoeae (gonorrhoeae)	Pathology and Laboratory	Microbiology Procedures	No	None
87880	Strep test (Streptococcus, group A)	Pathology and Laboratory	Microbiology Procedures	No	None
87899	Detection test for identification of organism	Pathology and Laboratory	Microbiology Procedures	No	None
87900	Infectious agent drug susceptibility analysis	Pathology and Laboratory	Microbiology Procedures	No	None
87901	Analysis test for HIV-1 virus	Pathology and Laboratory	Microbiology Procedures	No	None
87902	Analysis test for Hepatitis C virus	Pathology and Laboratory	Microbiology Procedures	No	None
87903	Analysis test for HIV-1 virus	Pathology and Laboratory	Microbiology Procedures	No	None
87904	Analysis test for HIV-1 virus	Pathology and Laboratory	Microbiology Procedures	No	Add-On Code - This code must be billed with the appropriate primary procedure code
87905	Infectious agent enzymatic activity to detect organism	Pathology and Laboratory	Microbiology Procedures	No	None
87906	Analysis test for HIV-1 virus	Pathology and Laboratory	Microbiology Procedures	No	None
87910	Analysis test for cytomegalovirus	Pathology and Laboratory	Microbiology Procedures	No	None
87912	Analysis test for hepatitis b virus	Pathology and Laboratory	Microbiology Procedures	No	None
87999	Microbiology procedures	Pathology and Laboratory	Microbiology Procedures	Yes	None
88000	Autopsy	Pathology and Laboratory	Anatomic Pathology Procedures	No	None
88005	Autopsy with of brain	Pathology and Laboratory	Anatomic Pathology Procedures	No	None
88007	Autopsy with examination of brain and spinal cord	Pathology and Laboratory	Anatomic Pathology Procedures	No	None
88012	Autopsy of infant with examination of brain	Pathology and Laboratory	Anatomic Pathology Procedures	No	None
88014	Autopsy of stillborn or newborn infant with examination of brain	Pathology and Laboratory	Anatomic Pathology Procedures	No	None
88016	Autopsy of stillborn infant	Pathology and Laboratory	Anatomic Pathology Procedures	No	None

88020	Autopsy with microscopic examination of tissue	Pathology and Laboratory	Anatomic Pathology Procedures	No	None
88025	Autopsy with examination of brain and microscopic examination of tissue	Pathology and Laboratory	Anatomic Pathology Procedures	No	None
88027	Autopsy with examination of brain and spinal cord and microscopic examination of tissue	Pathology and Laboratory	Anatomic Pathology Procedures	No	None
88028	Autopsy of infant including brain and microscopic examination of tissue	Pathology and Laboratory	Anatomic Pathology Procedures	No	None
88029	Autopsy of stillborn or newborn infant with examination of brain and microscopic examination of tissue	Pathology and Laboratory	Anatomic Pathology Procedures	No	None
88036	Limited, gross and/or microscopic autopsy	Pathology and Laboratory	Anatomic Pathology Procedures	No	None
88037	Limited, gross and/or microscopic autopsy, single organ	Pathology and Laboratory	Anatomic Pathology Procedures	No	None
88040	Autopsy for forensic (investigative) examination	Pathology and Laboratory	Anatomic Pathology Procedures	No	None
88045	Coroner's services	Pathology and Laboratory	Anatomic Pathology Procedures	No	None
88099	Autopsy services	Pathology and Laboratory	Anatomic Pathology Procedures	No	None
88104	Cell examination of body fluid	Pathology and Laboratory	Cytopathology Procedures	No	None
88106	Cell examination of body fluid	Pathology and Laboratory	Cytopathology Procedures	No	None
88108	Cell examination of specimen	Pathology and Laboratory	Cytopathology Procedures	No	None
88112	Cell examination of specimen	Pathology and Laboratory	Cytopathology Procedures	No	None
88120	Cell examination of urine	Pathology and Laboratory	Cytopathology Procedures	No	None
88121	Cell examination of urine	Pathology and Laboratory	Cytopathology Procedures	No	None
88125	Forensic (investigation) examination of specimen	Pathology and Laboratory	Cytopathology Procedures	No	None
88130	Sex identification	Pathology and Laboratory	Cytopathology Procedures	No	None
88140	Sex identification	Pathology and Laboratory	Cytopathology Procedures	No	None
88141	Pap test (Pap smear)	Pathology and Laboratory	Cytopathology Procedures	No	None
88142	Pap test (Pap smear)	Pathology and Laboratory	Cytopathology Procedures	No	None
88143	Pap test (Pap smear)	Pathology and Laboratory	Cytopathology Procedures	No	None
88147	Pap test (Pap smear)	Pathology and Laboratory	Cytopathology Procedures	No	None
88148	Pap test (Pap smear)	Pathology and Laboratory	Cytopathology Procedures	No	None
88150	Pap test (Pap smear)	Pathology and Laboratory	Cytopathology Procedures	No	None

88152	Pap test (Pap smear)	Pathology and Laboratory	Cytopathology Procedures	No	None
88153	Pap test (Pap smear)	Pathology and Laboratory	Cytopathology Procedures	No	None
88154	Pap test (Pap smear)	Pathology and Laboratory	Cytopathology Procedures	No	AMA Termed Code 1/01/2018
88155	Examination of cervical or vaginal slide for hormonal evaluation	Pathology and Laboratory	Cytopathology Procedures	No	Add-On Code - This code must be billed with the appropriate primary procedure code
88160	Screening examination of specimen cells	Pathology and Laboratory	Cytopathology Procedures	No	None
88161	Screening examination of specimen cells	Pathology and Laboratory	Cytopathology Procedures	No	None
88162	Screening examination of specimen cells	Pathology and Laboratory	Cytopathology Procedures	No	None
88164	Pap test (Pap smear)	Pathology and Laboratory	Cytopathology Procedures	No	None
88165	Pap test (Pap smear)	Pathology and Laboratory	Cytopathology Procedures	No	None
88166	Pap test (Pap smear)	Pathology and Laboratory	Cytopathology Procedures	No	None
88167	Pap test (Pap smear)	Pathology and Laboratory	Cytopathology Procedures	No	None
88172	Evaluation of fine needle aspirate	Pathology and Laboratory	Cytopathology Procedures	No	None
88173	Evaluation of fine needle aspirate with interpretation and report	Pathology and Laboratory	Cytopathology Procedures	No	None
88174	Pap test	Pathology and Laboratory	Cytopathology Procedures	No	None
88175	Pap test	Pathology and Laboratory	Cytopathology Procedures	No	None
88177	Pap test	Pathology and Laboratory	Cytopathology Procedures	No	Add-On Code - This code must be billed with the appropriate primary procedure code
88182	Flow cytometry technique for DNA or cell analysis	Pathology and Laboratory	Cytopathology Procedures	No	None
88184	Flow cytometry technique for DNA or cell analysis	Pathology and Laboratory	Cytopathology Procedures	No	None
88185	Flow cytometry technique for DNA or cell analysis	Pathology and Laboratory	Cytopathology Procedures	No	Add-On Code - This code must be billed with the appropriate primary procedure code
88187	Flow cytometry technique for DNA or cell analysis	Pathology and Laboratory	Cytopathology Procedures	No	None
88188	Flow cytometry technique for DNA or cell analysis	Pathology and Laboratory	Cytopathology Procedures	No	None
88189	Flow cytometry technique for DNA or cell analysis	Pathology and Laboratory	Cytopathology Procedures	No	None
88199	Cytopathology procedures	Pathology and Laboratory	Cytopathology Procedures	Yes	None
88230	Tissue culture to identify white blood cell disorders	Pathology and Laboratory	Cytogenetic Studies	Yes	None
88233	Tissue culture to identify skin disorders	Pathology and Laboratory	Cytogenetic Studies	Yes	None
88235	Tissue culture for disorders of amniotic fluid or placenta cells	Pathology and Laboratory	Cytogenetic Studies	Yes	PA Effective 9/17/2019
88237	Tissue culture for tumor disorders of bone marrow and blood cells	Pathology and Laboratory	Cytogenetic Studies	Yes	None
88239	Tissue culture for tumor disorders	Pathology and Laboratory	Cytogenetic Studies	Yes	None

88240	Cryopreservation, freezing and storage of cells	Pathology and Laboratory	Cytogenetic Studies	No	Covered benefit only for Qualified Medicare Beneficiaries
88241	Thawing and expansion of frozen cells	Pathology and Laboratory	Cytogenetic Studies	No	Covered benefit only for Qualified Medicare Beneficiaries
88245	Chromosome analysis for genetic defects	Pathology and Laboratory	Cytogenetic Studies	Yes	None
88248	Chromosome analysis for genetic defects	Pathology and Laboratory	Cytogenetic Studies	Yes	None
88249	Chromosome analysis for genetic defects	Pathology and Laboratory	Cytogenetic Studies	Yes	None
88261	Chromosome analysis for genetic defects	Pathology and Laboratory	Cytogenetic Studies	Yes	None
88262	Chromosome analysis for genetic defects	Pathology and Laboratory	Cytogenetic Studies	Yes	None
88263	Chromosome analysis for genetic defects	Pathology and Laboratory	Cytogenetic Studies	Yes	None
88264	Chromosome analysis for genetic defects	Pathology and Laboratory	Cytogenetic Studies	Yes	None
88267	Chromosome analysis of amniotic fluid or placenta for genetic defects	Pathology and Laboratory	Cytogenetic Studies	Yes	None
88269	Chromosome analysis of amniotic fluid for genetic defects	Pathology and Laboratory	Cytogenetic Studies	Yes	None
88271	DNA testing for genetic defects	Pathology and Laboratory	Cytogenetic Studies	Yes	None
88272	Chromosome analysis for genetic defects	Pathology and Laboratory	Cytogenetic Studies	Yes	None
88273	Chromosome analysis for genetic defects	Pathology and Laboratory	Cytogenetic Studies	Yes	None
88274	Genetic testing	Pathology and Laboratory	Cytogenetic Studies	Yes	None
88275	Genetic testing	Pathology and Laboratory	Cytogenetic Studies	Yes	None
88280	Chromosome analysis for genetic defects	Pathology and Laboratory	Cytogenetic Studies	Yes	None
88283	Chromosome analysis for genetic defects	Pathology and Laboratory	Cytogenetic Studies	Yes	None
88285	Chromosome analysis for genetic defects	Pathology and Laboratory	Cytogenetic Studies	Yes	None
88289	Chromosome analysis for genetic defects	Pathology and Laboratory	Cytogenetic Studies	Yes	None
88291	Interpretation and report of genetic testing	Pathology and Laboratory	Cytogenetic Studies	Yes	None
88299	Genetic studies	Pathology and Laboratory	Cytogenetic Studies	Yes	None
88300	Pathology examination of tissue using a microscope, limited examination	Pathology and Laboratory	Surgical Pathology Procedures	No	None
88302	Pathology examination of tissue using a microscope	Pathology and Laboratory	Surgical Pathology Procedures	No	None
88304	Pathology examination of tissue using a microscope, moderately low complexity	Pathology and Laboratory	Surgical Pathology Procedures	No	None
88305	Pathology examination of tissue using a microscope, intermediate complexity	Pathology and Laboratory	Surgical Pathology Procedures	No	None
88307	Pathology examination of tissue using a microscope, moderately high complexity	Pathology and Laboratory	Surgical Pathology Procedures	No	None

88309	Pathology examination of tissue using a microscope, high complexity	Pathology and Laboratory	Surgical Pathology Procedures	No	None
88311	Preparation of tissue for examination by removing any calcium present	Pathology and Laboratory	Surgical Pathology Procedures	No	Add-On Code - This code must be billed with the appropriate primary procedure code
88312	Special stained specimen slides to identify organisms including interpretation and report	Pathology and Laboratory	Surgical Pathology Procedures	No	None
88313	Special stained specimen slides to examine tissue including interpretation and report	Pathology and Laboratory	Surgical Pathology Procedures	No	None
88314	Special stained specimen slides to examine tissue and frozen preparation of specimen including interpretation and report	Pathology and Laboratory	Surgical Pathology Procedures	No	Add-On Code - This code must be billed with the appropriate primary procedure code
88319	Evaluation of specimen enzymes	Pathology and Laboratory	Surgical Pathology Procedures	No	None
88321	Surgical pathology consultation and report	Pathology and Laboratory	Surgical Pathology Procedures	No	None
88323	Surgical pathology consultation and report	Pathology and Laboratory	Surgical Pathology Procedures	No	None
88325	Comprehensive surgical pathology consultation and report	Pathology and Laboratory	Surgical Pathology Procedures	No	None
88329	Pathology examination of specimen during surgery	Pathology and Laboratory	Surgical Pathology Procedures	No	None
88331	Pathology examination of tissue during surgery	Pathology and Laboratory	Surgical Pathology Procedures	No	None
88332	Pathology examination of specimen during surgery	Pathology and Laboratory	Surgical Pathology Procedures	No	Add-On Code - This code must be billed with the appropriate primary procedure code
88333	Pathology examination of tissue specimen during surgery	Pathology and Laboratory	Surgical Pathology Procedures	No	None
88334	Pathology examination of specimen during surgery	Pathology and Laboratory	Surgical Pathology Procedures	No	Add-On Code - This code must be billed with the appropriate primary procedure code
88341	Special stained specimen slides to examine tissue	Pathology and Laboratory	Surgical Pathology Procedures	No	Add-On Code - This code must be billed with the appropriate primary procedure code
88342	Tissue or cell analysis by immunologic technique	Pathology and Laboratory	Surgical Pathology Procedures	No	None
88344	Special stained specimen slides to examine tissue	Pathology and Laboratory	Surgical Pathology Procedures	Yes	PA Effective 9/17/2019
88346	Antibody evaluation	Pathology and Laboratory	Surgical Pathology Procedures	No	None
88348	Electron microscopy for diagnosis	Pathology and Laboratory	Surgical Pathology Procedures	No	None
88350	Antibody evaluation	Pathology and Laboratory	Surgical Pathology Procedures	No	Add-On Code - This code must be billed with the appropriate primary procedure code

88355	Microscopic genetic analysis of muscle	Pathology and Laboratory	Surgical Pathology Procedures	No	None
88356	Microscopic genetic analysis of nerve tissue	Pathology and Laboratory	Surgical Pathology Procedures	No	None
88358	Microscopic genetic analysis of tumor	Pathology and Laboratory	Surgical Pathology Procedures	No	None
88360	Microscopic genetic analysis of tumor	Pathology and Laboratory	Surgical Pathology Procedures	No	None
88361	Microscopic genetic analysis of tumor	Pathology and Laboratory	Surgical Pathology Procedures	No	None
88362	Nerve teasing preparation	Pathology and Laboratory	Surgical Pathology Procedures	No	None
88363	Microscopic genetic analysis of tissue	Pathology and Laboratory	Surgical Pathology Procedures	No	None
88364	Cell examination	Pathology and Laboratory	Surgical Pathology Procedures	No	Add-On Code - This code must be billed with the appropriate primary procedure code
88365	Analysis of genetic material	Pathology and Laboratory	Surgical Pathology Procedures	No	None
88366	Cell examination	Pathology and Laboratory	Surgical Pathology Procedures	Yes	PA Effective 9/17/2019
88367	Microscopic genetic analysis of tissue	Pathology and Laboratory	Surgical Pathology Procedures	No	None
88368	Microscopic genetic analysis of tissue	Pathology and Laboratory	Surgical Pathology Procedures	No	None
88369	Microscopic genetic examination manual	Pathology and Laboratory	Surgical Pathology Procedures	No	Add-On Code - This code must be billed with the appropriate primary procedure code
88371	Protein analysis of tissue with interpretation and report	Pathology and Laboratory	Surgical Pathology Procedures	No	None
88372	Protein analysis of tissue by western blot, with interpretation and report	Pathology and Laboratory	Surgical Pathology Procedures	No	None
88373	Microscopic genetic examination using computer-assisted technology	Pathology and Laboratory	Surgical Pathology Procedures	No	Add-On Code - This code must be billed with the appropriate primary procedure code
88374	Microscopic genetic examination using computer-assisted technology	Pathology and Laboratory	Surgical Pathology Procedures	Yes	PA Effective 9/17/2019
88375	Microscopic imaging using an endoscope, interpretation and report, real-time or referred, each session	Pathology and Laboratory	Surgical Pathology Procedures	No	None
88377	Microscopic genetic examination manual	Pathology and Laboratory	Surgical Pathology Procedures	Yes	PA Effective 9/17/2019
88380	Preparation of specimen using laser	Pathology and Laboratory	Surgical Pathology Procedures	No	None

88381	Preparation of specimen, manual	Pathology and Laboratory	Surgical Pathology Procedures	No	None
88387	Pathologist examination, dissection, and preparation of tissue	Pathology and Laboratory	Surgical Pathology Procedures	No	None
88388	Pathologist examination, dissection, and preparation of tissue during surgery	Pathology and Laboratory	Surgical Pathology Procedures	No	Add-On Code - This code must be billed with the appropriate primary procedure code
88398	#N/A	None	None	No	Invalid Deleted Code Check for replacement code
88399	Surgical pathology procedure	Pathology and Laboratory	Surgical Pathology Procedures	Yes	None
88720	Measurement of bilirubin	Pathology and Laboratory	In Vivo (eg, Transcutaneous) Laboratory Procedures	No	None
88738	Hemoglobin measurement	Pathology and Laboratory	In Vivo (eg, Transcutaneous) Laboratory Procedures	No	None
88740	Hemoglobin measurement, per day	Pathology and Laboratory	In Vivo (eg, Transcutaneous) Laboratory Procedures	No	None
88741	Hemoglobin measurement, per day	Pathology and Laboratory	In Vivo (eg, Transcutaneous) Laboratory Procedures	No	None
88749	In vivo laboratory service	Pathology and Laboratory	In Vivo (eg, Transcutaneous) Laboratory Procedures	No	None
89049	Test for malignant hyperthermia susceptibility (genetic disorder)	Pathology and Laboratory	Other Pathology and Laboratory Procedures	No	None
89050	Body fluid cell count	Pathology and Laboratory	Other Pathology and Laboratory Procedures	No	None
89051	Body fluid cell count with cell identification	Pathology and Laboratory	Other Pathology and Laboratory Procedures	No	None
89055	White blood cell measure, stool specimen	Pathology and Laboratory	Other Pathology and Laboratory Procedures	No	None
89060	Crystal identification from tissue or body fluid	Pathology and Laboratory	Other Pathology and Laboratory Procedures	No	None
89125	Fat stain of stool, urine, or respiratory secretions	Pathology and Laboratory	Other Pathology and Laboratory Procedures	No	None

89160	Examination of stool for meat fibers	Pathology and Laboratory	Other Pathology and Laboratory Procedures	No	None
89190	Nasal smear for eosinophils (allergy related white blood cells)	Pathology and Laboratory	Other Pathology and Laboratory Procedures	No	None
89220	Sputum specimen collection	Pathology and Laboratory	Other Pathology and Laboratory Procedures	No	None
89230	Sweat collection	Pathology and Laboratory	Other Pathology and Laboratory Procedures	No	None
89240	Pathology tests	Pathology and Laboratory	Other Pathology and Laboratory Procedures	Yes	None
89250	Culture of eggs or embryos, less than 4 days	Pathology and Laboratory	Reproductive Medicine Procedures	No	None
89251	Culture of eggs or embryos, less than 4 days, with co-culture of eggs or embryos	Pathology and Laboratory	Reproductive Medicine Procedures	No	None
89253	Assisted embryo hatching (fertility procedure)	Pathology and Laboratory	Reproductive Medicine Procedures	No	None
89254	Egg identification from ovarian fluid	Pathology and Laboratory	Reproductive Medicine Procedures	No	None
89255	Preparation of embryo for transfer	Pathology and Laboratory	Reproductive Medicine Procedures	No	None
89257	Sperm identification from aspiration	Pathology and Laboratory	Reproductive Medicine Procedures	No	None
89258	Frozen preservation of embryos	Pathology and Laboratory	Reproductive Medicine Procedures	No	None
89259	Frozen preservation of sperm	Pathology and Laboratory	Reproductive Medicine Procedures	No	None
89260	Sperm isolation with semen analysis for fertilization or diagnosis	Pathology and Laboratory	Reproductive Medicine Procedures	No	None
89261	Sperm isolation and semen analysis for fertilization or diagnosis	Pathology and Laboratory	Reproductive Medicine Procedures	No	None
89264	Sperm identification from testis tissue	Pathology and Laboratory	Reproductive Medicine Procedures	No	None
89268	Fertilizing of eggs	Pathology and Laboratory	Reproductive Medicine Procedures	No	None
89272	Extended culture of eggs or embryos, 4-7 days	Pathology and Laboratory	Reproductive Medicine Procedures	No	None

89280	Assisted oocyte fertilization (fertility procedure)	Pathology and Laboratory	Reproductive Medicine Procedures	No	None
89281	Assisted oocyte fertilization (fertility procedure)	Pathology and Laboratory	Reproductive Medicine Procedures	No	None
89290	Biopsy of egg or embryo for pre-implantation genetic diagnosis, less than or equal to 5 embryos	Pathology and Laboratory	Reproductive Medicine Procedures	No	None
89291	Biopsy of egg or embryo for pre-implantation genetic diagnosis, greater than 5 embryos	Pathology and Laboratory	Reproductive Medicine Procedures	No	None
89300	Semen analysis presence and/or motility of sperm	Pathology and Laboratory	Reproductive Medicine Procedures	No	None
89310	Semen analysis motility and count	Pathology and Laboratory	Reproductive Medicine Procedures	Yes	PA Effective 9/17/2019
89320	Semen evaluation volume, sperm count, motility and analysis	Pathology and Laboratory	Reproductive Medicine Procedures	No	None
89321	Semen analysis for sperm presence	Pathology and Laboratory	Reproductive Medicine Procedures	Yes	PA Effective 9/17/2019
89322	Semen evaluation, volume, sperm count, motility, and analysis	Pathology and Laboratory	Reproductive Medicine Procedures	No	None
89325	Sperm antibody measurement	Pathology and Laboratory	Reproductive Medicine Procedures	No	None
89329	Sperm evaluation	Pathology and Laboratory	Reproductive Medicine Procedures	No	None
89330	Sperm evaluation	Pathology and Laboratory	Reproductive Medicine Procedures	No	None
89331	Sperm evaluation, for reverse ejaculation, urine specimen	Pathology and Laboratory	Reproductive Medicine Procedures	No	None
89335	Frozen preservation of male reproductive tissue	Pathology and Laboratory	Reproductive Medicine Procedures	No	None
89337	Frozen preservation of mature eggs	Pathology and Laboratory	Reproductive Medicine Procedures	No	None
89342	Storage of embryos, per year	Pathology and Laboratory	Reproductive Medicine Procedures	No	None
89343	Storage of sperm or semen per year	Pathology and Laboratory	Reproductive Medicine Procedures	No	None
89344	Storage of reproductive tissue, testicular or ovarian per year	Pathology and Laboratory	Reproductive Medicine Procedures	No	None
89346	Storage of eggs, per year	Pathology and Laboratory	Reproductive Medicine Procedures	No	None
89352	Thawing of frozen embryos	Pathology and Laboratory	Reproductive Medicine Procedures	No	None

89353	Thawing of frozen sperm or semen	Pathology and Laboratory	Reproductive Medicine Procedures	No	None
89354	Thawing of frozen reproductive tissue, testicular or ovarian	Pathology and Laboratory	Reproductive Medicine Procedures	No	None
89356	Thawing of frozen eggs	Pathology and Laboratory	Reproductive Medicine Procedures	No	None
89398	Reproductive medicine laboratory procedure	Pathology and Laboratory	Reproductive Medicine Procedures	No	None
90281	Human immune globulin for injection into muscle	Medicine	Immune Globulins, Serum or Recombinant Products	No	None
90283	Human immune globulin for infusion into vein	Medicine	Immune Globulins, Serum or Recombinant Products	No	None
90284	Human immune globulin for infusions beneath skin	Medicine	Immune Globulins, Serum or Recombinant Products	No	None
90287	Botulinum equine antitoxin	Medicine	Immune Globulins, Serum or Recombinant Products	No	None
90288	Botulinum human antitoxin for infusion into vein	Medicine	Immune Globulins, Serum or Recombinant Products	No	None
90291	Cytomegalovirus immune globulin for infusion into vein	Medicine	Immune Globulins, Serum or Recombinant Products	No	None
90296	Diphtheria equine antitoxin	Medicine	Immune Globulins, Serum or Recombinant Products	No	None
90371	Hepatitis B immune globulin for injection into muscle	Medicine	Immune Globulins, Serum or Recombinant Products	No	None
90375	Rabies immune globulin for injection beneath the skin and/or into muscle	Medicine	Immune Globulins, Serum or Recombinant Products	No	None

90376	Rabies immune globulin for injection beneath the skin and/or into muscle	Medicine	Immune Globulins, Serum or Recombinant Products	No	None
90378	Respiratory syncytial virus antibody for injection into tissue or muscle	Medicine	Immune Globulins, Serum or Recombinant Products	Yes	None
90384	Rho(D) immune globulin (full dose) for injection into muscle	Medicine	Immune Globulins, Serum or Recombinant Products	No	None
90385	Rho(D) immune globulin (mini dose) for injection into muscle	Medicine	Immune Globulins, Serum or Recombinant Products	No	None
90386	Rho (D) immune globulin for infusion into vein	Medicine	Immune Globulins, Serum or Recombinant Products	No	None
90389	Tetanus immune globulin for injection into muscle	Medicine	Immune Globulins, Serum or Recombinant Products	No	None
90393	Vaccinia immune globulin for injection into muscle	Medicine	Immune Globulins, Serum or Recombinant Products	No	None
90396	Varicella (chicken pox) zoster immune globulin for injection into muscle	Medicine	Immune Globulins, Serum or Recombinant Products	No	None
90399	Immune globulin injection or infusion	Medicine	Immune Globulins, Serum or Recombinant Products	Yes	None
90460	Administration of first vaccine or toxoid component through 18 years of age with counseling	Medicine	Immunization Administration for Vaccines/Toxoids	No	Covered benefit only for Qualified Medicare Beneficiaries
90461	Administration of vaccine or toxoid component through 18 years of age with counseling	Medicine	Immunization Administration for Vaccines/Toxoids	No	Covered benefit only for Qualified Medicare Beneficiaries
90471	Administration of 1 vaccine	Medicine	Immunization Administration for Vaccines/Toxoids	No	Covered benefit only for Qualified Medicare Beneficiaries

90472	Administration of vaccine	Medicine	Immunization Administration for Vaccines/Toxoids	No	Covered benefit only for Qualified Medicare Beneficiaries
90473	Administration of 1 nasal or oral vaccine	Medicine	Immunization Administration for Vaccines/Toxoids	No	Covered benefit only for Qualified Medicare Beneficiaries
90474	Administration of nasal or oral vaccine	Medicine	Immunization Administration for Vaccines/Toxoids	No	Covered benefit only for Qualified Medicare Beneficiaries
90476	Vaccine for adenovirus oral administration	Medicine	Vaccines, Toxoids	No	None
90477	Vaccine for adenovirus oral administration	Medicine	Vaccines, Toxoids	No	None
90581	Vaccine for anthrax injection beneath the skin or into muscle	Medicine	Vaccines, Toxoids	No	None
90585	Vaccine for tuberculosis injection into skin	Medicine	Vaccines, Toxoids	Yes	None
90586	Vaccine for bladder cancer injection into urinary bladder	Medicine	Vaccines, Toxoids	No	None
90587	Dengue vaccine, quadrivalent, live, 3 dose schedule, for subcutaneous use	Medicine	Vaccines, Toxoids	No	None
90620	Vaccine for meningococcus for injection into muscle	Medicine	Vaccines, Toxoids	No	None
90621	Vaccine for meningococcus for injection into muscle	Medicine	Vaccines, Toxoids	No	None
90625	Vaccine for cholera for oral administration	Medicine	Vaccines, Toxoids	No	None
90630	Vaccine for influenza for injection into skin	Medicine	Vaccines, Toxoids	No	None
90632	Vaccine for Hepatitis A injection into muscle, adult dosage	Medicine	Vaccines, Toxoids	No	None
90633	Vaccine for Hepatitis A (2 dose schedule) injection into muscle, pediatric or adolescent dosage	Medicine	Vaccines, Toxoids	No	None
90634	Vaccine for Hepatitis A (3 dose schedule) injection into muscle, pediatric or adolescent dosage	Medicine	Vaccines, Toxoids	No	None
90636	Vaccine for Hepatitis A and Hepatitis B injection into muscle, adult dosage	Medicine	Vaccines, Toxoids	No	None
90644	Vaccine for meningococcal and Hemophilus influenza B (4 dose schedule) injection into muscle, children 6 weeks-18 months of age	Medicine	Vaccines, Toxoids	No	None
90647	Vaccine for Hemophilus influenza B (3 dose schedule) injection into muscle	Medicine	Vaccines, Toxoids	No	None
90648	Vaccine for Hemophilus influenza B (4 dose schedule) injection into muscle	Medicine	Vaccines, Toxoids	No	None

90649	Vaccine for human papilloma virus (3 dose schedule) injection into muscle	Medicine	Vaccines, Toxoids	No	None
90650	Vaccine for human papilloma virus (3 dose schedule) injection into muscle	Medicine	Vaccines, Toxoids	No	None
90651	Vaccine for human papilloma virus (3 dose schedule) injection into muscle	Medicine	Vaccines, Toxoids	No	None
90653	Vaccine for influenza for injection into muscle	Medicine	Vaccines, Toxoids	No	None
90654	Vaccine for influenza injection into skin	Medicine	Vaccines, Toxoids	No	None
90655	Vaccine for influenza for administration into muscle, 0.25 ml dosage	Medicine	Vaccines, Toxoids	No	None
90656	Vaccine for influenza for administration into muscle, 0.5 ml dosage	Medicine	Vaccines, Toxoids	No	None
90657	Vaccine for influenza for administration into muscle, 0.25 ml dosage	Medicine	Vaccines, Toxoids	No	None
90658	Vaccine for influenza for administration into muscle, 0.5 ml dosage	Medicine	Vaccines, Toxoids	No	None
90660	Vaccine for influenza for nasal administration	Medicine	Vaccines, Toxoids	No	None
90661	Vaccine for influenza for administration into muscle, 0.5 ml dosage	Medicine	Vaccines, Toxoids	No	None
90662	Vaccine for influenza for injection into muscle	Medicine	Vaccines, Toxoids	No	None
90664	Vaccine for influenza for nasal administration, pandemic formulation	Medicine	Vaccines, Toxoids	No	None
90666	Vaccine for influenza for injection into muscle, pandemic formulation	Medicine	Vaccines, Toxoids	No	None
90667	Vaccine for influenza for injection into muscle, pandemic formulation	Medicine	Vaccines, Toxoids	No	None
90668	Vaccine for influenza for injection into muscle, pandemic formulation	Medicine	Vaccines, Toxoids	No	None
90670	Pneumococcal vaccine for injection into muscle	Medicine	Vaccines, Toxoids	No	None
90672	Vaccine for influenza for nasal administration	Medicine	Vaccines, Toxoids	No	None
90673	Vaccine for influenza administered into muscle, preservative and antibiotic free	Medicine	Vaccines, Toxoids	No	None
90674	Vaccine for influenza for administration into muscle, 0.5 ml dosage	Medicine	Vaccines, Toxoids	No	None
90675	Vaccine for rabies injection into muscle	Medicine	Vaccines, Toxoids	No	None
90676	Vaccine for rabies injection into skin	Medicine	Vaccines, Toxoids	No	None
90680	Vaccine for Rotavirus (3 dose schedule) for oral administration	Medicine	Vaccines, Toxoids	No	None
90681	Vaccine for Rotavirus (2 dose schedule) for oral administration	Medicine	Vaccines, Toxoids	No	None

90682	Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use	Medicine	Vaccines, Toxoids	No	None
90685	Vaccine for influenza for administration into muscle, 0.25 ml dosage	Medicine	Vaccines, Toxoids	No	None
90686	Vaccine for influenza for administration into muscle, 0.5 ml dosage	Medicine	Vaccines, Toxoids	No	None
90687	Vaccine for influenza for administration into muscle, 0.25 ml dosage	Medicine	Vaccines, Toxoids	No	None
90688	Vaccine for influenza for administration into muscle, 0.5 ml dosage	Medicine	Vaccines, Toxoids	No	None
90689	Inactivated quadrivalent influenza vaccine for injection into muscle, 0.25 ml dosage	Medicine	Vaccines & Toxoids	No	None
90690	Oral typhoid vaccine	Medicine	Vaccines, Toxoids	No	Covered benefit only for Qualified Medicare Beneficiaries
90691	Vaccine for typhoid for injection into muscle	Medicine	Vaccines, Toxoids	No	Covered benefit only for Qualified Medicare Beneficiaries
90696	Vaccine for diphtheria, tetanus toxoids, acellular pertussis (whooping cough), and polio for injection into muscle, patient 4 through 6 years of age	Medicine	Vaccines, Toxoids	No	None
90697	Vaccine for diphtheria, tetanus toxoids, acellular pertussis (whooping cough), haemophilus influenza type B, hepatitis B and polio for injection into muscle	Medicine	Vaccines, Toxoids	No	None
90698	Vaccine for diphtheria, tetanus toxoids, acellular pertussis (whooping cough), haemophilus influenza type B, and polio for injection into muscle	Medicine	Vaccines, Toxoids	No	None
90700	Vaccine for diphtheria, tetanus, and acellular pertussis (whooping cough) injection into muscle, child younger than 7 years	Medicine	Vaccines, Toxoids	No	None
90702	Vaccine for diphtheria and tetanus toxoids injection into muscle, patient younger than 7 years of age	Medicine	Vaccines, Toxoids	No	None
90707	Vaccine for measles, mumps, and rubella (German measles) injection beneath skin	Medicine	Vaccines, Toxoids	No	None
90710	Vaccine for measles, mumps, rubella (German measles), and varicella (chicken pox) injection beneath skin	Medicine	Vaccines, Toxoids	No	None
90713	Vaccine for polio injection beneath the skin or into muscle	Medicine	Vaccines, Toxoids	No	None
90714	Vaccine for tetanus and diphtheria toxoids injection into muscle, patient 7 years or older	Medicine	Vaccines, Toxoids	No	None
90715	Vaccine for tetanus, diphtheria toxoids and acellular pertussis (whooping cough) for injection into muscle, patient 7 years or older	Medicine	Vaccines, Toxoids	No	None
90716	Vaccine for varicella (chicken pox) injection beneath skin	Medicine	Vaccines, Toxoids	No	None
90717	Vaccine for yellow fever injection beneath skin	Medicine	Vaccines, Toxoids	No	Covered benefit only for Qualified Medicare Beneficiaries

90723	Vaccine for diphtheria, tetanus toxoids, acellular pertussis (whooping cough), Hepatitis B, and polio for injection into muscle	Medicine	Vaccines, Toxoids	No	None
90732	Vaccine for pneumococcal polysaccharide for injection beneath the skin or into muscle, patient 2 years or older	Medicine	Vaccines, Toxoids	No	None
90733	Vaccine for meningococcus for injection beneath skin	Medicine	Vaccines, Toxoids	No	None
90734	Vaccine for meningococcus for administration into muscle	Medicine	Vaccines, Toxoids	No	None
90736	Vaccine for shingles injection beneath skin	Medicine	Vaccines, Toxoids	No	None
90738	Vaccine for Japanese encephalitis virus injection into muscle	Medicine	Vaccines, Toxoids	No	None
90739	Vaccine for Hepatitis B adult dosage (2 dose schedule) injection into muscle	Medicine	Vaccines, Toxoids	No	None
90740	Vaccine for Hepatitis B (3 dose schedule) for injection into muscle, dialysis or immunosuppressed patient	Medicine	Vaccines, Toxoids	No	None
90743	Vaccine for Hepatitis B (2 dose schedule) for injection into muscle, adolescent patient	Medicine	Vaccines, Toxoids	No	None
90744	Vaccine for Hepatitis B (3 dose schedule) for injection into muscle, pediatric and adolescent patients	Medicine	Vaccines, Toxoids	No	None
90746	Vaccine for Hepatitis B adult dosage (3 dose schedule) injection into muscle	Medicine	Vaccines, Toxoids	No	None
90747	Vaccine for Hepatitis B (4 dose schedule) for injection into muscle, dialysis or immunosuppressed patient	Medicine	Vaccines, Toxoids	No	None
90748	Vaccine for Hepatitis B and Hemophilus influenza B for injection into muscle	Medicine	Vaccines, Toxoids	No	None
90749	Vaccine or toxoid injection or infusion procedure	Medicine	Vaccines, Toxoids	No	None
90750	Zoster (shingles) vaccine (HZV), recombinant, subunit, adjuvanted, for intramuscular use	Medicine	Vaccines, Toxoids	No	None
90756	Influenza virus vaccine, quadrivalent (ccIV4), derived from cell cultures, subunit, antibiotic free, 0.5mL dosage, for intramuscular use	Medicine	Vaccines, Toxoids	No	None
90785	Interactive complexity	Medicine	Psychiatry Services and Procedures	No	None
90791	Psychiatric diagnostic evaluation	Medicine	Psychiatry Services and Procedures	No	PA Required for OON
90792	Psychiatric diagnostic evaluation with medical services	Medicine	Psychiatry Services and Procedures	No	None
90832	Psychotherapy, 30 minutes	Medicine	Psychiatry Services and Procedures	No	None
90833	Psychotherapy, 30 minutes	Medicine	Psychiatry Services and Procedures	No	Add-On Code - This code must be billed with the appropriate primary procedure code
90834	Psychotherapy, 45 minutes	Medicine	Psychiatry Services and Procedures	No	None

90836	Psychotherapy, 45 minutes	Medicine	Psychiatry Services and Procedures	No	Add-On Code - This code must be billed with the appropriate primary procedure code
90837	Psychotherapy, 60 minutes	Medicine	Psychiatry Services and Procedures	No	None
90838	Psychotherapy, 60 minutes	Medicine	Psychiatry Services and Procedures	No	Add-On Code - This code must be billed with the appropriate primary procedure code
90839	Psychotherapy for crisis, first 60 minutes	Medicine	Psychiatry Services and Procedures	No	None
90840	Psychotherapy for crisis	Medicine	Psychiatry Services and Procedures	No	None
90845	Psychoanalysis	Medicine	Psychiatry Services and Procedures	No	None
90846	Family psychotherapy, 50 minutes	Medicine	Psychiatry Services and Procedures	No	Covered benefit only for Qualified Medicare Beneficiaries
90847	Family psychotherapy including patient, 50 minutes	Medicine	Psychiatry Services and Procedures	No	None
90849	Multiple-family group psychotherapy	Medicine	Psychiatry Services and Procedures	No	None
90853	Group psychotherapy	Medicine	Psychiatry Services and Procedures	No	None
90863	Management of prescriptions and review of medication	Medicine	Psychiatry Services and Procedures	No	None
90865	Injection of hypnotic drug for psychiatric diagnosis or therapy	Medicine	Psychiatry Services and Procedures	No	None
90867	Transcranial magnetic stimulation treatment (stimulates nerve cells in brain to improve symptoms of depression)	Medicine	Psychiatry Services and Procedures	No	None
90868	Transcranial magnetic stimulation treatment (stimulates nerve cells in brain to improve symptoms of depression), per session	Medicine	Psychiatry Services and Procedures	No	None
90869	Transcranial magnetic stimulation treatment (stimulates nerve cells in brain to improve symptoms of depression)	Medicine	Psychiatry Services and Procedures	No	None
90870	Electroconvulsive therapy	Medicine	Psychiatry Services and Procedures	No	None
90875	Individual psychophysiological therapy incorporating biofeedback training with psychotherapy, 30 minutes	Medicine	Psychiatry Services and Procedures	No	None
90876	Individual psychophysiological therapy incorporating biofeedback training with psychotherapy, 45 minutes	Medicine	Psychiatry Services and Procedures	No	None
90880	Hypnotherapy	Medicine	Psychiatry Services and Procedures	No	Covered benefit only for Qualified Medicare Beneficiaries

90882	Environmental intervention for management of medical conditions	Medicine	Psychiatry Services and Procedures	No	None
90885	Psychiatric evaluation of hospital records, reports, testing, or data for diagnosis	Medicine	Psychiatry Services and Procedures	No	Covered benefit only for Qualified Medicare Beneficiaries
90887	Explanation of psychiatric, medical examinations, procedures, and data to other than patient	Medicine	Psychiatry Services and Procedures	No	Covered benefit only for Qualified Medicare Beneficiaries
90889	Preparation of report of patient's psychiatric status	Medicine	Psychiatry Services and Procedures	No	Covered benefit only for Qualified Medicare Beneficiaries
90899	Psychiatric service or procedure	Medicine	Psychiatry Services and Procedures	No	None
90901	Biofeedback training	Medicine	Biofeedback Services and Procedures	No	Covered benefit only for Qualified Medicare Beneficiaries
90911	Biofeedback training, perineal muscles, anorectal or urethral sphincter	Medicine	Biofeedback Services and Procedures	No	AMA CodeTermed 1/1/2020, to report see 90912 and 90913
90935	Hemodialysis procedure with one physician evaluation	Medicine	Dialysis Services and Procedures	No	None
90937	Hemodialysis procedure with repeated evaluations	Medicine	Dialysis Services and Procedures	No	None
90940	Hemodialysis access blood flow study (graft and artery-vein fistula)	Medicine	Dialysis Services and Procedures	No	None
90945	Dialysis procedure including one evaluation	Medicine	Dialysis Services and Procedures	No	None
90947	Dialysis procedure requiring repeat evaluation	Medicine	Dialysis Services and Procedures	No	None
90951	Dialysis services (4 or more physician visits per month), patient younger than 2 years of age	Medicine	Dialysis Services and Procedures	No	None
90952	Dialysis services (2-3 physician visits per month), patient younger than 2 years of age	Medicine	Dialysis Services and Procedures	No	None
90953	Dialysis services (1 physician visit per month), patient younger than 2 years of age	Medicine	Dialysis Services and Procedures	No	None
90954	Dialysis services (4 or more physician visits per month), patient 2-11 years of age	Medicine	Dialysis Services and Procedures	No	None
90955	Dialysis services (2-3 physician visits per month), patient 2-11 years of age	Medicine	Dialysis Services and Procedures	No	None
90956	Dialysis services (1 physician visit per month), patient 2-11 years of age	Medicine	Dialysis Services and Procedures	No	None
90957	Dialysis services (4 or more physician visits per month), patient 12-19 years of age	Medicine	Dialysis Services and Procedures	No	None
90958	Dialysis services (2-3 physician visits per month), patient 12-19 years of age	Medicine	Dialysis Services and Procedures	No	None

90959	Dialysis services (1 physician visit per month), patient 12-19 years of age	Medicine	Dialysis Services and Procedures	No	None
90960	Dialysis services (4 or more physician visits per month), patient 20 years of age and older	Medicine	Dialysis Services and Procedures	No	None
90961	Dialysis services (2-3 physician visits per month), patient 20 years of age and older	Medicine	Dialysis Services and Procedures	No	None
90962	Dialysis services (1 physician visit per month), patient 20 years of age and older	Medicine	Dialysis Services and Procedures	No	None
90963	Home dialysis services per month, patient younger than 2 years of age	Medicine	Dialysis Services and Procedures	No	None
90964	Home dialysis services per month, patient 2-11 years of age	Medicine	Dialysis Services and Procedures	No	None
90965	Home dialysis services per month, patient 12-19 years of age	Medicine	Dialysis Services and Procedures	No	None
90966	Home dialysis services per month, patient 20 years of age or older	Medicine	Dialysis Services and Procedures	No	None
90967	Dialysis services, per day (less than full month service), patient younger than 2 years of age	Medicine	Dialysis Services and Procedures	No	None
90968	Dialysis services, per day (less than full month service), patient 2-11 years of age	Medicine	Dialysis Services and Procedures	No	None
90969	Dialysis services, per day (less than full month service), patient 12-19 years of age	Medicine	Dialysis Services and Procedures	No	None
90970	Dialysis services, per day (less than full month service), patient 20 years of age or older	Medicine	Dialysis Services and Procedures	No	None
90989	Dialysis training, patient helper, completed course	Medicine	Dialysis Services and Procedures	No	Covered benefit only for Qualified Medicare Beneficiaries
90993	Dialysis training, patient helper, course not completed	Medicine	Dialysis Services and Procedures	No	Covered benefit only for Qualified Medicare Beneficiaries
90997	Removal of toxins from blood	Medicine	Dialysis Services and Procedures	Yes	None
90999	Inpatient or outpatient dialysis services	Medicine	Dialysis Services and Procedures	No	None
91010	Measurement of esophageal swallowing movement	Medicine	Gastroenterology Procedures	No	None
91013	Measurement of esophageal swallowing movement	Medicine	Gastroenterology Procedures	No	Add-On Code - This code must be billed with the appropriate primary procedure code
91020	Studies of the spontaneous stomach movement function	Medicine	Gastroenterology Procedures	No	None
91022	Study of movement of the upper small bowel (duodenum)	Medicine	Gastroenterology Procedures	No	None

91030	Test for esophageal reflux disease	Medicine	Gastroenterology Procedures	No	None
91034	Monitoring and recording of gastroesophageal reflux through nose including analysis and interpretation	Medicine	Gastroenterology Procedures	No	None
91035	Monitoring and recording of gastroesophageal reflux with pH electrode insertion including analysis and interpretation	Medicine	Gastroenterology Procedures	No	None
91037	Monitoring of gastroesophageal reflux including analysis and interpretation	Medicine	Gastroenterology Procedures	No	None
91038	Monitoring of gastroesophageal reflux including analysis and interpretation, prolonged (greater than 1 hour, up to 24 hours)	Medicine	Gastroenterology Procedures	No	None
91040	Evaluation of non-cardiac chest pain using esophageal balloon	Medicine	Gastroenterology Procedures	No	None
91065	Measurement of hydrogen in breath to test for GI symptoms	Medicine	Gastroenterology Procedures	No	None
91110	Imaging of digestive tract done from the inside of the digestive tract	Medicine	Gastroenterology Procedures	Yes	PA Effective 9/17/2019
91111	Imaging of esophagus done from the inside of the esophagus	Medicine	Gastroenterology Procedures	No	None
91112	Transit and pressure measurement of stomach through colon with wireless capsule	Medicine	Gastroenterology Procedures	Yes	PA Effective 9/17/2019
91117	Measurement of colon movement, minimum 6 hours continuous recording	Medicine	Gastroenterology Procedures	No	None
91120	Testing of tone and sensation of rectum and anus	Medicine	Gastroenterology Procedures	No	None
91122	Study of anorectal pressure generated by muscles surrounding anus (sphincter)	Medicine	Gastroenterology Procedures	No	None
91132	Recording of gastrointestinal electrical activity of stomach	Medicine	Gastroenterology Procedures	No	None
91133	Recording of electrical activity of stomach with administration of drug	Medicine	Gastroenterology Procedures	No	None
91200	Measuring the stiffness in the liver via elastography	Medicine	Gastroenterology Procedures	No	None
91299	Procedure for gastrointestinal diagnosis	Medicine	Gastroenterology Procedures	Yes	None
92002	Eye and medical examination for diagnosis and treatment, new patient	Medicine	Ophthalmology Services and Procedures	No	None
92004	Eye and medical examination for diagnosis and treatment, new patient, 1 or more visits	Medicine	Ophthalmology Services and Procedures	No	None

92012	Eye and medical examination for diagnosis and treatment, established patient	Medicine	Ophthalmology Services and Procedures	No	None
92014	Eye and medical examination for diagnosis and treatment, established patient, 1 or more visits	Medicine	Ophthalmology Services and Procedures	No	None
92015	Assessment for prescriptive eye wear using a range of lens powers	Medicine	Ophthalmology Services and Procedures	No	None
92018	Diagnostic eye examination under general anesthesia	Medicine	Ophthalmology Services and Procedures	No	None
92019	Diagnostic eye examination under general anesthesia	Medicine	Ophthalmology Services and Procedures	No	None
92020	Examination of cornea and iris using lens device and slit lamp	Medicine	Ophthalmology Services and Procedures	No	None
92025	Computerized mapping of corneal curvature	Medicine	Ophthalmology Services and Procedures	No	None
92060	Measurement of eye muscles to detect deviation of eyeball	Medicine	Ophthalmology Services and Procedures	No	None
92065	Exercises to correct eyeball muscle imbalances	Medicine	Ophthalmology Services and Procedures	No	None
92071	Fitting of contact lens for treatment of ocular surface disease	Medicine	Ophthalmology Services and Procedures	No	None
92072	Fitting of contact lens for management of corneal degeneration	Medicine	Ophthalmology Services and Procedures	No	None
92081	Measurement of field of vision during daylight conditions	Medicine	Ophthalmology Services and Procedures	No	None
92082	Measurement of field of vision during daylight conditions	Medicine	Ophthalmology Services and Procedures	No	None
92083	Measurement of field of vision during daylight conditions	Medicine	Ophthalmology Services and Procedures	No	None
92100	Multiple measurements of eye fluid pressure over an extended time period, same day	Medicine	Ophthalmology Services and Procedures	No	None
92132	Diagnostic imaging of eyes	Medicine	Ophthalmology Services and Procedures	No	None
92133	Diagnostic imaging of optic nerve of eye	Medicine	Ophthalmology Services and Procedures	No	None
92134	Diagnostic imaging of retina	Medicine	Ophthalmology Services and Procedures	No	None
92136	Measurement of corneal curvature and depth of eye	Medicine	Ophthalmology Services and Procedures	No	None
92140	GLAUCOMA PROVOCATIVE TESTS	Medicine	Ophthalmology Services and Procedures	No	None

92145	Corneal hysteresis determination	Medicine	Ophthalmology Services and Procedures	No	None
92225	Examination of eye by ophthalmoscope with retinal drawing	Medicine	Ophthalmology Services and Procedures	No	None
92226	Examination of eye by ophthalmoscope with retinal drawing	Medicine	Ophthalmology Services and Procedures	No	None
92227	Diagnostic imaging of retina	Medicine	Ophthalmology Services and Procedures	No	None
92228	Diagnostic imaging of retina	Medicine	Ophthalmology Services and Procedures	No	None
92230	Examination of retinal blood vessels by ophthalmoscope	Medicine	Ophthalmology Services and Procedures	No	None
92235	Imaging of blood vessels in back of eye using fluorescein dye	Medicine	Ophthalmology Services and Procedures	No	None
92240	Imaging of blood vessels in back of eye using indocyanine-green dye	Medicine	Ophthalmology Services and Procedures	No	None
92242	Imaging of blood vessels in back of eye using fluorescein and indocyanine-green dye	Medicine	Ophthalmology Services and Procedures	No	None
92250	Photography of the retina	Medicine	Ophthalmology Services and Procedures	No	None
92260	Determination of retinal arterial pressure	Medicine	Ophthalmology Services and Procedures	No	None
92265	Application of needle electrodes to eye muscles with recording of muscle movement	Medicine	Ophthalmology Services and Procedures	No	None
92270	Evaluation of retinal response to light	Medicine	Ophthalmology Services and Procedures	No	None
92273	Full field recording of retinal electrical responses to external stimuli with interpretation and report	Medicine	Ophthalmology	Yes	None
92274	Multifocal recording of retinal electrical responses to external stimuli with interpretation and report	Medicine	Ophthalmology	Yes	None
92275	Recording of retinal electrical responses to external stimuli	Medicine	Ophthalmology Services and Procedures	No	AMA Termed Code 1/01/2019
92283	Extended color vision examination	Medicine	Ophthalmology Services and Procedures	No	None
92284	Evaluation of eye adaptation to light and dark (rods and cones)	Medicine	Ophthalmology Services and Procedures	No	None
92285	Photography of content of eyes	Medicine	Ophthalmology Services and Procedures	No	None
92286	Microscopic evaluation of deep cells of the eye	Medicine	Ophthalmology Services and Procedures	No	None

92287	Imaging and evaluation of deep cells of the eye	Medicine	Ophthalmology Services and Procedures	No	None
92310	Measurement of curvature of both corneas with contact lens fitting	Medicine	Ophthalmology Services and Procedures	Yes	None
92311	Measurement of curvature of cornea with contact lens fitting	Medicine	Ophthalmology Services and Procedures	No	Covered benefit only for Qualified Medicare Beneficiaries
92312	Measurement of curvature of both corneas with contact lens fitting	Medicine	Ophthalmology Services and Procedures	No	Covered benefit only for Qualified Medicare Beneficiaries
92313	Measurement of curvature of cornea with contact lens fitting to cornea and sclera	Medicine	Ophthalmology Services and Procedures	No	Covered benefit only for Qualified Medicare Beneficiaries
92314	Measurement of curvature of both corneas with contact lens fitting	Medicine	Ophthalmology Services and Procedures	No	Covered benefit only for Qualified Medicare Beneficiaries
92315	Measurement of curvature of the cornea with contact lens fitting	Medicine	Ophthalmology Services and Procedures	No	Covered benefit only for Qualified Medicare Beneficiaries
92316	Measurement of curvature of both corneas with contact lens fitting	Medicine	Ophthalmology Services and Procedures	No	Covered benefit only for Qualified Medicare Beneficiaries
92317	Measurement of curvature of cornea with contact lens fitting to cornea and sclera	Medicine	Ophthalmology Services and Procedures	No	Covered benefit only for Qualified Medicare Beneficiaries
92325	Modification of contact lens and medical supervision of adaptation	Medicine	Ophthalmology Services and Procedures	No	Covered benefit only for Qualified Medicare Beneficiaries
92326	Replacement of contact lens	Medicine	Ophthalmology Services and Procedures	Yes	Covered benefit only for Qualified Medicare Beneficiaries
92340	Fitting of monofocal spectacles	Medicine	Ophthalmology Services and Procedures	No	None
92341	Fitting of bifocal spectacles	Medicine	Ophthalmology Services and Procedures	No	None
92342	Fitting of multifocal spectacles	Medicine	Ophthalmology Services and Procedures	No	Covered benefit only for Qualified Medicare Beneficiaries
92352	Fitting of monofocal spectacles	Medicine	Ophthalmology Services and Procedures	No	Covered benefit only for Qualified Medicare Beneficiaries
92353	Fitting of multifocal spectacles	Medicine	Ophthalmology Services and Procedures	No	Covered benefit only for Qualified Medicare Beneficiaries
92354	Fitting of spectacle mounted low vision aid	Medicine	Ophthalmology Services and Procedures	No	Covered benefit only for Qualified Medicare Beneficiaries
92355	Fitting of spectacle mounted, telescopic, or compound lens low vision aid	Medicine	Ophthalmology Services and Procedures	No	Covered benefit only for Qualified Medicare Beneficiaries
92358	Fitting and provision of temporary contact lens for patient absent a natural lens	Medicine	Ophthalmology Services and Procedures	No	Covered benefit only for Qualified Medicare Beneficiaries
92370	Repair and refitting of spectacles	Medicine	Ophthalmology Services and Procedures	No	None

92371	Repair and refitting of spectacle prosthesis for patient absent a natural lens	Medicine	Ophthalmology Services and Procedures	No	Covered benefit only for Qualified Medicare Beneficiaries
92499	Service or surgery of the eye	Medicine	Ophthalmology Services and Procedures	Yes	None
92502	Examination of head, neck, including ears, nose and throat under general anesthesia	Medicine	Special Otorhinolaryngologic Services and Procedures	No	None
92504	Diagnostic examination of ear and nose	Medicine	Special Otorhinolaryngologic Services and Procedures	No	None
92507	Treatment of speech, language, voice, communication, and/or hearing processing disorder	Medicine	Special Otorhinolaryngologic Services and Procedures	No	Effective 3/01/2020, PA Requirement lifted during COVID-19 Crisis
92508	Group treatment of speech, language, voice, communication, and/or hearing processing disorder	Medicine	Special Otorhinolaryngologic Services and Procedures	No	Covered benefit only for Qualified Medicare Beneficiaries. Per FHS crosswalk code to: 92507
92511	Examination of the nose and throat using an endoscope	Medicine	Special Otorhinolaryngologic Services and Procedures	No	None
92512	Analysis of nasal resistance during breathing	Medicine	Special Otorhinolaryngologic Services and Procedures	No	None
92516	Tests for facial paralysis disorders	Medicine	Special Otorhinolaryngologic Services and Procedures	No	None
92520	Functional assessment of the voice box	Medicine	Special Otorhinolaryngologic Services and Procedures	No	None
92521	Evaluation of speech fluency	Medicine	Special Otorhinolaryngologic Services and Procedures	No	None
92522	Evaluation of speech sound production	Medicine	Special Otorhinolaryngologic Services and Procedures	No	None
92523	Evaluation of speech sound production with evaluation of language comprehension and expression	Medicine	Special Otorhinolaryngologic Services and Procedures	No	None

92524	Behavioral and qualitative analysis of voice and resonance	Medicine	Special Otorhinolaryngologic Services and Procedures	No	None
92526	Treatment of swallowing and/or oral feeding function	Medicine	Special Otorhinolaryngologic Services and Procedures	No	Effective 3/01/2020, PA Requirement lifted during COVID-19 Crisis
92531	Observation of abnormal eye movement	Medicine	Special Otorhinolaryngologic Services and Procedures	No	None
92532	Measurement of abnormal eye movement	Medicine	Special Otorhinolaryngologic Services and Procedures	No	None
92533	Assessment of balance system during irrigation of both ears	Medicine	Special Otorhinolaryngologic Services and Procedures	No	None
92534	Eye test for movement of eyes and objects in visual field	Medicine	Special Otorhinolaryngologic Services and Procedures	No	None
92537	Assessment and recording of balance system during hot and cold irrigation of both ears	Medicine	Special Otorhinolaryngologic Services and Procedures	No	None
92538	Assessment and recording of balance system during irrigation of both ears	Medicine	Special Otorhinolaryngologic Services and Procedures	No	None
92540	Observation, testing, and recording of abnormal eye movement	Medicine	Special Otorhinolaryngologic Services and Procedures	No	None
92541	Observation and recording of abnormal eye movement	Medicine	Special Otorhinolaryngologic Services and Procedures	No	None
92542	Observation and recording from multiple positions of abnormal eye movements	Medicine	Special Otorhinolaryngologic Services and Procedures	No	None
92544	Complex eye movement test while viewing objects in visual field	Medicine	Special Otorhinolaryngologic Services and Procedures	No	None

92545	Assessment and recording of abnormal eye movement while tracking moving object	Medicine	Special Otorhinolaryngologic Services and Procedures	No	None
92546	Assessment and recording of abnormal eye movement with patient in a rotating chair	Medicine	Special Otorhinolaryngologic Services and Procedures	No	Effective 3/01/2020, PA Requirement lifted during COVID-19 Crisis
92547	Use of vertical electrodes during eye or balance evaluation	Medicine	Special Otorhinolaryngologic Services and Procedures	No	Add-On Code - This code must be billed with the appropriate primary procedure code
92548	Assessment of balance and postural instability	Medicine	Special Otorhinolaryngologic Services and Procedures	No	None
92550	Assessment of eardrum and muscle function	Medicine	Special Otorhinolaryngologic Services and Procedures	No	None
92551	Air tone conduction hearing assessment screening	Medicine	Special Otorhinolaryngologic Services and Procedures	No	None
92552	Pure tone air conduction threshold hearing assessment	Medicine	Special Otorhinolaryngologic Services and Procedures	No	None
92553	Pure tone air and bone conduction hearing assessment	Medicine	Special Otorhinolaryngologic Services and Procedures	No	None
92555	Assessment of speech hearing loss	Medicine	Special Otorhinolaryngologic Services and Procedures	No	None
92556	Assessment of hearing loss and speech recognition	Medicine	Special Otorhinolaryngologic Services and Procedures	No	None
92557	Air and bone conduction assessment of hearing loss and speech recognition	Medicine	Special Otorhinolaryngologic Services and Procedures	No	None
92558	Placement of ear probe for computerized measurement and automated analysis of sound	Medicine	Special Otorhinolaryngologic Services and Procedures	No	None

92559	Assessment of hearing loss performed on a group of patients	Medicine	Special Otorhinolaryngologic Services and Procedures	No	Covered benefit only for Qualified Medicare Beneficiaries
92560	Screening hearing loss test	Medicine	Special Otorhinolaryngologic Services and Procedures	No	None
92561	Diagnostic hearing loss test	Medicine	Special Otorhinolaryngologic Services and Procedures	No	None
92562	Comparison assessment of hearing tones in one or both ears	Medicine	Special Otorhinolaryngologic Services and Procedures	No	None
92563	Hearing test using earphones	Medicine	Special Otorhinolaryngologic Services and Procedures	No	None
92564	Hearing test using earphones	Medicine	Special Otorhinolaryngologic Services and Procedures	No	None
92565	Assessment of simultaneous but different hearing tones in same ear	Medicine	Special Otorhinolaryngologic Services and Procedures	No	None
92567	Eardrum testing using ear probe	Medicine	Special Otorhinolaryngologic Services and Procedures	No	None
92568	Assessment of hearing loss with placement of probe in ear to assess ear bone contraction	Medicine	Special Otorhinolaryngologic Services and Procedures	No	None
92570	Detection of middle ear fluid with assessment of eardrum and muscle function	Medicine	Special Otorhinolaryngologic Services and Procedures	No	None
92571	Assessment of hearing using speech test with tone filtering	Medicine	Special Otorhinolaryngologic Services and Procedures	No	None
92572	Assessment of hearing using speech test with tone filtering	Medicine	Special Otorhinolaryngologic Services and Procedures	No	None

92575	Assessment of hearing using different tone pitches	Medicine	Special Otorhinolaryngologic Services and Procedures	No	None
92576	Assessment of hearing loss using grammatically incorrect sentences	Medicine	Special Otorhinolaryngologic Services and Procedures	No	None
92577	Assessment of two simultaneous words at different tones in same ear	Medicine	Special Otorhinolaryngologic Services and Procedures	No	None
92579	Hearing test for children	Medicine	Special Otorhinolaryngologic Services and Procedures	No	None
92582	Hearing tests for children	Medicine	Special Otorhinolaryngologic Services and Procedures	No	None
92583	Hearing test in a booth	Medicine	Special Otorhinolaryngologic Services and Procedures	No	None
92584	Testing of nerve from ear to brain (cochlear)	Medicine	Special Otorhinolaryngologic Services and Procedures	Yes	None
92585	Placement of scalp electrodes for assessment and recording of responses from several areas of the nerve-brain hearing system	Medicine	Special Otorhinolaryngologic Services and Procedures	No	Code Terminated 01/01/2021; replacement code 92652 - 92653
92586	Placement of scalp electrodes for assessment and recording of responses from several areas of the nerve-brain hearing system, infant	Medicine	Special Otorhinolaryngologic Services and Procedures	No	Code Terminated 01/01/2021; replacement code 92650 - 92651
92587	Placement of ear probe for computerized measurement of sound with interpretation and report	Medicine	Special Otorhinolaryngologic Services and Procedures	No	None
92588	Placement of ear probe for computerized cochlear assessment of repeated sounds with interpretation and report	Medicine	Special Otorhinolaryngologic Services and Procedures	No	None
92590	Hearing aid examination and selection of one ear	Medicine	Special Otorhinolaryngologic Services and Procedures	No	None

92591	Hearing aid examination and selection of both ears	Medicine	Special Otorhinolaryngologic Services and Procedures	No	None
92592	Check of hearing aid of one ear	Medicine	Special Otorhinolaryngologic Services and Procedures	No	None
92593	Check of hearing aid of both ears	Medicine	Special Otorhinolaryngologic Services and Procedures	No	None
92594	Assessment of hearing aid function for one ear	Medicine	Special Otorhinolaryngologic Services and Procedures	No	None
92595	Assessment of hearing aid function for both ears	Medicine	Special Otorhinolaryngologic Services and Procedures	No	None
92596	Hearing test in soundproof booth	Medicine	Special Otorhinolaryngologic Services and Procedures	No	None
92597	Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech	Medicine	Special Otorhinolaryngologic Services and Procedures	No	None
92601	Analysis and programming of inner ear (cochlear) implant, patient younger than 7 years of age	Medicine	Special Otorhinolaryngologic Services and Procedures	No	None
92602	Analysis and reprogramming of inner ear (cochlear) implant, patient younger than 7 years of age	Medicine	Special Otorhinolaryngologic Services and Procedures	No	None
92603	Analysis and programming of inner ear (cochlear) implant, patient age 7 years or older	Medicine	Special Otorhinolaryngologic Services and Procedures	No	None
92604	Analysis and reprogramming of inner ear (cochlear) implant, patient age 7 years or older	Medicine	Special Otorhinolaryngologic Services and Procedures	No	None
92605	Evaluation and prescription of non-speech-generating and alternative communication device first hour	Medicine	Special Otorhinolaryngologic Services and Procedures	No	None

92606	Therapeutic services for use of non-speech-generating device with programming	Medicine	Special Otorhinolaryngologic Services and Procedures	No	None
92607	Evaluation of patient with prescription of speech-generating and alternative communication device	Medicine	Special Otorhinolaryngologic Services and Procedures	No	None
92608	Evaluation and prescription of speech-generating and alternative communication device	Medicine	Special Otorhinolaryngologic Services and Procedures	No	None
92609	Therapeutic services for use of speech-generating device with programming	Medicine	Special Otorhinolaryngologic Services and Procedures	No	None
92610	Evaluation of swallowing function	Medicine	Special Otorhinolaryngologic Services and Procedures	No	None
92611	Fluoroscopic and video recorded motion evaluation of swallowing function	Medicine	Special Otorhinolaryngologic Services and Procedures	No	None
92612	Evaluation and recording of swallowing using an endoscope	Medicine	Special Otorhinolaryngologic Services and Procedures	No	None
92613	Evaluation, recording, and interpretation of swallowing using an endoscope	Medicine	Special Otorhinolaryngologic Services and Procedures	Yes	PA Effective 9/17/2019
92614	Evaluation and recording of voice box sensory function using an endoscope	Medicine	Special Otorhinolaryngologic Services and Procedures	No	None
92615	Evaluation, recording, and interpretation of voice box sensory function using an endoscope	Medicine	Special Otorhinolaryngologic Services and Procedures	No	None
92616	Evaluation and recording of swallowing and voice box sensory function using an endoscope	Medicine	Special Otorhinolaryngologic Services and Procedures	Yes	PA Effective 9/17/2019
92617	Evaluation, recording, and interpretation of swallowing and voice box sensory function using an endoscope	Medicine	Special Otorhinolaryngologic Services and Procedures	No	None

92618	Evaluation and prescription of non-speech-generating and alternative communication device	Medicine	Special Otorhinolaryngologic Services and Procedures	No	None
92620	Evaluation of hearing function brain responses first 60 minutes	Medicine	Special Otorhinolaryngologic Services and Procedures	No	None
92621	Evaluation of hearing function brain responses	Medicine	Special Otorhinolaryngologic Services and Procedures	No	None
92625	Hearing assessment of abnormal sounds	Medicine	Special Otorhinolaryngologic Services and Procedures	No	None
92626	Evaluation of hearing rehabilitation first hour	Medicine	Special Otorhinolaryngologic Services and Procedures	No	Covered benefit only for Qualified Medicare Beneficiaries
92627	Evaluation of hearing rehabilitation	Medicine	Special Otorhinolaryngologic Services and Procedures	No	Covered benefit only for Qualified Medicare Beneficiaries
92630	Hearing training and therapy for hearing loss prior to learning to speak	Medicine	Special Otorhinolaryngologic Services and Procedures	No	Covered benefit only for Qualified Medicare Beneficiaries. Per FHS croswalk code to: 92507
92633	Hearing training and therapy for hearing loss after speech	Medicine	Special Otorhinolaryngologic Services and Procedures	No	Covered benefit only for Qualified Medicare Beneficiaries. Per FHS croswalk code to: 92507
92640	Analysis with programming of auditory brainstem implant, per hour	Medicine	Special Otorhinolaryngologic Services and Procedures	No	None
92700	Ear, nose, or throat procedure	Medicine	Special Otorhinolaryngologic Services and Procedures	Yes	None
92920	Balloon dilation of narrowed or blocked major coronary artery or branch (accessed through the skin)	Medicine	Cardiovascular Procedures	Yes	PA Effective 9/17/2019
92921	Balloon dilation of narrowed or blocked major coronary artery or branch (accessed through the skin)	Medicine	Cardiovascular Procedures	Yes	PA Effective 9/17/2019
92924	Removal of plaque of major coronary artery or branch, accessed through the skin	Medicine	Cardiovascular Procedures	Yes	PA Effective 9/17/2019

92925	Removal of plaque of major coronary artery or branch, accessed through the skin	Medicine	Cardiovascular Procedures	No	None
92928	Catheter insertion of stents in major coronary artery or branch, accessed through the skin	Medicine	Cardiovascular Procedures	Yes	PA Effective 9/17/2019
92929	Catheter placement of stents in major coronary artery or branch, accessed through the skin	Medicine	Cardiovascular Procedures	Yes	PA Effective 9/17/2019
92933	Removal of plaque and insertion of stent in major coronary artery or branch, accessed through the skin	Medicine	Cardiovascular Procedures	No	None
92934	Removal of plaque and insertion of stent in major coronary artery or branch, accessed through the skin	Medicine	Cardiovascular Procedures	No	None
92937	Insertion of stent, removal of plaque and/or balloon dilation of coronary vessel, accessed through the skin	Medicine	Cardiovascular Procedures	Yes	PA Effective 9/17/2019
92938	Insertion of stent, removal of plaque and/or balloon dilation of coronary vessel, accessed through the skin	Medicine	Cardiovascular Procedures	No	None
92941	Insertion of stent, removal of plaque and/or balloon dilation of coronary vessel during heart attack, accessed through the skin	Medicine	Cardiovascular Procedures	Yes	PA Effective 9/17/2019
92943	Insertion of stent, removal of plaque and/or balloon dilation of coronary vessel, accessed through the skin	Medicine	Cardiovascular Procedures	Yes	PA Effective 9/17/2019
92944	Insertion of stent, removal of plaque and/or balloon dilation of coronary vessel, accessed through the skin	Medicine	Cardiovascular Procedures	No	None
92950	Attempt to restart heart and lungs	Medicine	Cardiovascular Procedures	No	None
92953	Temporary pacemaker to regulate heart beat	Medicine	Cardiovascular Procedures	No	None
92960	External shock to heart to regulate heart beat	Medicine	Cardiovascular Procedures	No	None
92961	Internal shock to heart to regulate heart beat	Medicine	Cardiovascular Procedures	No	None
92970	Placement of internal devices to assist circulation	Medicine	Cardiovascular Procedures	Yes	None
92971	Placement of external devices to assist circulation	Medicine	Cardiovascular Procedures	Yes	None
92973	Removal of blood clot in heart artery, accessed through the skin	Medicine	Cardiovascular Procedures	No	Add-On Code - This code must be billed with the appropriate primary procedure code
92974	Insertion of radiation delivery device into heart artery via catheter	Medicine	Cardiovascular Procedures	No	Add-On Code - This code must be billed with the appropriate primary procedure code
92975	Infusion of heart artery to dissolve blood clot with X-ray imaging	Medicine	Cardiovascular Procedures	Yes	None
92977	Infusion of drug into vein to dissolve coronary blood clot	Medicine	Cardiovascular Procedures	Yes	None
92978	Ultrasound evaluation of heart blood vessel or graft	Medicine	Cardiovascular Procedures	No	Add-On Code - This code must be billed with the appropriate primary procedure code
92979	Ultrasound evaluation of heart blood vessel or graft	Medicine	Cardiovascular Procedures	No	Add-On Code - This code must be billed with the appropriate primary procedure code
92986	Catheter based repair of left lower heart (aortic) valve, accessed through the skin	Medicine	Cardiovascular Procedures	Yes	None

92987	Catheter based repair of heart valve (mitral) between left upper and lower chambers, accessed through the skin	Medicine	Cardiovascular Procedures	Yes	None
92990	Catheter based repair of heart valve (pulmonary) to lungs, accessed through the skin	Medicine	Cardiovascular Procedures	Yes	None
92992	Balloon catheter enlargement of opening between two upper heart chambers	Medicine	Cardiovascular Procedures	No	Code Termined 01/01/2021
92993	Catheter based enlargement of opening between two upper heart chambers	Medicine	Cardiovascular Procedures	No	Code Termined 01/01/2021
92997	Balloon catheter opening of major lung artery (pulmonary), accessed through the skin	Medicine	Cardiovascular Procedures	Yes	None
92998	Balloon catheter opening of major lung artery (pulmonary), accessed through the skin	Medicine	Cardiovascular Procedures	No	Add-On Code - This code must be billed with the appropriate primary procedure code
93000	Routine EKG using at least 12 leads including interpretation and report	Medicine	Cardiovascular Procedures	No	None
93005	Routine electrocardiogram (EKG) with tracing using at least 12 leads	Medicine	Cardiovascular Procedures	No	None
93010	Routine electrocardiogram (EKG) using at least 12 leads with interpretation and report	Medicine	Cardiovascular Procedures	No	None
93015	Exercise or drug-induced heart and blood vessel stress test with EKG monitoring, physician supervision, interpretation, and report	Medicine	Cardiovascular Procedures	No	None
93016	Exercise or drug-induced heart and blood vessel stress test with EKG monitoring and physician supervision	Medicine	Cardiovascular Procedures	No	None
93017	Exercise or drug-induced heart and blood vessel stress test with EKG tracing and monitoring	Medicine	Cardiovascular Procedures	No	None
93018	Exercise or drug-induced heart and blood vessel stress test with EKG monitoring, physician interpretation and report	Medicine	Cardiovascular Procedures	No	None
93024	Infusion of drug with evaluation of coronary artery spasm response	Medicine	Cardiovascular Procedures	No	None
93025	Measurement of height of heart beats on EKG	Medicine	Cardiovascular Procedures	No	None
93040	Tracing of electrical activity of heart using 1-3 leads with interpretation and report	Medicine	Cardiovascular Procedures	No	None
93041	Tracing of electrical activity of the heart using 1-3 leads	Medicine	Cardiovascular Procedures	No	None
93042	Interpretation and report of electrical activity of heart using 1-3 leads	Medicine	Cardiovascular Procedures	No	None
93050	Analysis of pressure of upper limb artery with interpretation and report	Medicine	Cardiovascular Procedures	No	None
93224	Heart rhythm tracing, analysis, and interpretation of 48-hour EKG	Medicine	Cardiovascular Procedures	No	None
93225	Heart rhythm tracing of 48-hour EKG	Medicine	Cardiovascular Procedures	No	None
93226	Heart rhythm analysis, interpretation and report of 48-hour EKG	Medicine	Cardiovascular Procedures	No	None
93227	Heart rhythm tracing, analysis, and interpretation of 48-hour EKG	Medicine	Cardiovascular Procedures	No	None
93228	Heart rhythm tracing, computer analysis, and interpretation of patient-triggered events greater than 24-hour EKG up to 30 days	Medicine	Cardiovascular Procedures	No	None

93229	Heart rhythm tracing, computer analysis, physician prescribed transmission of patient-triggered events greater than 24-hour EKG up to 30 days	Medicine	Cardiovascular Procedures	No	None
93260	Programming device evaluation of heart monitoring system with adjustment of programmed values with analysis, review and report	Medicine	Cardiovascular Procedures	No	None
93261	Evaluation of defibrillator with analysis, review, and report	Medicine	Cardiovascular Procedures	No	None
93264	Remote monitoring of wireless pressure sensor in lung artery with qualified health care professional analysis, review, and report	Medicine	Monitoring Services	Yes	None
93268	Heart rhythm symptom-related tracing and interpretation of 24-hour EKG monitoring up to 30 days	Medicine	Cardiovascular Procedures	No	None
93270	Heart rhythm symptom-related tracing of 24-hour EKG monitoring up to 30 days	Medicine	Cardiovascular Procedures	No	None
93271	Heart rhythm symptom-related transmission and analysis of 24-hour EKG monitoring up to 30 days	Medicine	Cardiovascular Procedures	No	None
93272	Heart rhythm symptom-related interpretation of 24-hour EKG monitoring up to 30 days	Medicine	Cardiovascular Procedures	No	None
93278	Recording to evaluate height and duration of heart beats through damaged heart tissue	Medicine	Cardiovascular Procedures	No	None
93279	Evaluation, testing, and programming adjustment of permanent single lead pacemaker system with physician analysis, review, and report	Medicine	Cardiovascular Procedures	No	None
93280	Evaluation, testing, and programming adjustment of permanent dual lead pacemaker system with physician analysis, review, and report	Medicine	Cardiovascular Procedures	No	None
93281	Evaluation, testing, and programming adjustment of permanent multiple lead pacemaker system with physician analysis, review, and report	Medicine	Cardiovascular Procedures	No	None
93282	Evaluation, testing and programming adjustment of defibrillator with analysis, review and report	Medicine	Cardiovascular Procedures	No	None
93283	Evaluation, testing and programming adjustment of defibrillator with analysis, review and report	Medicine	Cardiovascular Procedures	No	None
93284	Evaluation, testing and programming adjustment of defibrillator with analysis, review and report	Medicine	Cardiovascular Procedures	No	None
93285	Evaluation, testing, and programming adjustment of implantable, patient activated heart recorder system including physician analysis, review, and report	Medicine	Cardiovascular Procedures	No	None
93286	Evaluation, physician analysis, review, report, and programming adjustment of single, dual, or multiple lead pacemaker system	Medicine	Cardiovascular Procedures	No	None
93287	Evaluation and programming adjustment of defibrillator with analysis, review and report	Medicine	Cardiovascular Procedures	No	None

93288	Evaluation of parameters of single, dual, or multiple lead pacemaker including device connection, recording, and disconnection	Medicine	Cardiovascular Procedures	No	None
93289	Evaluation of defibrillator including connection, recording and disconnection	Medicine	Cardiovascular Procedures	No	None
93290	Evaluation of parameters of single, dual, or multiple lead cardioverter-defibrillator including connection, recording, disconnection, and analysis	Medicine	Cardiovascular Procedures	No	None
93291	Evaluation of implantable heart recorder system including physician analysis, review, and report	Medicine	Cardiovascular Procedures	No	None
93292	Evaluation of wearable defibrillator system including connection, disconnection, recording, physician analysis, review, and report	Medicine	Cardiovascular Procedures	No	None
93293	Telephonic evaluation of single, dual, or multiple lead pacemaker heart rhythm strips up to 90 days	Medicine	Cardiovascular Procedures	No	None
93294	Remote evaluations of single, dual, or multiple lead pacemaker with physician analysis, review, and report up to 90 days	Medicine	Cardiovascular Procedures	No	None
93295	Remote evaluations of defibrillator up to 90 days with analysis, review and report	Medicine	Cardiovascular Procedures	No	None
93296	Remote evaluations of defibrillator transmissions, technician review, support and distribution of results up to 90 days	Medicine	Cardiovascular Procedures	No	None
93297	Remote evaluations of implantable heart monitoring system with physician analysis, review, and report up to 30 days	Medicine	Cardiovascular Procedures	No	None
93298	Remote evaluations of implantable heart recorder system including physician analysis, review, and report up to 30 days	Medicine	Cardiovascular Procedures	No	None
93299	Remote evaluations of implantable heart recorder system including transmissions, technician review, support, and distribution of results up to 30 days	Medicine	Cardiovascular Procedures	No	AMA CodeTermed 1/1/2020, to report see 93297 and 93298
93303	Ultrasound examination of congenital heart defect	Medicine	Cardiovascular Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).

93304	Follow-up or limited ultrasound examination of congenital heart defect	Medicine	Cardiovascular Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
93306	Ultrasound examination of heart including color-depicted blood flow rate, direction, and valve function	Medicine	Cardiovascular Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
93307	Chest ultrasound examination of heart	Medicine	Cardiovascular Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
93308	Follow-up or limited ultrasound examination of heart	Medicine	Cardiovascular Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).

93312	Insertion of probe in esophagus for heart ultrasound examination including interpretation and report	Medicine	Cardiovascular Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493).
93313	Insertion of probe in esophagus for heart ultrasound examination	Medicine	Cardiovascular Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493).
93314	Interpretation and report of heart ultrasound examination using esophageal probe	Medicine	Cardiovascular Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493).
93315	Insertion of probe in esophagus for congenital heart ultrasound examination with interpretation and report	Medicine	Cardiovascular Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493).
93316	Insertion of probe in esophagus for congenital heart ultrasound examination	Medicine	Cardiovascular Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493).
93317	Interpretation and report of congenital heart ultrasound examination using esophageal probe	Medicine	Cardiovascular Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493).
93318	Insertion of probe in esophagus for continuous heart ultrasound monitoring and assessment of functional changes	Medicine	Cardiovascular Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493).
93320	Doppler ultrasound study of heart blood flow, valves, and chambers	Medicine	Cardiovascular Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Add-On Code - This code must be billed with the appropriate primary procedure code.

93321	Follow-up or limited heart doppler ultrasound study of heart blood flow, valves, and chambers	Medicine	Cardiovascular Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Add-On Code - This code must be billed with the appropriate primary procedure code.
93325	Doppler ultrasound study of color-directed heart blood flow, rate, and valve function	Medicine	Cardiovascular Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Add-On Code - This code must be billed with the appropriate primary procedure code.
93350	Ultrasound examination of the heart performed during rest, exercise, and/or drug-induced stress with interpretation and report	Medicine	Cardiovascular Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
93351	Ultrasound examination and continuous monitoring of the heart performed during rest, exercise, and/or drug-induced stress with interpretation and report	Medicine	Cardiovascular Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 5/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
93352	Injection of X-ray contrast material for ultrasound examination of the heart	Medicine	Cardiovascular Procedures	No	Service is within the scope of NIA delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/rates
93355	Insertion of probe in esophagus for heart ultrasound examination	Medicine	Cardiovascular Procedures	No	None

93451	Insertion of catheter for diagnostic evaluation of right heart structures	Medicine	Cardiovascular Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
93452	Insertion of catheter into left heart for diagnosis	Medicine	Cardiovascular Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
93453	Insertion of catheter into right and left heart for diagnosis	Medicine	Cardiovascular Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
93454	Insertion of catheter for imaging of heart blood vessels or grafts	Medicine	Cardiovascular Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
93455	Insertion of catheter for imaging of heart blood vessels or grafts	Medicine	Cardiovascular Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
93456	Insertion of catheter in right heart for X-ray imaging of blood vessels or grafts	Medicine	Cardiovascular Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
93457	Insertion of catheter in right heart for imaging of blood vessels or grafts	Medicine	Cardiovascular Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
93458	Insertion of catheter in left heart for imaging of blood vessels or grafts and left lower heart	Medicine	Cardiovascular Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).

93459	Insertion of catheter in left heart for imaging of blood vessels or grafts and left lower heart	Medicine	Cardiovascular Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
93460	Insertion of catheter in right and left heart for imaging of blood vessels or grafts and left lower heart	Medicine	Cardiovascular Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
93461	Insertion of catheter in right and left heart for imaging of blood vessels or grafts and left lower heart	Medicine	Cardiovascular Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
93462	Insertion of catheter into left heart for diagnosis	Medicine	Cardiovascular Procedures	No	Add-On Code - This code must be billed with the appropriate primary procedure code
93463	Drug infusion during cardiac catheterization	Medicine	Cardiovascular Procedures	No	Add-On Code - This code must be billed with the appropriate primary procedure code
93464	Drug infusion or exercise for heart stimulation during diagnostic study	Medicine	Cardiovascular Procedures	No	Add-On Code - This code must be billed with the appropriate primary procedure code
93503	Insertion of catheter into right upper heart chamber and pulmonary (lung) artery for monitoring purposes	Medicine	Cardiovascular Procedures	No	None
93505	Biopsy of the wall dividing the left and right heart	Medicine	Cardiovascular Procedures	No	None
93530	Insertion of catheter into right upper heart chamber for evaluation of congenital abnormalities	Medicine	Cardiovascular Procedures	Yes	PA Effective 9/17/2019
93531	Insertion of catheter into right and left heart chambers for evaluation of congenital abnormalities	Medicine	Cardiovascular Procedures	Yes	PA Effective 9/17/2019
93532	Insertion of catheter into right and left heart chambers for evaluation of congenital abnormalities	Medicine	Cardiovascular Procedures	No	None
93533	Insertion of catheter into right and left heart chambers for evaluation of congenital abnormalities	Medicine	Cardiovascular Procedures	Yes	PA Effective 9/17/2019
93561	Cardiac output measurements	Medicine	Cardiovascular Procedures	No	None
93562	Cardiac output measurements	Medicine	Cardiovascular Procedures	No	None
93563	Injection for X-ray imaging of heart blood vessel defect during congenital heart catheterization	Medicine	Cardiovascular Procedures	No	Add-On Code - This code must be billed with the appropriate primary procedure code
93564	Injection for X-ray imaging of heart vessel grafts during congenital heart catheterization	Medicine	Cardiovascular Procedures	No	Add-On Code - This code must be billed with the appropriate primary procedure code
93565	Injection for X-ray imaging of left upper or lower heart	Medicine	Cardiovascular Procedures	No	Add-On Code - This code must be billed with the appropriate primary procedure code

93566	Injection for X-ray imaging of right upper or lower heart	Medicine	Cardiovascular Procedures	No	Add-On Code - This code must be billed with the appropriate primary procedure code
93567	Injection for X-ray imaging of aorta above heart valve	Medicine	Cardiovascular Procedures	No	Add-On Code - This code must be billed with the appropriate primary procedure code
93568	Injection for X-ray imaging of pulmonary (lung) artery from heart	Medicine	Cardiovascular Procedures	No	Add-On Code - This code must be billed with the appropriate primary procedure code
93571	Ultrasound evaluation of heart blood vessel during diagnosis or treatment	Medicine	Cardiovascular Procedures	No	Add-On Code - This code must be billed with the appropriate primary procedure code
93572	Ultrasound evaluation of heart blood vessel during diagnosis or treatment	Medicine	Cardiovascular Procedures	No	Add-On Code - This code must be billed with the appropriate primary procedure code
93580	Catheter based closure of congenital heart defect with implant, accessed through the skin	Medicine	Cardiovascular Procedures	Yes	PA Effective 9/17/2019
93581	Catheter based closure of congenital heart defect with implant, accessed through the skin	Medicine	Cardiovascular Procedures	No	None
93582	Closure of congenital heart defect from pulmonary (lung) artery to aorta via catheter accessed through the skin	Medicine	Cardiovascular Procedures	Yes	PA Effective 9/17/2019
93583	Therapy for reduction of lower heart chamber defect via catheter accessed through the skin	Medicine	Cardiovascular Procedures	Yes	None
93590	Transcatheter closure of leak adjacent to mitral valve using first closure device	Medicine	Cardiovascular Procedures	No	None
93591	Transcatheter closure of leak adjacent to aortic valve using first closure device	Medicine	Cardiovascular Procedures	No	None
93592	Transcatheter closure of leak adjacent to heart valve using additional closure device	Medicine	Cardiovascular Procedures	No	Add-On Code - This code must be billed with the appropriate primary procedure code
93600	Insertion of catheter for recording upper heart rhythm	Medicine	Cardiovascular Procedures	No	None
93602	Insertion of catheter for recording upper heart rhythm	Medicine	Cardiovascular Procedures	No	None
93603	Insertion of catheter for recording of right lower heart chamber rhythm	Medicine	Cardiovascular Procedures	No	None
93609	Insertion of catheter for recording to identify origin of abnormal heart rhythm	Medicine	Cardiovascular Procedures	No	Add-On Code - This code must be billed with the appropriate primary procedure code
93610	Insertion of temporary pacemaker electrode for diagnostic upper heart pacing	Medicine	Cardiovascular Procedures	No	None
93612	Insertion of temporary pacemaker electrode for diagnostic lower heart pacing	Medicine	Cardiovascular Procedures	No	None
93613	Insertion of catheters for 3D mapping of electrical impulses to heart muscles	Medicine	Cardiovascular Procedures	No	Add-On Code - This code must be billed with the appropriate primary procedure code
93615	Insertion of probe into esophagus for recording of electrical impulses to upper or lower heart	Medicine	Cardiovascular Procedures	No	None
93616	Insertion of probe into esophagus for recording and pacing upper or lower heart rhythm	Medicine	Cardiovascular Procedures	No	None
93618	Induction of abnormal heart rhythm by small electrical shock to the heart	Medicine	Cardiovascular Procedures	No	None

93619	Insertion of catheters for recording and pacing right upper and lower heart rhythm	Medicine	Cardiovascular Procedures	Yes	PA Effective 9/17/2019
93620	Insertion of catheters for recording, pacing, and attempted induction of abnormal rhythm in right upper and lower heart	Medicine	Cardiovascular Procedures	Yes	PA Effective 9/17/2019
93621	Insertion of catheters for recording, pacing, and attempted induction of abnormal rhythm in left upper heart	Medicine	Cardiovascular Procedures	No	Add-On Code - This code must be billed with the appropriate primary procedure code
93622	Insertion of catheters for recording, pacing, and attempted induction of abnormal rhythm in left lower heart	Medicine	Cardiovascular Procedures	No	Add-On Code - This code must be billed with the appropriate primary procedure code
93623	Programmed heart rhythm stimulation after drug infusion into a vein	Medicine	Cardiovascular Procedures	No	Add-On Code - This code must be billed with the appropriate primary procedure code
93624	Insertion of catheters for assessment of heart pacing, recording, or attempted induction of abnormal rhythm	Medicine	Cardiovascular Procedures	No	None
93631	Intra-operative heart pacing and mapping of abnormal heart rhythm for surgical correction	Medicine	Cardiovascular Procedures	No	None
93640	Evaluation of single or dual chamber pacing cardioverter-defibrillator at time of implantation or replacement	Medicine	Cardiovascular Procedures	No	None
93641	Evaluation of single or dual chamber pacing cardioverter-defibrillator and generator at time of implantation or replacement	Medicine	Cardiovascular Procedures	No	None
93642	Evaluation of single or dual chamber pacing cardioverter-defibrillator with programming or reprogramming	Medicine	Cardiovascular Procedures	No	None
93644	Evaluation implantable defibrillator	Medicine	Cardiovascular Procedures	No	None
93650	Insertion of catheters for creation of complete heart block	Medicine	Cardiovascular Procedures	Yes	PA Effective 9/17/2019
93653	Evaluation and insertion of catheters for creation of complete heart block	Medicine	Cardiovascular Procedures	Yes	PA Effective 9/17/2019
93654	Evaluation and insertion of catheters for recording, pacing, and attempted induction of abnormal heart rhythm	Medicine	Cardiovascular Procedures	Yes	PA Effective 9/17/2019
93655	Insertion of catheters for treatment of abnormal heart rhythm	Medicine	Cardiovascular Procedures	No	Add-On Code - This code must be billed with the appropriate primary procedure code
93656	Evaluation and insertion of catheters for recording, pacing, and treatment of abnormal heart rhythm	Medicine	Cardiovascular Procedures	Yes	PA Effective 9/17/2019
93657	Destruction of tissue of right or left upper heart chamber via catheter for treatment of abnormal heart rhythm	Medicine	Cardiovascular Procedures	No	Add-On Code - This code must be billed with the appropriate primary procedure code
93660	Evaluation of heart function using tilt table	Medicine	Cardiovascular Procedures	No	None
93662	Ultrasound evaluation of heart blood vessel	Medicine	Cardiovascular Procedures	No	Add-On Code - This code must be billed with the appropriate primary procedure code
93668	Peripheral arterial disease (PAD) rehabilitation per session	Medicine	Cardiovascular Procedures	No	None
93701	Measurement of heart blood flow and respiration	Medicine	Cardiovascular Procedures	No	None
93702	Lymphedema assessment for extracellular fluid analysis	Medicine	Cardiovascular Procedures	No	None

93724	Electronic analysis of pacemaker to correct rapid heart rate	Medicine	Cardiovascular Procedures	No	None
93740	Insertion of catheter for assessment of heart blood vessel function at various temperatures	Medicine	Cardiovascular Procedures	No	None
93745	Setup and programming of wearable cardioverter-defibrillator	Medicine	Cardiovascular Procedures	No	None
93750	Evaluation of lower heart chamber assist device with physician analysis	Medicine	Cardiovascular Procedures	No	None
93770	Assessment of heart and circulatory system functions	Medicine	Cardiovascular Procedures	No	None
93784	Ambulatory blood pressure monitoring, recording, scanning analysis, interpretation, and report 24 hours or longer	Medicine	Cardiovascular Procedures	No	None
93786	Ambulatory blood pressure monitoring and recording 24 hours or longer	Medicine	Cardiovascular Procedures	No	None
93788	Ambulatory blood pressure monitoring, scanning analysis, and report 24 hours or longer	Medicine	Cardiovascular Procedures	No	None
93790	Ambulatory blood pressure monitoring 24 hours or longer with interpretation and report	Medicine	Cardiovascular Procedures	No	None
93792	Patient/caregiver training for initiation of home international normalized ratio (INR) monitoring under the direction of a physician or other qualified health care professional, face-to-face, including use and care of the INR monitor, obtaining blood sample, instructions for reporting home INR test results, and documentation of patient's/caregiver's ability to perform testing and report results	Medicine	Home and Outpatient International Normalized Ratio (INR) Monitoring Services	No	None
93793	Anticoagulant management for a patient taking warfarin, must include review and interpretation of a new home, office, or lab international normalized ratio (INR) test result, patient instructions, dosage adjustment (as needed), and scheduling of additional test(s), when performed	Medicine	Home and Outpatient International Normalized Ratio (INR) Monitoring Services	No	None
93797	Physician services for outpatient heart cardiac rehabilitation per session	Medicine	Cardiovascular Procedures	Yes	PA Effective 9/17/2019
93798	Physician services for outpatient heart rehabilitation with continuous EKG monitoring per session	Medicine	Cardiovascular Procedures	Yes	PA Effective 9/17/2019
93799	Heart and blood vessel procedure	Medicine	Cardiovascular Procedures	Yes	None
93880	Ultrasound scanning of blood flow (outside the brain) on both sides of head and neck	Medicine	Non-Invasive Vascular Diagnostic Studies	No	None
93882	Ultrasound scanning of blood flow (outside of brain) on one side of head and neck or limited	Medicine	Non-Invasive Vascular Diagnostic Studies	No	None
93886	Ultrasound scanning of head and neck vessel blood flow (inside the brain)	Medicine	Non-Invasive Vascular Diagnostic Studies	No	None

93888	Ultrasound limited scanning of head and neck blood flow (inside the brain)	Medicine	Non-Invasive Vascular Diagnostic Studies	No	None
93890	Ultrasound scanning for medication response in head and neck vessel blood flow (inside the brain)	Medicine	Non-Invasive Vascular Diagnostic Studies	No	None
93892	Ultrasound scanning for blood clot detection in head and neck vessel blood flow (inside the brain)	Medicine	Non-Invasive Vascular Diagnostic Studies	No	None
93893	Ultrasound scanning for blood clot detection with microbubble injection in head and neck vessel blood flow (inside the brain)	Medicine	Non-Invasive Vascular Diagnostic Studies	No	None
93895	Evaluation of thickness of common carotid artery (neck) both sides	Medicine	Non-Invasive Vascular Diagnostic Studies	No	None
93922	Ultrasound study of arteries of both arms and legs	Medicine	Non-Invasive Vascular Diagnostic Studies	No	None
93923	Ultrasound study of arteries of both arms and legs	Medicine	Non-Invasive Vascular Diagnostic Studies	No	None
93924	Ultrasound study of arteries of both legs at rest and exercise	Medicine	Non-Invasive Vascular Diagnostic Studies	No	None
93925	Ultrasound study of arteries and arterial grafts of both legs	Medicine	Non-Invasive Vascular Diagnostic Studies	No	None
93926	Ultrasound study of arteries and arterial grafts of one leg or limited	Medicine	Non-Invasive Vascular Diagnostic Studies	No	None
93930	Ultrasound study of arteries and arterial grafts of both arms	Medicine	Non-Invasive Vascular Diagnostic Studies	No	None
93931	Ultrasound study of arteries and arterial grafts of one arm or limited	Medicine	Non-Invasive Vascular Diagnostic Studies	No	None
93965	EXTREMITY STUDY	Medicine	Non-Invasive Vascular Diagnostic Studies	No	None
93970	Ultrasound scan of veins of both arms or legs including assessment of compression and functional maneuvers	Medicine	Non-Invasive Vascular Diagnostic Studies	No	None
93971	Ultrasound scan of veins of one arm or leg or limited including assessment of compression and functional maneuvers	Medicine	Non-Invasive Vascular Diagnostic Studies	No	None

93975	Ultrasound scan of abdominal, pelvic, and/or scrotal arterial inflow and venous outflow	Medicine	Non-Invasive Vascular Diagnostic Studies	No	None
93976	Ultrasound limited scan of abdominal, pelvic, and/or scrotal arterial inflow and venous outflow	Medicine	Non-Invasive Vascular Diagnostic Studies	No	None
93978	Ultrasound scan of vena cava or groin graft or vessel blood flow	Medicine	Non-Invasive Vascular Diagnostic Studies	No	None
93979	Ultrasound scan of blood flow of aorta, vena cava, bypass graphs, or one side of the groin or limited scan	Medicine	Non-Invasive Vascular Diagnostic Studies	No	None
93980	Ultrasound scan of penile arterial inflow and venous outflow	Medicine	Non-Invasive Vascular Diagnostic Studies	No	None
93981	Ultrasound limited scan of penile arterial inflow and venous outflow	Medicine	Non-Invasive Vascular Diagnostic Studies	No	None
93982	Implanted pressure sensor study of bulging blood vessel sac (aneurysm) after endovascular repair	Medicine	Non-Invasive Vascular Diagnostic Studies	No	AMA Termed Code 1/01/2018
93990	Ultrasound of dialysis access	Medicine	Non-Invasive Vascular Diagnostic Studies	No	None
93998	Noninvasive vascular diagnostic study	Medicine	Non-Invasive Vascular Diagnostic Studies	Yes	Unlisted, miscellaneous code, PA required
94002	Ventilation assistance and management, hospital inpatient or observation	Medicine	Pulmonary Procedures	No	None
94003	Ventilation assistance and management, hospital inpatient or observation	Medicine	Pulmonary Procedures	No	None
94004	Ventilation assistance and management, nursing facility per day	Medicine	Pulmonary Procedures	No	None
94005	Evaluation of home ventilator management care plan, 30 minutes or more	Medicine	Pulmonary Procedures	No	None
94010	Measurement and graphic recording of total and timed exhaled air capacity	Medicine	Pulmonary Procedures	No	None
94011	Measurement and graphic recording of total and timed exhaled air capacity, infant or child through 2 years of age	Medicine	Pulmonary Procedures	No	None
94012	Measurement and graphic recording of total and timed exhaled air capacity before and after medication administration, infant or child through 2 years of age	Medicine	Pulmonary Procedures	No	None
94013	Measurement of remaining air or lung capacity after exhalation, infant or child through 2 years of age	Medicine	Pulmonary Procedures	No	None

94014	Measurement and graphic recording of amount and speed of breathed air including transmission of tracing, analysis, recalibration of device, physician review and interpretation over 30 days	Medicine	Pulmonary Procedures	No	None
94015	Measurement and graphic recording of amount and speed of breathed air over 30-day period	Medicine	Pulmonary Procedures	No	None
94016	Physician interpretation and report of measurement and graphic recording of amount and speed of breathed air over 30-day period	Medicine	Pulmonary Procedures	No	None
94060	Measurement and graphic recording of the amount and speed of breathed air, before and following medication administration	Medicine	Pulmonary Procedures	No	None
94070	Multiple measurements and graphic recordings of the amount and speed of breathed air, before and following medication administration	Medicine	Pulmonary Procedures	No	None
94150	Measurement of largest amount of air exhaled from lungs	Medicine	Pulmonary Procedures	No	None
94200	Measurement of largest amount of air breathed in an out of lungs over one minute	Medicine	Pulmonary Procedures	No	None
94250	Single measurement of remaining air or lung capacity after exhalation	Medicine	Pulmonary Procedures	No	Code Termined 01/01/2021
94375	Diagnostic testing in a pulmonary function lab	Medicine	Pulmonary Procedures	No	None
94400	Diagnostic testing in a pulmonary function lab	Medicine	Pulmonary Procedures	No	Code Termined 01/01/2021
94450	Lung function response to low oxygen	Medicine	Pulmonary Procedures	No	Code Termined 01/01/2021
94452	Testing of lung function at high altitude	Medicine	Pulmonary Procedures	No	None
94453	Testing of lung function at high altitude with supplemental oxygen delivery	Medicine	Pulmonary Procedures	No	None
94610	Administration of medication through breathing tube	Medicine	Pulmonary Procedures	No	None
94617	Exercise test for bronchospasm, including pre- and post-spirometry, electrocardiographic recording(s), and pulse oximetry	Medicine	Pulmonary	No	None
94618	Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry, and oxygen titration, when performed	Medicine	Pulmonary	No	None
94620	Pulmonary exercise testing	Medicine	Pulmonary Procedures	No	AMA Termined Code 1/01/2018
94621	Pulmonary exercise testing	Medicine	Pulmonary Procedures	No	None
94640	Respiratory inhaled pressure or nonpressure treatment to relieve airway obstruction or for sputum specimen	Medicine	Pulmonary Procedures	No	None
94642	Inhaled pneumonia treatment	Medicine	Pulmonary Procedures	No	None
94644	Respiratory inhaled aerosol treatment to relieve airway obstruction, first hour	Medicine	Pulmonary Procedures	No	None

94645	Respiratory inhaled aerosol treatment to relieve airway obstruction	Medicine	Pulmonary Procedures	No	Add-On Code - This code must be billed with the appropriate primary procedure code
94660	Initiation and management of continued pressured respiratory assistance by mask or breathing tube	Medicine	Pulmonary Procedures	No	Covered benefit only for Qualified Medicare Beneficiaries
94662	Initiation and management of ventilator for night time respiratory muscle rest	Medicine	Pulmonary Procedures	No	None
94664	Demonstration and/or evaluation of patient use of aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing (IPPB) device	Medicine	Pulmonary Procedures	No	None
94667	Demonstration and/or evaluation of manual maneuvers to chest wall to assist movement of lung secretions	Medicine	Pulmonary Procedures	No	None
94668	Manual maneuvers to chest wall to assist movement of lung secretions	Medicine	Pulmonary Procedures	No	None
94669	Mechanical chest wall manipulation for improvement in lung function	Medicine	Pulmonary Procedures	No	None
94680	Collection and analysis of exhaled air for evaluation of lung function during rest and exercise	Medicine	Pulmonary Procedures	No	None
94681	Collection and analysis of exhaled air and carbon dioxide for evaluation of lung function	Medicine	Pulmonary Procedures	No	None
94690	Collection and analysis of exhaled air for evaluation of lung function at rest	Medicine	Pulmonary Procedures	No	None
94726	Determination of lung volumes using plethysmography	Medicine	Pulmonary Procedures	No	None
94727	Determination of lung volumes using gas dilution or washout	Medicine	Pulmonary Procedures	No	None
94728	Measurement of airway resistance by impulse oscillometry	Medicine	Pulmonary Procedures	No	None
94729	Measurement of lung diffusing capacity	Medicine	Pulmonary Procedures	No	Add-On Code - This code must be billed with the appropriate primary procedure code
94750	Measurement of lung stretching capacity	Medicine	Pulmonary Procedures	No	Code Termined 01/01/2021
94760	Measurement of oxygen saturation in blood using ear or finger device	Medicine	Pulmonary Procedures	No	None
94761	Multiple measurements of oxygen saturation in blood using ear or finger device	Medicine	Pulmonary Procedures	No	None
94762	Overnight measurement of oxygen saturation in blood using ear or finger device	Medicine	Pulmonary Procedures	No	None
94770	Measurement of exhaled carbon dioxide gas	Medicine	Pulmonary Procedures	No	Code Termined 01/01/2021
94772	Measurement and recording of breathing pattern over 12-24 hours, infant	Medicine	Pulmonary Procedures	No	None
94774	Pediatric home monitoring of breathing pauses during sleep, including breathing and heart rate, 30-day time period, with physician interpretation and report	Medicine	Pulmonary Procedures	No	None
94775	Attachment and disconnection of pediatric home monitoring device for detection of breathing pauses during sleep, 30-day time period	Medicine	Pulmonary Procedures	No	None

94776	Pediatric home monitoring of breathing pauses during sleep, including breathing and heart rate, receipt of transmissions and computer analysis, 30-day time period	Medicine	Pulmonary Procedures	No	None
94777	Pediatric home monitoring of breathing pauses during sleep, including breathing and heart rate, physician review and interpretation, 30-day time period	Medicine	Pulmonary Procedures	No	None
94780	Car seat or bed airway testing of neonate, 60 minutes	Medicine	Pulmonary Procedures	No	None
94781	Car seat or bed airway testing of neonate	Medicine	Pulmonary Procedures	No	None
94799	Pulmonary service or operation	Medicine	Pulmonary Procedures	Yes	None
95004	Injection of allergenic extracts into skin, accessed through the skin	Medicine	Allergy and Clinical Immunology Procedures	No	None
95012	Measurement of inhaled nitric oxide gas	Medicine	Allergy and Clinical Immunology Procedures	No	None
95017	Allergy testing with venoms into or within skin, immediate type reaction, including test interpretation and report	Medicine	Allergy and Clinical Immunology Procedures	No	None
95018	Allergy testing with drugs or biologicals into or within the skin, immediate type reaction, including test interpretation and report	Medicine	Allergy and Clinical Immunology Procedures	No	None
95024	Injection of allergenic extracts into skin for immediate reaction analysis	Medicine	Allergy and Clinical Immunology Procedures	No	None
95027	Injection into skin of airborne allergen extracts for immediate reaction analysis	Medicine	Allergy and Clinical Immunology Procedures	No	None
95028	Injection of allergenic extracts into skin with delayed reaction analysis	Medicine	Allergy and Clinical Immunology Procedures	No	None
95044	Application of allergenic extract skin patch with reaction analysis	Medicine	Allergy and Clinical Immunology Procedures	No	None
95052	Application of allergenic extract skin patch, exposure to ultraviolet light, and reaction analysis	Medicine	Allergy and Clinical Immunology Procedures	No	None
95056	Ultraviolet light tests of skin	Medicine	Allergy and Clinical Immunology Procedures	No	None
95060	Application of allergenic extract onto mucous membrane of eye with reaction analysis	Medicine	Allergy and Clinical Immunology Procedures	No	None

95065	Application of allergenic extract onto mucous membrane of nose with reaction analysis	Medicine	Allergy and Clinical Immunology Procedures	No	None
95070	Inhalation of medications with allergic reaction analysis	Medicine	Allergy and Clinical Immunology Procedures	No	None
95071	Inhalation of allergic substances with reaction analysis	Medicine	Allergy and Clinical Immunology Procedures	No	Code Termed 01/01/2021
95076	Ingestion of test items for allergies, 120 minutes	Medicine	Allergy and Clinical Immunology Procedures	No	None
95079	Ingestion of test items for allergies	Medicine	Allergy and Clinical Immunology Procedures	No	Add-On Code - This code must be billed with the appropriate primary procedure code
95115	Injection of incremental dosages of allergen	Medicine	Allergy and Clinical Immunology Procedures	No	None
95117	Injection of incremental dosages of allergen, 2 or more injections	Medicine	Allergy and Clinical Immunology Procedures	No	None
95120	Preparation, provision, and injection of allergen extract	Medicine	Allergy and Clinical Immunology Procedures	No	None
95125	Preparation, provision and injection of allergen extract, 2 or more injections	Medicine	Allergy and Clinical Immunology Procedures	No	None
95130	Preparation, provision, and injection of one stinging insect venom	Medicine	Allergy and Clinical Immunology Procedures	No	None
95131	Preparation, provision, and injection of two stinging insect venom	Medicine	Allergy and Clinical Immunology Procedures	No	None
95132	Preparation, provision, and injection of three stinging insect venom	Medicine	Allergy and Clinical Immunology Procedures	No	None
95133	Preparation, provision, and injection of four stinging insect venom	Medicine	Allergy and Clinical Immunology Procedures	No	None
95134	Preparation, provision, and injection of five stinging insect venom	Medicine	Allergy and Clinical Immunology Procedures	No	None
95144	Preparation and provision of single-dose vials of allergen antigens for allergy immunotherapy	Medicine	Allergy and Clinical Immunology Procedures	No	None

95145	Preparation and provision of single stinging insect venom for allergen immunotherapy	Medicine	Allergy and Clinical Immunology Procedures	No	None
95146	Preparation and provision of 2 single stinging insect venom for allergen immunotherapy	Medicine	Allergy and Clinical Immunology Procedures	No	None
95147	Preparation and provision of 3 single stinging insect venom for allergen immunotherapy	Medicine	Allergy and Clinical Immunology Procedures	No	None
95148	Preparation and provision of 4 single stinging insect venom for allergen immunotherapy	Medicine	Allergy and Clinical Immunology Procedures	No	None
95149	Preparation and provision of 5 single stinging insect venom for allergen immunotherapy	Medicine	Allergy and Clinical Immunology Procedures	No	None
95165	Preparation and provision of single or multiple antigens for allergen immunotherapy	Medicine	Allergy and Clinical Immunology Procedures	No	None
95170	Preparation and provision of whole body extract of biting insect or arthropod antigens	Medicine	Allergy and Clinical Immunology Procedures	No	None
95180	Rapid desensitization procedure, each hour	Medicine	Allergy and Clinical Immunology Procedures	No	None
95199	Allergy or clinical immunology service or procedure	Medicine	Allergy and Clinical Immunology Procedures	Yes	None
95249	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; patient-provided equipment, sensor placement, hook-up, calibration of monitor, patient training, and printout of recording	Medicine	Allergy and Clinical Immunology	No	None
95250	Ambulatory continuous glucose (sugar) monitoring for a minimum of 72 hours	Medicine	Endocrinology Services	No	None
95251	Ambulatory continuous glucose (sugar) including interpretation and report for a minimum of 72 hours	Medicine	Endocrinology Services	No	None
95782	Sleep monitoring of patient (younger than 6 years) in sleep lab	Medicine	Neurology and Neuromuscular Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)

95783	Sleep monitoring of patient (younger than 6 years) in sleep lab with continued pressured respiratory assistance by mask or breathing tube	Medicine	Neurology and Neuromuscular Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
95800	Study of sleep patterns	Medicine	Neurology and Neuromuscular Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
95801	Study of sleep patterns	Medicine	Neurology and Neuromuscular Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
95803	Study of sleep and wake patterns including interpretation and report, minimum of 72 hours to 14 consecutive days of recording	Medicine	Neurology and Neuromuscular Procedures	No	None
95805	Diagnostic test for sleep disorder	Medicine	Neurology and Neuromuscular Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
95806	Unattended sleep study with recording of heart rate, oxygen, respiratory airflow and effort	Medicine	Neurology and Neuromuscular Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
95807	Sleep study attended by a technician	Medicine	Neurology and Neuromuscular Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
95808	Sleep monitoring of patient in sleep lab	Medicine	Neurology and Neuromuscular Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)

95810	Sleep monitoring of patient (6 years or older) in sleep lab	Medicine	Neurology and Neuromuscular Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
95811	Sleep monitoring of patient (6 years or older) in sleep lab with continued pressured respiratory assistance by mask or breathing tube	Medicine	Neurology and Neuromuscular Procedures	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
95812	Measurement of brain wave (EEG) activity, 41-60 minutes	Medicine	Neurology and Neuromuscular Procedures	No	None
95813	Measurement of brain wave (EEG) activity greater than 1 hour	Medicine	Neurology and Neuromuscular Procedures	No	None
95816	Measurement and recording of brain wave (EEG) activity, awake and drowsy	Medicine	Neurology and Neuromuscular Procedures	No	None
95819	Measurement and recording of brain wave (EEG) activity, awake and asleep	Medicine	Neurology and Neuromuscular Procedures	No	None
95822	Measurement and recording of brain wave (EEG) activity, in coma or asleep	Medicine	Neurology and Neuromuscular Procedures	No	None
95824	Measurement and recording of brain wave (EEG) activity, cerebral death evaluation	Medicine	Neurology and Neuromuscular Procedures	No	None
95827	Measurement and recording of brain wave (EEG) activity, overnight	Medicine	Neurology and Neuromuscular Procedures	No	AMA CodeTermed 1/1/2020, to report see 95705-95707, 95711-95713, 95717 and 95718
95829	Measurement of brain activity (EEG) during surgery	Medicine	Neurology and Neuromuscular Procedures	No	None
95830	Insertion of electrodes in bone for measurement and recording of brain wave activity (EEG)	Medicine	Neurology and Neuromuscular Procedures	No	None
95831	Manual muscle testing of arm, leg or trunk	Medicine	Neurology and Neuromuscular Procedures	No	AMA CodeTermed 1/1/2020, to report see 97161-97172
95832	Manual muscle testing of hand	Medicine	Neurology and Neuromuscular Procedures	No	AMA CodeTermed 1/1/2020, to report see 97161-97172
95833	Manual muscle testing of whole body	Medicine	Neurology and Neuromuscular Procedures	No	AMA CodeTermed 1/1/2020, to report see 97161-97172
95834	Manual muscle testing of whole body including hands	Medicine	Neurology and Neuromuscular Procedures	No	AMA CodeTermed 1/1/2020, to report see 97161-97172
95836	Recording of brain cortex electrical responses to implanted stimulation device with interpretation and report	Medicine	Neurology	Yes	None

95851	Range of motion testing of arm, leg or each spine section	Medicine	Neurology and Neuromuscular Procedures	No	Effective 3/01/2020, PA Requirement lifted during COVID-19 Crisis. Should PA requirements be reinstated, this service is within the scope of eviCore delegated services.
95852	Range of motion testing of hand	Medicine	Neurology and Neuromuscular Procedures	No	Effective 3/01/2020, PA Requirement lifted during COVID-19 Crisis. Should PA requirements be reinstated, this service is within the scope of eviCore delegated services.
95857	Injection to test for myasthenia gravis	Medicine	Neurology and Neuromuscular Procedures	No	None
95860	Needle measurement and recording of electrical activity of muscles of arm or leg	Medicine	Neurology and Neuromuscular Procedures	No	None
95861	Needle measurement and recording of electrical activity of muscles of arms or legs	Medicine	Neurology and Neuromuscular Procedures	No	None
95863	Needle measurement and recording of electrical activity of muscles in arms or legs	Medicine	Neurology and Neuromuscular Procedures	No	None
95864	Needle measurement and recording of electrical activity of muscles in arms or legs	Medicine	Neurology and Neuromuscular Procedures	No	None
95865	Needle measurement and recording of electrical activity of muscles of voice box	Medicine	Neurology and Neuromuscular Procedures	No	None
95866	Needle measurement and recording of electrical activity of muscles between chest and abdominal cavity	Medicine	Neurology and Neuromuscular Procedures	No	None
95867	Needle measurement and recording of electrical activity of cranial nerve-supplied muscles on one side of body	Medicine	Neurology and Neuromuscular Procedures	No	None
95868	Needle measurement and recording of electrical activity of cranial nerve-supplied muscles on both sides of body	Medicine	Neurology and Neuromuscular Procedures	No	None
95869	Needle measurement and recording of electrical activity of middle spine muscles	Medicine	Neurology and Neuromuscular Procedures	No	None
95870	Needle measurement and recording of electrical activity of muscles in arm or leg or muscles in trunk or head, limited study	Medicine	Neurology and Neuromuscular Procedures	No	None
95872	Needle measurement and recording electrical activity of muscles including jitter blocking and/or fiber density using single electrode	Medicine	Neurology and Neuromuscular Procedures	No	None
95873	Electrical stimulation for guidance with injection of chemical for destruction of muscles	Medicine	Neurology and Neuromuscular Procedures	No	Add-On Code - This code must be billed with the appropriate primary procedure code
95874	Needle measurement and recording of electrical activity of muscles for guidance with injection of chemical for destruction of muscles	Medicine	Neurology and Neuromuscular Procedures	No	Add-On Code - This code must be billed with the appropriate primary procedure code
95875	Needle measurement and recording of electrical activity of muscles having lost blood flow	Medicine	Neurology and Neuromuscular Procedures	No	None

95885	Needle measurement and recording of electrical activity of muscles of arm or leg limited study	Medicine	Neurology and Neuromuscular Procedures	No	Add-On Code - This code must be billed with the appropriate primary procedure code
95886	Needle measurement and recording of electrical activity of muscles of arm or leg complete study	Medicine	Neurology and Neuromuscular Procedures	No	Add-On Code - This code must be billed with the appropriate primary procedure code
95887	Needle measurement and recording of electrical activity of head or trunk muscles	Medicine	Neurology and Neuromuscular Procedures	No	Add-On Code - This code must be billed with the appropriate primary procedure code
95905	Needle measurement and recording of movement and/or feeling of arm or leg with interpretation and report	Medicine	Neurology and Neuromuscular Procedures	No	None
95907	Nerve transmission studies, 1-2 studies	Medicine	Neurology and Neuromuscular Procedures	No	None
95908	Nerve transmission studies, 3-4 studies	Medicine	Neurology and Neuromuscular Procedures	No	None
95909	Nerve transmission studies, 5-6 studies	Medicine	Neurology and Neuromuscular Procedures	No	None
95910	Nerve transmission studies, 7-8 studies	Medicine	Neurology and Neuromuscular Procedures	No	None
95911	Nerve transmission studies, 9-10 studies	Medicine	Neurology and Neuromuscular Procedures	No	None
95912	Nerve transmission studies, 11-12 studies	Medicine	Neurology and Neuromuscular Procedures	No	None
95913	Nerve transmission studies, 13 or more studies	Medicine	Neurology and Neuromuscular Procedures	No	None
95921	Testing of autonomic (sympathetic) nervous system function	Medicine	Neurology and Neuromuscular Procedures	No	None
95922	Testing of autonomic (sympathetic) nervous system function at least 5 minutes of tilt	Medicine	Neurology and Neuromuscular Procedures	No	None
95923	Testing of autonomic (sympathetic) nervous system function	Medicine	Neurology and Neuromuscular Procedures	No	None
95924	Testing of autonomic (sympathetic) nervous system function, at least 5 minutes of tilt	Medicine	Neurology and Neuromuscular Procedures	No	None
95925	Insertion of needles and skin electrodes for measurement and recording of stimulated sites in the arms	Medicine	Neurology and Neuromuscular Procedures	No	None
95926	Insertion of needles and skin electrodes for measurement and recording of stimulated sites in the legs	Medicine	Neurology and Neuromuscular Procedures	No	None
95927	Insertion of needles and skin electrodes for measurement and recording of stimulated sites on the trunk or head	Medicine	Neurology and Neuromuscular Procedures	No	None
95928	Placement of skin electrodes for measurement and recording of stimulated sites of the arms	Medicine	Neurology and Neuromuscular Procedures	No	None
95929	Placement of skin electrodes for measurement and recording of stimulated sites of the legs	Medicine	Neurology and Neuromuscular Procedures	No	None

95930	Measurement and recording of nerve conduction patterns using visually-evoked stimulation	Medicine	Neurology and Neuromuscular Procedures	No	None
95933	Measurement of nerve conduction patterns of eye blink reflex	Medicine	Neurology and Neuromuscular Procedures	No	None
95937	Testing with stimulation for assessment of function at muscle-nerve junction	Medicine	Neurology and Neuromuscular Procedures	No	None
95938	Insertion of needles and skin electrodes for measurement and recording of stimulated sites in the arms and legs	Medicine	Neurology and Neuromuscular Procedures	No	None
95939	Insertion of needles and skin electrodes for measurement and recording of stimulated sites in the arms and legs	Medicine	Neurology and Neuromuscular Procedures	No	None
95940	Continuous monitoring of nervous system during operation, each 15 minutes	Medicine	Neurology and Neuromuscular Procedures	No	Add-On Code - This code must be billed with the appropriate primary procedure code
95941	Continuous monitoring of nervous system during operation, per hour	Medicine	Neurology and Neuromuscular Procedures	No	None
95943	Testing of autonomic (parasympathetic and sympathetic) nervous system function	Medicine	Neurology and Neuromuscular Procedures	No	None
95950	Monitoring and localization of seizure activity over 24-hour period using electroencephalograph (EEG)	Medicine	Neurology and Neuromuscular Procedures	No	AMA CodeTermed 1/1/2020, to report see 95700-95726
95951	Monitoring and localization of seizure activity over 24-hour period using 16-channel electroencephalograph (EEG)	Medicine	Neurology and Neuromuscular Procedures	No	AMA CodeTermed 1/1/2020, to report see 95700-95726
95953	Monitoring and localization of seizure activity over 24-hour period using portable 16-channel electroencephalograph (EEG)	Medicine	Neurology and Neuromuscular Procedures	No	AMA CodeTermed 1/1/2020, to report see 95700-95726
95954	Measurement and recording of electrical activity (EEG) of the brain including stimulation by medication or physical activity	Medicine	Neurology and Neuromuscular Procedures	No	None
95955	Measurement of electrical activity (EEG) outside the brain during surgery	Medicine	Neurology and Neuromuscular Procedures	No	None
95956	Monitoring and localization of seizure activity over 24-hour period using electroencephalograph (EEG)	Medicine	Neurology and Neuromuscular Procedures	No	AMA CodeTermed 1/1/2020, to report see 95700-95726
95957	Digital analysis of electrical brain wave activity (EEG)	Medicine	Neurology and Neuromuscular Procedures	No	None
95958	Measurement and recording of electrical brain wave activity (EEG) in a specific area of the brain	Medicine	Neurology and Neuromuscular Procedures	No	None
95961	Mapping of electrical brain wave activity (EEG) using electrodes on brain surface to provoke seizure activity or assess brain function, first hour	Medicine	Neurology and Neuromuscular Procedures	No	None
95962	Mapping of electrical brain wave activity (EEG) to provoke seizure activity or assess brain function	Medicine	Neurology and Neuromuscular Procedures	No	Add-On Code - This code must be billed with the appropriate primary procedure code
95965	Measurement and recording of spontaneous brain processing function using magnetic fields	Medicine	Neurology and Neuromuscular Procedures	No	None

95966	Measurement and recording of externally evoked brain processing function using magnetic fields	Medicine	Neurology and Neuromuscular Procedures	No	None
95967	Measurement and recording of externally evoked brain processing function using magnetic fields	Medicine	Neurology and Neuromuscular Procedures	No	Add-On Code - This code must be billed with the appropriate primary procedure code
95970	Electronic analysis of implanted brain spinal cord or peripheral neurostimulator generator system	Medicine	Neurology and Neuromuscular Procedures	No	None
95971	Electronic analysis and programming of implanted simple spinal cord or peripheral neurostimulator generator system during or after surgery, first hour	Medicine	Neurology and Neuromuscular Procedures	No	None
95972	Electronic analysis and programming of implanted complex spinal cord or peripheral neurostimulator generator system during or after surgery, first hour	Medicine	Neurology and Neuromuscular Procedures	No	None
95974	Electronic analysis and programming of implanted complex cranial neurostimulator generator system during or after surgery, first hour	Medicine	Neurology and Neuromuscular Procedures	No	AMA CodeTermed 01/01/2019 To report see 95976-95977
95975	Electronic analysis and programming of implanted complex cranial neurostimulator generator system during or after surgery	Medicine	Neurology and Neuromuscular Procedures	No	AMA CodeTermed 01/01/2019 To report see 95976-95977
95976	Electronic analysis of implanted brain, spinal cord or peripheral stimulation device with simple cranial nerve stimulator programming	Medicine	Neurology	Yes	None
95977	Electronic analysis of implanted brain, spinal cord or peripheral stimulation device with complex cranial nerve stimulator programming	Medicine	Neurology	Yes	None
95978	Electronic analysis and programming of implanted complex deep brain neurostimulator generator system, first hour	Medicine	Neurology and Neuromuscular Procedures	No	AMA CodeTermed 01/01/2019 To report see 95983, 95984
95979	Electronic analysis and programming of implanted complex deep brain neurostimulator generator system	Medicine	Neurology and Neuromuscular Procedures	No	AMA CodeTermed 01/01/2019 To report see 95983, 95984
95980	Electronic analysis and programming during surgery of implanted gastric neurostimulator generator	Medicine	Neurology and Neuromuscular Procedures	No	None
95981	Electronic analysis of implanted gastric neurostimulator generator or transmitter	Medicine	Neurology and Neuromuscular Procedures	No	None
95982	Electronic analysis and programming of implanted gastric neurostimulator generator or transmitter	Medicine	Neurology and Neuromuscular Procedures	No	None
95983	Electronic analysis of implanted brain, spinal cord or peripheral stimulation device with brain stimulator programming, first 15 minutes face-to-face time with qualified health care professional	Medicine	Neurology	Yes	None
95984	Electronic analysis of implanted brain, spinal cord or peripheral stimulation device with brain stimulator programming, additional 15 minutes face-to-face time with qualified health care professional	Medicine	Neurology	Yes	None

95990	Refilling and maintenance of implantable spinal or brain drug delivery pump or reservoir	Medicine	Neurology and Neuromuscular Procedures	No	None
95991	Refilling and maintenance by physician of implantable spinal or brain drug delivery pump or reservoir	Medicine	Neurology and Neuromuscular Procedures	No	None
95992	Repositioning maneuvers for treatment of vertigo, per day	Medicine	Neurology and Neuromuscular Procedures	No	None
95999	Diagnostic neurological or neuromuscular procedure	Medicine	Neurology and Neuromuscular Procedures	Yes	Unlisted, miscellaneous code, PA required
96000	Three-dimensional, video-taped, computer-based gait analysis	Medicine	Neurology and Neuromuscular Procedures	No	None
96001	Three-dimensional, video-taped, computer-based gait analysis during walking	Medicine	Neurology and Neuromuscular Procedures	No	None
96002	Surface recording of electrical activity of muscles during walking or other functional activities 1-12 muscles	Medicine	Neurology and Neuromuscular Procedures	No	None
96003	Wire measurement and recording of electrical activity of muscles during walking or other functional activities 1 muscle	Medicine	Neurology and Neuromuscular Procedures	No	None
96004	Physician review interpretation and report of motion analysis during walking or functional activity	Medicine	Neurology and Neuromuscular Procedures	No	None
96020	Neurofunctional testing during functional magnetic resonance imaging (MRI) of the brain	Medicine	Neurology and Neuromuscular Procedures	No	None
96040	Medical genetic patient or family counseling services each 30 minutes	Medicine	Medical Genetics and Genetic Counseling Services	No	None
96101	Psychological testing with interpretation and report by psychologist or physician per hour	Medicine	Central Nervous System Assessments/Tests (eg, Neuro-Cognitive, Mental Status, Speech Testing)	No	AMA CodeTermed 01/01/2019 To Report See 96130-96131, 96136-96139, 96146
96102	Psychological testing with interpretation and report by technician per hour	Medicine	Central Nervous System Assessments/Tests (eg, Neuro-Cognitive, Mental Status, Speech Testing)	No	AMA CodeTermed 01/01/2019 To Report See 96130-96131, 96136-96139, 96146

96103	Psychological testing with interpretation and report by computer	Medicine	Central Nervous System Assessments/Tests (eg, Neuro-Cognitive, Mental Status, Speech Testing)	No	AMA CodeTermed 01/01/2019 To Report See 96130-96131, 96136-96139, 96146
96105	Assessment of expressive and receptive speech with interpretation and report per hour	Medicine	Central Nervous System Assessments/Tests (eg, Neuro-Cognitive, Mental Status, Speech Testing)	No	Effective 3/01/2020, PA Requirement lifted during COVID-19 Crisis
96110	Developmental screening	Medicine	Central Nervous System Assessments/Tests (eg, Neuro-Cognitive, Mental Status, Speech Testing)	No	None
96111	Developmental testing	Medicine	Central Nervous System Assessments/Tests (eg, Neuro-Cognitive, Mental Status, Speech Testing)	No	AMA CodeTermed 01/01/2019 To Report See 96112-96113
96112	Developmental test administration by qualified health care professional with interpretation and report, first 60 minutes	Medicine	CNS Assessments/Tests	No	PA needed for Out of state only
96113	Developmental test administration by qualified health care professional with interpretation and report, additional 30 minutes	Medicine	CNS Assessments/Tests	No	PA needed for Out of state only
96116	Neurobehavioral status examination, interpretation, and report by psychologist or physician per hour	Medicine	Central Nervous System Assessments/Tests (eg, Neuro-Cognitive, Mental Status, Speech Testing)	No	Covered benefit only for Qualified Medicare Beneficiaries

96118	Neuropsychological testing, interpretation, and report by psychologist or physician per hour	Medicine	Central Nervous System Assessments/Tests (eg, Neuro-Cognitive, Mental Status, Speech Testing)	No	AMA CodeTermed 01/01/2019 To Report See 96132-96133, 96136-96139, 96146
96119	Neuropsychological testing by technician with interpretation and report by a qualified healthcare professional per hour	Medicine	Central Nervous System Assessments/Tests (eg, Neuro-Cognitive, Mental Status, Speech Testing)	No	AMA Termed Code 1/01/2019
96120	Neuropsychological testing by a computer with interpretation and report by a qualified healthcare professional	Medicine	Central Nervous System Assessments/Tests (eg, Neuro-Cognitive, Mental Status, Speech Testing)	No	AMA Termed Code 1/01/2019
96121	Neurobehavioral status examination by qualified health care professional with interpretation and report, additional 60 minutes	Medicine	Health and Behavior Assessment	No	None
96125	Standardized thought processing testing, interpretation, and report per hour	Medicine	Central Nervous System Assessments/Tests (eg, Neuro-Cognitive, Mental Status, Speech Testing)	NO	Effective 3/01/2020, PA Requirement lifted during COVID-19 Crisis
96127	Brief emotional or behavioral assessment	Medicine	Central Nervous System Assessments/Tests (eg, Neuro-Cognitive, Mental Status, Speech Testing)	No	None
96130	Psychological testing evaluation by qualified health care professional, first 60 minutes	Medicine	CNS Assessments/Tests	No	None
96131	Psychological testing evaluation by qualified health care professional, additional 60 minutes	Medicine	CNS Assessments/Tests	No	None

96132	Neuropsychological testing evaluation by qualified health care professional, first 60 minutes	Medicine	CNS Assessments/Tests	No	PA needed for Out of state only
96133	Neuropsychological testing evaluation by qualified health care professional, additional 60 minutes	Medicine	CNS Assessments/Tests	No	PA needed for Out of state only
96136	Psychological or neuropsychological test administration and scoring by qualified health care professional, first 30 minutes	Medicine	CNS Assessments/Tests	No	PA needed for Out of state only
96137	Psychological or neuropsychological test administration and scoring by qualified health care professional, additional 30 minutes	Medicine	CNS Assessments/Tests	No	PA needed for Out of state only
96138	Psychological or neuropsychological test administration and scoring by technician, first 30 minutes	Medicine	CNS Assessments/Tests	No	None
96139	Psychological or neuropsychological test administration and scoring by technician, additional 30 minutes	Medicine	CNS Assessments/Tests	No	None
96146	Psychological or neuropsychological test administration and scoring by single standardized instrument via electronic platform with automated result	Medicine	CNS Assessments/Tests	No	None
96150	Health and behavior assessment each 15 minutes	Medicine	Health and Behavior Assessment/Intervention Procedures	No	AMA CodeTermed 1/1/2020, to report see 96156, 96158 and 96159
96151	Health and behavior re-assessment each 15 minutes	Medicine	Health and Behavior Assessment/Intervention Procedures	No	AMA CodeTermed 1/1/2020, to report see 96156, 96158 and 96159
96152	Health and behavior intervention, individual each 15 minutes	Medicine	Health and Behavior Assessment/Intervention Procedures	No	AMA CodeTermed 1/1/2020, to report see 96156, 96158 and 96159
96153	Health and behavior intervention, group each 15 minutes	Medicine	Health and Behavior Assessment/Intervention Procedures	No	AMA CodeTermed 1/1/2020, to report see 96164 and 96165
96154	Health and behavior intervention, family and patient each 15 minutes	Medicine	Health and Behavior Assessment/Intervention Procedures	No	AMA CodeTermed 1/1/2020, to report see 96167 and 96168
96155	Health and behavior intervention, family each 15 minutes	Medicine	Health and Behavior Assessment/Intervention Procedures	No	AMA CodeTermed 1/1/2020, to report see 96170 and 96171
96160	Administration and interpretation of patient-focused health risk assessment	Medicine	Health and Behavior Assessment/Intervention Procedures	No	Add-On Code - This code must be billed with the appropriate primary procedure code

96161	Administration and interpretation of caregiver-focused health risk assessment	Medicine	Health and Behavior Assessment/Intervention Procedures	No	None
96360	Hydration infusion into a vein 31 minutes to 1 hour	Medicine	Hydration, Therapeutic, Prophylactic, Diagnostic Injections and Infusions, and Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration	No	None
96361	Hydration infusion into a vein	Medicine	Hydration, Therapeutic, Prophylactic, Diagnostic Injections and Infusions, and Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration	No	Add-On Code - This code must be billed with the appropriate primary procedure code
96365	Infusion into a vein for therapy, prevention, or diagnosis up to 1 hour	Medicine	Hydration, Therapeutic, Prophylactic, Diagnostic Injections and Infusions, and Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration	No	None

96366	Infusion into a vein for therapy, prevention, or diagnosis	Medicine	Hydration, Therapeutic, Prophylactic, Diagnostic Injections and Infusions, and Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration	No	Add-On Code - This code must be billed with the appropriate primary procedure code
96367	Infusion into a vein for therapy prevention or diagnosis additional sequential infusion up to 1 hour	Medicine	Hydration, Therapeutic, Prophylactic, Diagnostic Injections and Infusions, and Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration	No	Add-On Code - This code must be billed with the appropriate primary procedure code
96368	Infusion into a vein for therapy, prevention, or diagnosis, concurrent with another infusion	Medicine	Hydration, Therapeutic, Prophylactic, Diagnostic Injections and Infusions, and Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration	No	Add-On Code - This code must be billed with the appropriate primary procedure code
96369	Infusion into tissue for therapy or prevention up to 1 hour	Medicine	Hydration, Therapeutic, Prophylactic, Diagnostic Injections and Infusions, and Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration	No	None

96370	Infusion into tissue for therapy or prevention, beneath the skin	Medicine	Hydration, Therapeutic, Prophylactic, Diagnostic Injections and Infusions, and Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration	No	Add-On Code - This code must be billed with the appropriate primary procedure code
96371	Infusion for therapy or prevention, beneath the skin	Medicine	Hydration, Therapeutic, Prophylactic, Diagnostic Injections and Infusions, and Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration	No	Add-On Code - This code must be billed with the appropriate primary procedure code
96372	Injection beneath the skin or into muscle for therapy, diagnosis, or prevention	Medicine	Hydration, Therapeutic, Prophylactic, Diagnostic Injections and Infusions, and Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration	No	None
96373	Injection into artery for therapy, diagnosis, or prevention	Medicine	Hydration, Therapeutic, Prophylactic, Diagnostic Injections and Infusions, and Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration	No	None

96374	Injection of drug or substance into a vein for therapy, diagnosis, or prevention	Medicine	Hydration, Therapeutic, Prophylactic, Diagnostic Injections and Infusions, and Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration	No	None
96375	Injection of different drug or substance into a vein for therapy, diagnosis, or prevention	Medicine	Hydration, Therapeutic, Prophylactic, Diagnostic Injections and Infusions, and Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration	No	Add-On Code - This code must be billed with the appropriate primary procedure code
96376	Injection of drug or substance into a vein for therapy, diagnosis, or prevention, in a facility	Medicine	Hydration, Therapeutic, Prophylactic, Diagnostic Injections and Infusions, and Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration	No	None
96377	Application of on-body injector for injection under skin	Medicine	Hydration, Therapeutic, Prophylactic, Diagnostic Injections and Infusions, and Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration	No	None

96379	Injection or infusion into a vein or artery for therapy, prevention, or diagnosis	Medicine	Hydration, Therapeutic, Prophylactic, Diagnostic Injections and Infusions, and Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration	Yes	None
96401	Non-hormonal anti-neoplastic chemotherapy beneath the skin or into muscle	Medicine	Hydration, Therapeutic, Prophylactic, Diagnostic Injections and Infusions, and Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration	No	None
96402	Hormonal anti-neoplastic chemotherapy administration beneath the skin or into muscle	Medicine	Hydration, Therapeutic, Prophylactic, Diagnostic Injections and Infusions, and Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration	No	None
96405	Chemotherapy into a lesion, up to and including 7 lesions	Medicine	Hydration, Therapeutic, Prophylactic, Diagnostic Injections and Infusions, and Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration	No	None

96406	Chemotherapy into a lesion, more than 7 lesions	Medicine	Hydration, Therapeutic, Prophylactic, Diagnostic Injections and Infusions, and Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration	No	None
96409	Infusion of chemotherapy into a vein using push technique	Medicine	Hydration, Therapeutic, Prophylactic, Diagnostic Injections and Infusions, and Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration	No	None
96411	Infusion of different chemotherapy drug or substance into a vein	Medicine	Hydration, Therapeutic, Prophylactic, Diagnostic Injections and Infusions, and Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration	No	Add-On Code - This code must be billed with the appropriate primary procedure code
96413	Infusion of chemotherapy into a vein up to 1 hour	Medicine	Hydration, Therapeutic, Prophylactic, Diagnostic Injections and Infusions, and Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration	No	None

96415	Infusion of chemotherapy into a vein	Medicine	Hydration, Therapeutic, Prophylactic, Diagnostic Injections and Infusions, and Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration	No	Add-On Code - This code must be billed with the appropriate primary procedure code
96416	Prolonged chemotherapy infusion into a vein by portable or implanted pump more than 8 hours	Medicine	Hydration, Therapeutic, Prophylactic, Diagnostic Injections and Infusions, and Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration	No	None
96417	Infusion of different chemotherapy drug or substance into a vein up to 1 hour	Medicine	Hydration, Therapeutic, Prophylactic, Diagnostic Injections and Infusions, and Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration	No	Add-On Code - This code must be billed with the appropriate primary procedure code
96420	Injection of chemotherapy using push technique into an artery	Medicine	Hydration, Therapeutic, Prophylactic, Diagnostic Injections and Infusions, and Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration	No	AMA Termed Code 1/01/2018

96422	Infusion of chemotherapy into an artery up to 1 hour	Medicine	Hydration, Therapeutic, Prophylactic, Diagnostic Injections and Infusions, and Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration	No	None
96423	Infusion of chemotherapy into artery	Medicine	Hydration, Therapeutic, Prophylactic, Diagnostic Injections and Infusions, and Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration	No	Add-On Code - This code must be billed with the appropriate primary procedure code
96425	Prolonged chemotherapy infusion into artery by portable or implanted pump, more than 8 hours	Medicine	Hydration, Therapeutic, Prophylactic, Diagnostic Injections and Infusions, and Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration	No	None
96440	Chemotherapy administration into chest cavity requiring insertion of catheter	Medicine	Hydration, Therapeutic, Prophylactic, Diagnostic Injections and Infusions, and Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration	No	None

96446	Chemotherapy infusion into abdominal cavity	Medicine	Hydration, Therapeutic, Prophylactic, Diagnostic Injections and Infusions, and Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration	No	None
96450	Chemotherapy administration into spinal canal requiring spinal tap	Medicine	Hydration, Therapeutic, Prophylactic, Diagnostic Injections and Infusions, and Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration	Yes	PA Effective 9/17/2019
96521	Refilling and maintenance of portable pump	Medicine	Hydration, Therapeutic, Prophylactic, Diagnostic Injections and Infusions, and Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration	No	None
96522	Refilling and maintenance of implantable pump or reservoir for drug delivery	Medicine	Hydration, Therapeutic, Prophylactic, Diagnostic Injections and Infusions, and Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration	No	None

96523	Irrigation of implanted venous access drug delivery device	Medicine	Hydration, Therapeutic, Prophylactic, Diagnostic Injections and Infusions, and Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration	No	Covered benefit only for Qualified Medicare Beneficiaries
96542	Chemotherapy injection into brain through reservoir beneath the skin	Medicine	Hydration, Therapeutic, Prophylactic, Diagnostic Injections and Infusions, and Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration	No	None
96549	Chemotherapy procedure	Medicine	Hydration, Therapeutic, Prophylactic, Diagnostic Injections and Infusions, and Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration	Yes	None
96567	Application of light to aid destruction of premalignant and/or malignant skin growths, each session	Medicine	Photodynamic Therapy Procedures	Yes	None
96570	Application of light using an endoscope to aid destruction of abnormal tissue first 30 minutes	Medicine	Photodynamic Therapy Procedures	No	None
96571	Application of light using an endoscope to aid destruction of abnormal tissue	Medicine	Photodynamic Therapy Procedures	No	Add-On Code - This code must be billed with the appropriate primary procedure code
96573	Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	Medicine	Photodynamic Therapy	Yes	None

96574	Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day	Medicine	Photodynamic Therapy	Yes	None
96900	Application of ultraviolet light to skin	Medicine	Special Dermatological Procedures	No	None
96902	Microscopic examination of hairs to detect hair shaft abnormality	Medicine	Special Dermatological Procedures	No	None
96904	Whole body skin photography	Medicine	Special Dermatological Procedures	No	None
96910	Skin application of tar and ultraviolet B or petrolatum and ultraviolet B	Medicine	Special Dermatological Procedures	Yes	None
96912	Application of chemical agents activated by ultraviolet light to skin	Medicine	Special Dermatological Procedures	Yes	None
96913	Application of chemical agents activated by ultraviolet light to skin at least 4-8 hours	Medicine	Special Dermatological Procedures	No	None
96920	Laser treatment (total area less than 250 sq centimeters) for inflammatory skin disease	Medicine	Special Dermatological Procedures	Yes	None
96921	Laser treatment (250 to 500 sq centimeters) for inflammatory skin disease	Medicine	Special Dermatological Procedures	Yes	None
96922	Laser treatment (over 500 sq centimeters) for inflammatory skin disease	Medicine	Special Dermatological Procedures	Yes	None
96931	Microscopy of lesion of skin with interpretation and report - first lesion	Medicine	Special Dermatological Procedures	No	None
96932	Microscopy of lesion of skin - first lesion	Medicine	Special Dermatological Procedures	No	None
96933	Interpretation and report of microscopy of lesion of skin - first lesion	Medicine	Special Dermatological Procedures	No	None
96934	Microscopy of lesion of skin with interpretation and report	Medicine	Special Dermatological Procedures	No	None
96935	Microscopy of lesion of skin	Medicine	Special Dermatological Procedures	No	None
96936	Interpretation and report of microscopy of lesion of skin	Medicine	Special Dermatological Procedures	No	None
96999	Dermatological service or procedure	Medicine	Special Dermatological Procedures	Yes	Unlisted, miscellaneous code, PA required
97001	PT EVALUATION	Medicine	Medicine	No	None
97002	PT RE-EVALUATION	Medicine	Medicine	No	None

97003	OT EVALUATION	Medicine	Medicine	No	None
97004	OT RE-EVALUATION	Medicine	Medicine	No	None
97005	ATHLETIC TRAIN EVAL	Medicine	Medicine	No	None
97006	ATHLETIC TRAIN REEVAL	Medicine	Medicine	No	None
97010	Application of hot or cold packs to 1 or more areas	Medicine	Medicine	No	Effective 3/01/2020, PA Requirement lifted during COVID-19 Crisis. Should PA requirements be reinstated, this service is within the scope of eviCore delegated services.
97012	Application of mechanical traction to 1 or more areas	Medicine	Physical Medicine and Rehabilitation Evaluations	No	Effective 3/01/2020, PA Requirement lifted during COVID-19 Crisis. Should PA requirements be reinstated, this service is within the scope of eviCore delegated services.
97014	Application of electrical stimulation to 1 or more areas, unattended by physical therapist	Medicine	Physical Medicine and Rehabilitation Evaluations	No	Effective 3/01/2020, PA Requirement lifted during COVID-19 Crisis. Should PA requirements be reinstated, this service is within the scope of eviCore delegated services.
97016	Application of blood vessel compression or decompression device to 1 or more areas	Medicine	Physical Medicine and Rehabilitation Evaluations	No	Effective 3/01/2020, PA Requirement lifted during COVID-19 Crisis. Should PA requirements be reinstated, this service is within the scope of eviCore delegated services.
97018	Application of hot wax bath to 1 or more areas	Medicine	Physical Medicine and Rehabilitation Evaluations	No	Effective 3/01/2020, PA Requirement lifted during COVID-19 Crisis. Should PA requirements be reinstated, this service is within the scope of eviCore delegated services.
97022	Application of whirlpool therapy to 1 or more areas	Medicine	Physical Medicine and Rehabilitation Evaluations	No	Effective 3/01/2020, PA Requirement lifted during COVID-19 Crisis. Should PA requirements be reinstated, this service is within the scope of eviCore delegated services.
97024	Application of heat wave therapy to 1 or more areas	Medicine	Physical Medicine and Rehabilitation Evaluations	No	Effective 3/01/2020, PA Requirement lifted during COVID-19 Crisis. Should PA requirements be reinstated, this service is within the scope of eviCore delegated services.
97026	Application of low energy heat (infrared) to 1 or more areas	Medicine	Physical Medicine and Rehabilitation Evaluations	No	Effective 3/01/2020, PA Requirement lifted during COVID-19 Crisis. Should PA requirements be reinstated, this service is within the scope of eviCore delegated services.
97028	Application of ultraviolet light to 1 or more areas	Medicine	Physical Medicine and Rehabilitation Evaluations	No	Effective 3/01/2020, PA Requirement lifted during COVID-19 Crisis. Should PA requirements be reinstated, this service is within the scope of eviCore delegated services.

97032	Application of electrical stimulation to 1 or more areas, each 15 minutes	Medicine	Physical Medicine and Rehabilitation Evaluations	No	Effective 3/01/2020, PA Requirement lifted during COVID-19 Crisis. Should PA requirements be reinstated, this service is within the scope of eviCore delegated services.
97033	Application of medication through skin using electrical current, each 15 minutes	Medicine	Physical Medicine and Rehabilitation Evaluations	No	Effective 3/01/2020, PA Requirement lifted during COVID-19 Crisis. Should PA requirements be reinstated, this service is within the scope of eviCore delegated services.
97034	Therapeutic hot and cold baths to 1 or more areas, each 15 minutes	Medicine	Physical Medicine and Rehabilitation Evaluations	No	Effective 3/01/2020, PA Requirement lifted during COVID-19 Crisis. Should PA requirements be reinstated, this service is within the scope of eviCore delegated services.
97035	Application of ultrasound to 1 or more areas, each 15 minutes	Medicine	Physical Medicine and Rehabilitation Evaluations	No	Effective 3/01/2020, PA Requirement lifted during COVID-19 Crisis. Should PA requirements be reinstated, this service is within the scope of eviCore delegated services.
97036	Physical therapy treatment to 1 or more areas, Hubbard tank, each 15 minutes	Medicine	Physical Medicine and Rehabilitation Evaluations	No	Effective 3/01/2020, PA Requirement lifted during COVID-19 Crisis. Should PA requirements be reinstated, this service is within the scope of eviCore delegated services.
97039	Physical medicine service or procedure	Medicine	Physical Medicine and Rehabilitation Evaluations	No	Effective 3/01/2020, PA Requirement lifted during COVID-19 Crisis. Should PA requirements be reinstated, this service is within the scope of eviCore delegated services.
97110	Therapeutic exercise to develop strength, endurance, range of motion, and flexibility, each 15 minutes	Medicine	Physical Medicine and Rehabilitation Evaluations	No	Effective 3/01/2020, PA Requirement lifted during COVID-19 Crisis. Should PA requirements be reinstated, this service is within the scope of eviCore delegated services.
97112	Therapeutic procedure to re-educate brain-to-nerve-to-muscle function, each 15 minutes	Medicine	Physical Medicine and Rehabilitation Evaluations	No	Effective 3/01/2020, PA Requirement lifted during COVID-19 Crisis. Should PA requirements be reinstated, this service is within the scope of eviCore delegated services.
97113	Water pool therapy with therapeutic exercises to 1 or more areas, each 15 minutes	Medicine	Physical Medicine and Rehabilitation Evaluations	No	Effective 3/01/2020, PA Requirement lifted during COVID-19 Crisis. Should PA requirements be reinstated, this service is within the scope of eviCore delegated services.
97116	Walking training to 1 or more areas, each 15 minutes	Medicine	Physical Medicine and Rehabilitation Evaluations	No	Effective 3/01/2020, PA Requirement lifted during COVID-19 Crisis. Should PA requirements be reinstated, this service is within the scope of eviCore delegated services.

97124	Therapeutic massage to 1 or more areas, each 15 minutes	Medicine	Physical Medicine and Rehabilitation Evaluations	No	Effective 3/01/2020, PA Requirement lifted during COVID-19 Crisis. Should PA requirements be reinstated, this service is within the scope of eviCore delegated services.
97127	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing and sequencing tasks), direct (one-on-one) patient contact	Medicine	Physical Medicine & Rehabilitation	No	AMA CodeTermed 1/1/2020, to report see 97129
97139	Therapeutic procedure	Medicine	Physical Medicine and Rehabilitation Evaluations	No	Effective 3/01/2020, PA Requirement lifted during COVID-19 Crisis. Should PA requirements be reinstated, this service is within the scope of eviCore delegated services.
97140	Manual (physical) therapy techniques to 1 or more regions, each 15 minutes	Medicine	Physical Medicine and Rehabilitation Evaluations	No	Effective 3/01/2020, PA Requirement lifted during COVID-19 Crisis. Should PA requirements be reinstated, this service is within the scope of eviCore delegated services.
97150	Therapeutic procedures in a group setting	Medicine	Physical Medicine and Rehabilitation Evaluations	No	Effective 3/01/2020, PA Requirement lifted during COVID-19 Crisis. Should PA requirements be reinstated, this service is within the scope of eviCore delegated services.
97151	Behavior identification assessment by qualified health care professional, each 15 minutes	Medicine	Health and Behavior Assessment	No	None
97152	Behavior identification assessment by technician under direction of qualified health care professional, each 15 minutes	Medicine	Health and Behavior Assessment	No	None
97153	Adaptive behavior treatment by protocol, administered by technician under direction of qualified health care professional to one patient, each 15 minutes	Medicine	Health and Behavior Assessment	No	None
97154	Adaptive behavior treatment by protocol, administered by technician under direction of qualified health care professional to multiple patients, each 15 minutes	Medicine	Health and Behavior Assessment	No	None
97155	Adaptive behavior treatment with protocol modification administered by qualified health care professional to one patient, each 15 minutes	Medicine	Health and Behavior Assessment	No	None
97156	Family adaptive behavior treatment guidance by qualified health care professional (with or without patient present), each 15 minutes	Medicine	Health and Behavior Assessment	No	None

97157	Family adaptive behavior treatment guidance by qualified health care professional without patient present, each 15 minutes	Medicine	Health and Behavior Assessment	No	None
97158	Group adaptive behavior treatment with protocol modification administered by qualified health care professional to multiple patients, each 15 minutes	Medicine	Health and Behavior Assessment	No	None
97161	Evaluation of physical therapy, typically 20 minutes	Medicine	Physical Medicine and Rehabilitation Evaluations	No	None
97162	Evaluation of physical therapy, typically 30 minutes	Medicine	Physical Medicine and Rehabilitation Evaluations	No	None
97163	Evaluation of physical therapy, typically 45 minutes	Medicine	Physical Medicine and Rehabilitation Evaluations	No	None
97164	Re-evaluation of physical therapy, typically 20 minutes	Medicine	Physical Medicine and Rehabilitation Evaluations	No	None
97165	Evaluation of occupational therapy, typically 30 minutes	Medicine	Physical Medicine and Rehabilitation Evaluations	No	None
97166	Evaluation of occupational therapy, typically 45 minutes	Medicine	Physical Medicine and Rehabilitation Evaluations	No	None
97167	Evaluation of occupational therapy established plan of care, typically 60 minutes	Medicine	Physical Medicine and Rehabilitation Evaluations	No	None
97168	Re-evaluation of occupational therapy established plan of care, typically 30 minutes	Medicine	Physical Medicine and Rehabilitation Evaluations	No	None
97169	Evaluation of athletic training, typically 15 minutes	Medicine	Physical Medicine and Rehabilitation Evaluations	No	None
97170	Evaluation of athletic training, typically 30 minutes	Medicine	Physical Medicine and Rehabilitation Evaluations	No	None
97171	Evaluation of athletic training, typically 45 minutes	Medicine	Physical Medicine and Rehabilitation Evaluations	No	None
97172	Re-evaluation of athletic training, typically 20 minutes	Medicine	Physical Medicine and Rehabilitation Evaluations	No	None

97530	Therapeutic activities to improve function, with one-on-one contact between patient and provider, each 15 minutes	Medicine	Physical Medicine and Rehabilitation Evaluations	No	Effective 3/01/2020, PA Requirement lifted during COVID-19 Crisis. Should PA requirements be reinstated, this service is within the scope of eviCore delegated services.
97532	Development of cognitive skills to improve attention, memory, or problem solving, each 15 minutes	Medicine	Physical Medicine and Rehabilitation Evaluations	No	AMA Termed Code 1/01/2018
97533	Sensory technique to enhance processing and adaptation to environmental demands, each 15 minutes	Medicine	Physical Medicine and Rehabilitation Evaluations	No	Effective 3/01/2020, PA Requirement lifted during COVID-19 Crisis. Should PA requirements be reinstated, this service is within the scope of eviCore delegated services.
97535	Self-care or home management training, each 15 minutes	Medicine	Physical Medicine and Rehabilitation Evaluations	No	Effective 3/01/2020, PA Requirement lifted during COVID-19 Crisis. Should PA requirements be reinstated, this service is within the scope of eviCore delegated services.
97537	Community or work reintegration training, each 15 minutes	Medicine	Physical Medicine and Rehabilitation Evaluations	No	Effective 3/01/2020, PA Requirement lifted during COVID-19 Crisis. Should PA requirements be reinstated, this service is within the scope of eviCore delegated services.
97542	Wheelchair management, each 15 minutes	Medicine	Physical Medicine and Rehabilitation Evaluations	No	Effective 3/01/2020, PA Requirement lifted during COVID-19 Crisis. Should PA requirements be reinstated, this service is within the scope of eviCore delegated services.
97545	Work hardening or conditioning, first 2 hours	Medicine	Physical Medicine and Rehabilitation Evaluations	No	None
97546	Work hardening or conditioning	Medicine	Physical Medicine and Rehabilitation Evaluations	No	Covered benefit only for Qualified Medicare Beneficiaries
97597	Removal of tissue from wounds per session	Medicine	Physical Medicine and Rehabilitation Evaluations	No	Effective 3/01/2020, PA Requirement lifted during COVID-19 Crisis
97598	Removal of tissue from wounds per session	Medicine	Physical Medicine and Rehabilitation Evaluations	No	Add-On Code - This code must be billed with the appropriate primary procedure code
97602	Removal of tissue from wounds per session	Medicine	Physical Medicine and Rehabilitation Evaluations	No	Effective 3/01/2020, PA Requirement lifted during COVID-19 Crisis
97605	Negative pressure wound therapy, surface area less than or equal to 50 square centimeters, per session	Medicine	Physical Medicine and Rehabilitation Evaluations	No	Effective 3/01/2020, PA Requirement lifted during COVID-19 Crisis

97606	Negative pressure wound therapy, surface area greater than 50 square centimeters, per session	Medicine	Physical Medicine and Rehabilitation Evaluations	No	Effective 3/01/2020, PA Requirement lifted during COVID-19 Crisis
97607	Negative pressure wound therapy surface area less than or equal to 50 square centimeters per session	Medicine	Physical Medicine and Rehabilitation Evaluations	No	None
97608	Negative pressure wound therapy surface area greater than 50 square centimeters	Medicine	Physical Medicine and Rehabilitation Evaluations	No	None
97610	Low frequency, non-contact, non-thermal ultrasound wound assessment, and instructions for ongoing care, per day	Medicine	Physical Medicine and Rehabilitation Evaluations	No	None
97750	Physical performance test or measurement with report, each 15 minutes	Medicine	Physical Medicine and Rehabilitation Evaluations	No	Effective 3/01/2020, PA Requirement lifted during COVID-19 Crisis. Should PA requirements be reinstated, this service is within the scope of eviCore delegated services.
97755	Assistive technology assessment to enhance functional performance, each 15 minutes	Medicine	Physical Medicine and Rehabilitation Evaluations	No	Service is within the scope of EviCore delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates
97760	Training in use of orthotics (supports, braces, or splints) for arms, legs and/or trunk each 15 minutes	Medicine	Physical Medicine and Rehabilitation Evaluations	No	Covered benefit only for Qualified Medicare Beneficiaries
97761	Training in use of prosthesis for arms and/or legs each 15 minutes	Medicine	Physical Medicine and Rehabilitation Evaluations	No	Covered benefit only for Qualified Medicare Beneficiaries.
97762	Evaluation of orthotic or prosthetic use, each 15 minutes	Medicine	Physical Medicine and Rehabilitation Evaluations	No	AMA Termed Code 1/01/2018
97763	Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes	Medicine	Physical Medicine & Rehabilitation	No	Effective 3/01/2020, PA Requirement lifted during COVID-19 Crisis. Should PA requirements be reinstated, this service is within the scope of eviCore delegated services.
97799	Physical medicine or rehabilitation service or procedure	Medicine	Physical Medicine and Rehabilitation Evaluations	No	Effective 3/01/2020, PA Requirement lifted during COVID-19 Crisis. Should PA requirements be reinstated, this service is within the scope of eviCore delegated services.
97802	Medical nutrition therapy, assessment and intervention, each 15 minutes	Medicine	Medical Nutrition Therapy Procedures	No	None

97803	Medical nutrition therapy re-assessment and intervention, each 15 minutes	Medicine	Medical Nutrition Therapy Procedures	No	None
97804	Medical nutrition therapy performed in a group setting, each 30 minutes	Medicine	Medical Nutrition Therapy Procedures	No	None
97810	Acupuncture 1 or more needles, first 15 minutes	Medicine	Acupuncture Procedures	No	None
97811	Acupuncture 1 or more needles	Medicine	Acupuncture Procedures	No	None
97813	Acupuncture 1 or more needles with electrical stimulation, first 15 minutes	Medicine	Acupuncture Procedures	No	None
97814	Acupuncture 1 or more needles with electrical stimulation and re-insertion of needles	Medicine	Acupuncture Procedures	No	None
98925	Osteopathic manipulative treatment to 1-2 body regions	Medicine	Osteopathic Manipulative Treatment Procedures	No	None
98926	Osteopathic manipulative treatment to 3-4 body regions	Medicine	Osteopathic Manipulative Treatment Procedures	No	None
98927	Osteopathic manipulative treatment to 5-6 body regions	Medicine	Osteopathic Manipulative Treatment Procedures	No	None
98928	Osteopathic manipulative treatment to 7-8 body regions	Medicine	Osteopathic Manipulative Treatment Procedures	No	None
98929	Osteopathic manipulative treatment to 9-10 body regions	Medicine	Osteopathic Manipulative Treatment Procedures	No	None
98940	Chiropractic manipulative treatment, 1-2 spinal regions	Medicine	Chiropractic Manipulative Treatment Procedures	No	None
98941	Chiropractic manipulative treatment, 3 to 4 spinal regions	Medicine	Chiropractic Manipulative Treatment Procedures	No	None
98942	Chiropractic manipulative treatment, 5 spinal regions	Medicine	Chiropractic Manipulative Treatment Procedures	No	None
98943	Chiropractic manipulative treatment to 1 or more regions other than spine	Medicine	Chiropractic Manipulative Treatment Procedures	No	None
98960	Education and training for patient self-management, each 30 minutes	Medicine	Education and Training for Patient Self-Management	No	None
98961	Education and training for patient self-management, 2-4 patients, each 30 minutes	Medicine	Education and Training for Patient Self-Management	No	None

98962	Education and training for patient self-management, 5-8 patients, each 30 minutes	Medicine	Education and Training for Patient Self-Management	No	None
98966	Telephone assessment and management service, 5-10 minutes of medical discussion	Medicine	Non-Face-to-Face Nonphysician Services	No	None
98967	Telephone assessment and management service, 11-20 minutes of medical discussion	Medicine	Non-Face-to-Face Nonphysician Services	No	None
98968	Telephone assessment and management service, 21-30 minutes of medical discussion	Medicine	Non-Face-to-Face Nonphysician Services	No	None
98969	Internet or similar electronic online patient assessment and management service by qualified non-physician health care professional	Medicine	Non-Face-to-Face Nonphysician Services	No	AMA CodeTermed 1/1/2020, to report see 98970-98972
99000	Handling and/or conveyance of specimen for transfer from physician office to laboratory	Medicine	Special Services, Procedures and Reports	No	Covered benefit only for Qualified Medicare Beneficiaries
99001	Handling and/or conveyance of specimen for transfer to a laboratory	Medicine	Special Services, Procedures and Reports	No	Covered benefit only for Qualified Medicare Beneficiaries
99002	Handling and/or conveyance of device, orthotic, or prosthetic created by an outside laboratory or specialty service	Medicine	Special Services, Procedures and Reports	No	Covered benefit only for Qualified Medicare Beneficiaries
99024	After surgery follow-up visit	Medicine	Special Services, Procedures and Reports	No	None
99026	Hospital mandated on-call service in the hospital, each hour	Medicine	Special Services, Procedures and Reports	No	None
99027	Hospital mandated on-call service outside the hospital, each hour	Medicine	Special Services, Procedures and Reports	No	None
99050	Services provided in the office when the office is normally closed	Medicine	Special Services, Procedures and Reports	No	None
99051	Services provided in an office during regularly scheduled office hours, evening, weekend, or holiday	Medicine	Special Services, Procedures and Reports	No	None
99053	Services provided between 10:00 pm and 8:00 am at a 24-hour facility	Medicine	Special Services, Procedures and Reports	No	None
99056	Services provided out of the office at patient request	Medicine	Special Services, Procedures and Reports	No	None

99058	Services provided on an emergency basis in the office	Medicine	Special Services, Procedures and Reports	No	None
99060	Services provided on an emergency basis outside the office	Medicine	Special Services, Procedures and Reports	No	None
99070	Supplies and materials provided by the physician beyond those usually included in the office visit or service	Medicine	Special Services, Procedures and Reports	No	None
99071	Educational supplies provided by physician	Medicine	Special Services, Procedures and Reports	No	Covered benefit only for Qualified Medicare Beneficiaries
99075	Medical testimony	Medicine	Special Services, Procedures and Reports	No	Covered benefit only for Qualified Medicare Beneficiaries
99078	Physician educational services provided in a group setting	Medicine	Special Services, Procedures and Reports	No	Covered benefit only for Qualified Medicare Beneficiaries
99080	Preparation of special reports beyond that conveyed in the medical record	Medicine	Special Services, Procedures and Reports	No	None
99082	Unusual travel	Medicine	Special Services, Procedures and Reports	No	None
99090	Analysis of clinical data stored in computers	Medicine	Special Services, Procedures and Reports	No	AMA Termed Code 1/01/2019
99091	Collection and interpretation of physical parameters stored in computers minimum of 30 minutes	Medicine	Special Services, Procedures and Reports	No	Covered benefit only for Qualified Medicare Beneficiaries
99100	Anesthesia for patient younger than 1 year and older than 70 years of age	Medicine	Qualifying Circumstances for Anesthesia	No	Covered benefit only for Qualified Medicare Beneficiaries
99116	Anesthesia complicated by lowering total body temperature	Medicine	Qualifying Circumstances for Anesthesia	No	Covered benefit only for Qualified Medicare Beneficiaries
99135	Anesthesia complicated by controlled lower body temperature	Medicine	Qualifying Circumstances for Anesthesia	No	Covered benefit only for Qualified Medicare Beneficiaries
99140	Anesthesia complication by emergency condition	Medicine	Qualifying Circumstances for Anesthesia	No	Covered benefit only for Qualified Medicare Beneficiaries
99143	MOD SEDAT PHYS/QHP <5 YRS	Medicine	Moderate (Conscious) Sedation	No	None
99144	MOD SEDAT PHYS/QHP 5YRS/>	Medicine	Moderate (Conscious) Sedation	No	None
99145	MOD SEDAT PHYS/QHP EA 15 MIN	Medicine	Moderate (Conscious) Sedation	No	None

99148	MOD SED DIFF PHYS/QHP<5 YRS	Medicine	Moderate (Conscious) Sedation	No	None
99149	MOD SED DIFF PHYS/QHP 5/>YRS	Medicine	Moderate (Conscious) Sedation	No	None
99150	MOD SED DIFF PHYS/QHP ADD ON	Medicine	Moderate (Conscious) Sedation	No	None
99151	Moderate sedation services by physician also performing a procedure, patient younger than 5 years of age, first 15 minutes	Medicine	Moderate (Conscious) Sedation	No	None
99152	Moderate sedation services by physician also performing a procedure, patient 5 years of age or older, first 15 minutes	Medicine	Moderate (Conscious) Sedation	No	None
99153	Moderate sedation services by physician also performing a procedure, additional 15 minutes	Medicine	Moderate (Conscious) Sedation	No	Add-On Code - This code must be billed with the appropriate primary procedure code
99155	Moderate sedation services by physician not performing a procedure, patient 5 years of age or older, first 15 minutes	Medicine	Moderate (Conscious) Sedation	No	None
99156	Moderate sedation services by physician not performing a procedure, patient 5 years of age or older, first 15 minutes	Medicine	Moderate (Conscious) Sedation	No	None
99157	Moderate sedation services by physician not performing a procedure, each additional 15 minutes	Medicine	Moderate (Conscious) Sedation	No	Add-On Code - This code must be billed with the appropriate primary procedure code
99170	Examination of genital and anal region of child using an endoscope, suspected trauma	Medicine	Other Medicine Services and Procedures	No	None
99172	Automated or semi-automated visual function screening of both eyes	Medicine	Other Medicine Services and Procedures	No	None
99173	Eye chart testing of visual acuity of both eyes	Medicine	Other Medicine Services and Procedures	No	None
99174	Instrument based eye screening of both eyes	Medicine	Other Medicine Services and Procedures	No	None
99175	Administration of medication to induce vomiting	Medicine	Other Medicine Services and Procedures	No	Covered benefit only for Qualified Medicare Beneficiaries
99177	Instrument based eye screening of both eyes with analysis	Medicine	Other Medicine Services and Procedures	No	None
99183	Management and supervision of oxygen chamber therapy per session	Medicine	Other Medicine Services and Procedures	Yes	None
99184	Initiation of lowering head or total body temperature in neonate	Medicine	Other Medicine Services and Procedures	Yes	None

99188	Application of topical fluoride	Medicine	Other Medicine Services and Procedures	No	None
99190	Assembly and operation of heart-lung machine, each hour	Medicine	Other Medicine Services and Procedures	Yes	None
99191	Assembly and operation of heart-lung machine, 45 minutes	Medicine	Other Medicine Services and Procedures	Yes	None
99192	Assembly and operation of heart-lung machine, 30 minutes	Medicine	Other Medicine Services and Procedures	Yes	None
99195	Therapeutic removal of whole blood to correct blood level imbalance	Medicine	Other Medicine Services and Procedures	No	None
99199	Procedure, service, or report	Medicine	Other Medicine Services and Procedures	Yes	None
99201	New patient office or other outpatient visit, typically 10 minutes	Medicine	Office or Other Outpatient Services	No	Code Termed 01/01/2021; replacement codes 99202
99202	New patient office or other outpatient visit, typically 20 minutes	Medicine	Office or Other Outpatient Services	No	None
99203	New patient office or other outpatient visit, typically 30 minutes	Medicine	Office or Other Outpatient Services	No	None
99204	New patient office or other outpatient visit, typically 45 minutes	Medicine	Office or Other Outpatient Services	No	None
99205	New patient office or other outpatient visit, typically 60 minutes	Medicine	Office or Other Outpatient Services	No	None
99211	Established patient office or other outpatient visit, typically 5 minutes	Medicine	Office or Other Outpatient Services	No	None
99212	Established patient office or other outpatient visit, typically 10 minutes	Medicine	Office or Other Outpatient Services	No	None
99213	Established patient office or other outpatient visit, typically 15 minutes	Medicine	Office or Other Outpatient Services	No	None
99214	Established patient office or other outpatient, visit typically 25 minutes	Medicine	Office or Other Outpatient Services	No	None
99215	Established patient office or other outpatient, visit typically 40 minutes	Medicine	Office or Other Outpatient Services	No	None
99217	Hospital observation care discharge	Medicine	Hospital Observation Services	No	Covered benefit only for Qualified Medicare Beneficiaries
99218	Hospital observation care typically 30 minutes	Medicine	Hospital Observation Services	No	None

99219	Hospital observation care typically 50 minutes	Medicine	Hospital Observation Services	No	None
99220	Hospital observation care typically 70 minutes per day	Medicine	Hospital Observation Services	No	None
99221	Initial hospital inpatient care, typically 30 minutes per day	Medicine	Hospital Inpatient Services	No	None
99222	Initial hospital inpatient care, typically 50 minutes per day	Medicine	Hospital Inpatient Services	No	None
99223	Initial hospital inpatient care, typically 70 minutes per day	Medicine	Hospital Inpatient Services	No	None
99224	Subsequent observation care, typically 15 minutes per day	Medicine	Hospital Inpatient Services	No	Covered benefit only for Qualified Medicare Beneficiaries
99225	Subsequent observation care, typically 25 minutes per day	Medicine	Hospital Inpatient Services	No	Covered benefit only for Qualified Medicare Beneficiaries
99226	Subsequent observation care, typically 35 minutes per day	Medicine	Hospital Inpatient Services	No	Covered benefit only for Qualified Medicare Beneficiaries
99231	Subsequent hospital inpatient care, typically 15 minutes per day	Medicine	Hospital Inpatient Services	No	None
99232	Subsequent hospital inpatient care, typically 25 minutes per day	Medicine	Hospital Inpatient Services	No	None
99233	Subsequent hospital inpatient care, typically 35 minutes per day	Medicine	Hospital Inpatient Services	No	None
99234	Hospital observation or inpatient care low severity, 40 minutes per day	Medicine	Hospital Inpatient Services	No	None
99235	Hospital observation or inpatient care moderate severity, 50 minutes per day'	Medicine	Hospital Inpatient Services	No	None
99236	Hospital observation or inpatient care high severity, 55 minutes per day	Medicine	Hospital Inpatient Services	No	None
99238	Hospital discharge day management, 30 minutes or less	Medicine	Hospital Inpatient Services	No	None
99239	Hospital discharge day management, more than 30 minutes	Medicine	Hospital Inpatient Services	No	None
99241	Patient office consultation, typically 15 minutes	Medicine	Consultation Services	No	None
99242	Patient office consultation, typically 30 minutes	Medicine	Consultation Services	No	None
99243	Patient office consultation, typically 40 minutes	Medicine	Consultation Services	No	None
99244	Patient office consultation, typically 60 minutes	Medicine	Consultation Services	No	None
99245	Patient office consultation, typically 80 minutes	Medicine	Consultation Services	No	None
99251	Inpatient hospital consultation, typically 20 minutes	Medicine	Consultation Services	No	None

99252	Inpatient hospital consultation, typically 40 minutes	Medicine	Consultation Services	No	None
99253	Inpatient hospital consultation, typically 55 minutes	Medicine	Consultation Services	No	None
99254	Inpatient hospital consultation, typically 80 minutes	Medicine	Consultation Services	No	None
99255	Inpatient hospital consultation, typically 110 minutes	Medicine	Consultation Services	No	None
99281	Emergency department visit, self limited or minor problem	Medicine	Emergency Department Services	No	None
99282	Emergency department visit, low to moderately severe problem	Medicine	Emergency Department Services	No	None
99283	Emergency department visit, moderately severe problem	Medicine	Emergency Department Services	No	None
99284	Emergency department visit, problem of high severity	Medicine	Emergency Department Services	No	None
99285	Emergency department visit, problem with significant threat to life or function	Medicine	Emergency Department Services	No	None
99288	Physician direction of emergency advanced life support paramedic services	Medicine	Emergency Department Services	No	Covered benefit only for Qualified Medicare Beneficiaries
99291	Critical care delivery critically ill or injured patient, first 30-74 minutes	Medicine	Critical Care Services	No	None
99292	Critical care delivery critically ill or injured patient	Medicine	Critical Care Services	No	Add-On Code - This code must be billed with the appropriate primary procedure code
99304	Initial nursing facility visit, typically 25 minutes per day	Medicine	Nursing Facility Services	No	None
99305	Initial nursing facility visit, typically 35 minutes per day	Medicine	Nursing Facility Services	No	None
99306	Initial nursing facility visit, typically 45 minutes per day	Medicine	Nursing Facility Services	No	None
99307	Subsequent nursing facility visit, typically 10 minutes per day	Medicine	Nursing Facility Services	No	None
99308	Subsequent nursing facility visit, typically 15 minutes per day	Medicine	Nursing Facility Services	No	None
99309	Subsequent nursing facility visit, typically 25 minutes per day	Medicine	Nursing Facility Services	No	None
99310	Subsequent nursing facility visit, typically 35 minutes per day	Medicine	Nursing Facility Services	No	None
99315	Nursing facility discharge day management, 30 minutes or less	Medicine	Nursing Facility Services	No	None
99316	Nursing facility discharge management, more than 30 minutes	Medicine	Nursing Facility Services	No	None
99318	Nursing facility annual assessment, typically 30 minutes	Medicine	Nursing Facility Services	No	None

99324	New patient assisted living visit, typically 20 minutes	Medicine	Domiciliary, Rest Home (eg, Boarding Home), or Custodial Care Services	No	None
99325	New patient assisted living visit, typically 30 minutes	Medicine	Domiciliary, Rest Home (eg, Boarding Home), or Custodial Care Services	No	None
99326	New patient assisted living visit, typically 45 minutes	Medicine	Domiciliary, Rest Home (eg, Boarding Home), or Custodial Care Services	No	None
99327	New patient assisted living visit, typically 60 minutes	Medicine	Domiciliary, Rest Home (eg, Boarding Home), or Custodial Care Services	No	None
99328	New patient assisted living visit, typically 75 minutes	Medicine	Domiciliary, Rest Home (eg, Boarding Home), or Custodial Care Services	No	None
99334	Established patient assisted living visit, typically 15 minutes	Medicine	Domiciliary, Rest Home (eg, Boarding Home), or Custodial Care Services	No	None
99335	Established patient assisted living visit, typically 25 minutes	Medicine	Domiciliary, Rest Home (eg, Boarding Home), or Custodial Care Services	No	None
99336	Established patient assisted living visit, typically 40 minutes	Medicine	Domiciliary, Rest Home (eg, Boarding Home), or Custodial Care Services	No	None
99337	Established patient assisted living visit, typically 60 minutes	Medicine	Domiciliary, Rest Home (eg, Boarding Home), or Custodial Care Services	No	None
99339	Physician supervision of patient care at home or assisted living facility, 15-29 minutes in one month	Medicine	Domiciliary, Rest Home (eg, Assisted Living Facility), or Home Care Plan Oversight Services	No	None

99340	Physician supervision of patient care at home or assisted living facility, 30 minutes or more in one month	Medicine	Domiciliary, Rest Home (eg, Assisted Living Facility), or Home Care Plan Oversight Services	No	None
99341	New patient home visit, typically 20 minutes	Medicine	Home Services	No	No if done by a physician
99342	New patient home visit, typically 30 minutes	Medicine	Home Services	No	No if done by a physician
99343	New patient home visit, typically 45 minutes	Medicine	Home Services	No	No if done by a physician
99344	New patient home visit, typically 60 minutes	Medicine	Home Services	No	No if done by a physician
99345	New patient home visit, typically 75 minutes	Medicine	Home Services	No	No if done by a physician
99347	Established patient home visit, typically 15 minutes	Medicine	Home Services	No	No if done by a physician
99348	Established patient home visit, typically 25 minutes	Medicine	Home Services	No	No if done by a physician
99349	Established patient home visit, typically 40 minutes	Medicine	Home Services	No	No if done by a physician
99350	Established patient home visit, typically 60 minutes	Medicine	Home Services	No	No if done by a physician
99354	Prolonged office or other outpatient service first hour	Medicine	Prolonged Services	No	Add-On Code - This code must be billed with the appropriate primary procedure code
99355	Prolonged office or other outpatient service each 30 minutes beyond first hour	Medicine	Prolonged Services	No	Add-On Code - This code must be billed with the appropriate primary procedure code
99356	Prolonged inpatient or observation hospital service first hour	Medicine	Prolonged Services	No	Add-On Code - This code must be billed with the appropriate primary procedure code
99357	Prolonged inpatient or observation hospital service each 30 minutes beyond first hour	Medicine	Prolonged Services	No	Add-On Code - This code must be billed with the appropriate primary procedure code
99358	Prolonged patient service without direct patient contact first hour	Medicine	Prolonged Services	No	None
99359	Prolonged patient service without direct patient contact each 30 minutes beyond first hour	Medicine	Prolonged Services	No	None
99360	Prolonged physician standby service, each 30 minutes	Medicine	Prolonged Services	No	Covered benefit only for Qualified Medicare Beneficiaries
99363	Anti-clotting management for patient taking blood thinner, first 90 day therapy	Medicine	Case Management Services	No	AMA Deleted Code Code invalid as of 1/1/2018 Check for replacement code
99364	Anti-clotting management for patient taking blood thinner	Medicine	Case Management Services	No	AMA Deleted Code Code invalid as of 1/1/2018 Check for replacement code
99366	Medical team conference with patient and/or family, and nonphysician health care professionals, 30 minutes or more	Medicine	Case Management Services	No	None
99367	Medical team conference with physician, 30 minutes or more	Medicine	Case Management Services	No	None
99368	Medical team conference with nonphysician health care professionals, 30 minutes or more	Medicine	Case Management Services	No	None

99374	Physician supervision of patient home health agency services, 15-29 minutes per month	Medicine	Care Plan Oversight Services	No	Covered benefit only for Qualified Medicare Beneficiaries
99375	Physician supervision of patient home health agency services, 30 minutes or more per month	Medicine	Care Plan Oversight Services	No	Covered benefit only for Qualified Medicare Beneficiaries
99377	Physician supervision of patient hospice services, 15-29 minutes per month	Medicine	Care Plan Oversight Services	No	Covered benefit only for Qualified Medicare Beneficiaries
99378	Physician supervision of patient hospice services, 30 minutes or more per month	Medicine	Care Plan Oversight Services	No	None
99379	Supervision of nursing facility patient services, 15-29 minutes per month	Medicine	Care Plan Oversight Services	No	Covered benefit only for Qualified Medicare Beneficiaries
99380	Supervision of nursing facility patient services, 30 minutes or more per month	Medicine	Care Plan Oversight Services	No	Covered benefit only for Qualified Medicare Beneficiaries
99381	Initial new patient preventive medicine evaluation infant younger than 1 year	Medicine	Preventive Medicine Services	No	None
99382	Initial new patient preventive medicine evaluation, age 1 through 4 years	Medicine	Preventive Medicine Services	No	None
99383	Initial new patient preventive medicine evaluation, age 5 through 11 years	Medicine	Preventive Medicine Services	No	None
99384	Initial new patient preventive medicine evaluation, age 12 through 17 years	Medicine	Preventive Medicine Services	No	None
99385	Initial new patient preventive medicine evaluation age 18-39 years	Medicine	Preventive Medicine Services	No	None
99386	Initial new patient preventive medicine evaluation age 40-64 years	Medicine	Preventive Medicine Services	No	None
99387	Initial new patient preventive medicine evaluation, age 65 years and older	Medicine	Preventive Medicine Services	No	None
99391	Established patient periodic preventive medicine examination infant younger than 1 year	Medicine	Preventive Medicine Services	No	None
99392	Established patient periodic preventive medicine examination, age 1 through 4 years	Medicine	Preventive Medicine Services	No	None
99393	Established patient periodic preventive medicine examination, age 5 through 11 years	Medicine	Preventive Medicine Services	No	None
99394	Established patient periodic preventive medicine examination, age 12 through 17 years	Medicine	Preventive Medicine Services	No	None
99395	Established patient periodic preventive medicine examination age 18-39 years	Medicine	Preventive Medicine Services	No	None
99396	Established patient periodic preventive medicine examination age 40-64 years	Medicine	Preventive Medicine Services	No	None
99397	Established patient periodic preventive medicine examination, age 65 years and older	Medicine	Preventive Medicine Services	No	None

99401	Preventive medicine counseling, approximately 15 minutes	Medicine	Preventive Medicine Services	No	None
99402	Preventive medicine counseling, approximately 30 minutes	Medicine	Preventive Medicine Services	No	None
99403	Preventive medicine counseling, approximately 45 minutes	Medicine	Preventive Medicine Services	No	None
99404	Preventive medicine counseling, approximately 60 minutes	Medicine	Preventive Medicine Services	No	None
99406	Smoking and tobacco use intermediate counseling, greater than 3 minutes up to 10 minutes	Medicine	Preventive Medicine Services	No	None
99407	Smoking and tobacco use intensive counseling, greater than 10 minutes	Medicine	Preventive Medicine Services	No	None
99408	Alcohol and/or substance abuse screening and intervention, 15-30 minutes	Medicine	Preventive Medicine Services	No	None
99409	Alcohol and/or substance abuse screening and intervention, greater than 30 minutes	Medicine	Preventive Medicine Services	No	None
99411	Group preventive medicine counseling, approximately 30 minutes	Medicine	Preventive Medicine Services	No	None
99412	Group preventive medicine counseling, approximately 60 minutes	Medicine	Preventive Medicine Services	No	None
99415	Prolonged office or other outpatient service by clinical staff - first hour	Medicine	Preventive Medicine Services	No	None
99416	Prolonged office or other outpatient service by clinical staff - each additional 30 minutes	Medicine	Preventive Medicine Services	No	None
99420	HEALTH RISK ASSESSMENT TEST	Medicine	Preventive Medicine Services	No	AMA Termed Code 1/01/2018
99429	Preventive medicine service	Medicine	Preventive Medicine Services	No	None
99441	Physician telephone patient service, 5-10 minutes of medical discussion	Medicine	Non-Face-to-Face Services	No	None
99442	Physician telephone patient service, 11-20 minutes of medical discussion	Medicine	Non-Face-to-Face Services	No	None
99443	Physician telephone patient service, 21-30 minutes of medical discussion	Medicine	Non-Face-to-Face Services	No	None
99444	Physician or health care professional evaluation and management of patient care by internet (email) related to visit within previous 7 days	Medicine	Non-Face-to-Face Services	No	AMA CodeTermed 1/1/2020, to report see 99421-99423
99446	Telephone or internet assessment and management service provided by a consultative physician, 5-10 minutes of medical consultative discussion and review	Medicine	Non-Face-to-Face Services	No	None

99447	Telephone or internet assessment and management service provided by a consultative physician, 11-20 minutes of medical consultative discussion and review	Medicine	Non-Face-to-Face Services	No	None
99448	Telephone or internet assessment and management service provided by a consultative physician, 21-30 minutes of medical consultative discussion and review	Medicine	Non-Face-to-Face Services	No	None
99449	Telephone or internet assessment and management service provided by a consultative physician, 31 minutes or more of medical consultative discussion and review	Medicine	Non-Face-to-Face Services	No	None
99450	Basic life and/or disability examination	Medicine	Special Evaluation and Management Services	No	Covered benefit only for Qualified Medicare Beneficiaries
99451	Telephone or internet assessment and management service provided by consultative physician with written report, 5 minutes or more of medical consultative discussion and review	Medicine	Telemedicine	No	None
99452	Telephone or internet referral service, 30 minutes	Medicine	Remote Monitoring	No	None
99453	Remote monitoring of physiologic parameters, initial set-up and patient education on use of equipment	Medicine	Remote Monitoring	No	None
99454	Remote monitoring of physiologic parameters, initial supply of devices with daily recordings or programmed alerts transmission, each 30 days	Medicine	Remote Monitoring	No	None
99455	Work-related or medical disability examination	Medicine	Special Evaluation and Management Services	No	Covered benefit only for Qualified Medicare Beneficiaries
99456	Work-related or medical disability examination	Medicine	Special Evaluation and Management Services	No	Covered benefit only for Qualified Medicare Beneficiaries
99457	Remote monitoring of physiologic parameters management services, 20 minutes or more of qualified health care professional time per calendar month	Medicine	Remote Monitoring	No	None
99460	Initial hospital or birthing center newborn infant evaluation and management per day	Medicine	Newborn Care Services	No	None
99461	Initial newborn infant evaluation and management per day	Medicine	Newborn Care Services	No	None
99462	Subsequent inpatient hospital care of newborn per day	Medicine	Newborn Care Services	Yes	None
99463	Initial inpatient hospital or birthing center same date care and discharge of newborn	Medicine	Newborn Care Services	No	None
99464	Physician attendance at delivery and stabilization of newborn	Medicine	Delivery/Birthing Room Attendance and Resuscitation Services	No	None

99465	Reviving newborn at delivery	Medicine	Delivery/Birthing Room Attendance and Resuscitation Services	No	None
99466	Critical care of ill or injured pediatric patient, 24 months or younger, first 30-74 minutes	Medicine	Inpatient Neonatal Intensive Care Services and Pediatric and Neonatal Critical Care Services	No	None
99467	Critical care of ill or injured pediatric patient, 24 months or younger	Medicine	Inpatient Neonatal Intensive Care Services and Pediatric and Neonatal Critical Care Services	No	None
99468	Initial inpatient hospital critical care of newborn, 28 days of age or younger, per day	Medicine	Inpatient Neonatal Intensive Care Services and Pediatric and Neonatal Critical Care Services	Yes	None
99469	Subsequent inpatient hospital critical care of newborn, 28 days of age or younger, per day	Medicine	Inpatient Neonatal Intensive Care Services and Pediatric and Neonatal Critical Care Services	Yes	None
99471	Initial inpatient hospital critical care of infant or young child, 29 days through 24 months of age, per day	Medicine	Inpatient Neonatal Intensive Care Services and Pediatric and Neonatal Critical Care Services	Yes	None
99472	Subsequent inpatient hospital critical care of infant or young child, 29 days through 24 months of age, per day	Medicine	Inpatient Neonatal Intensive Care Services and Pediatric and Neonatal Critical Care Services	Yes	None
99475	Initial inpatient hospital critical care of infant or young child, 2 through 5 years of age, per day	Medicine	Inpatient Neonatal Intensive Care Services and Pediatric and Neonatal Critical Care Services	Yes	None

99476	Subsequent inpatient hospital critical care of infant or young child, 2 through 5 years of age, per day	Medicine	Inpatient Neonatal Intensive Care Services and Pediatric and Neonatal Critical Care Services	Yes	None
99477	Initial intensive care of newborn, 28 days of age or younger, per day	Medicine	Inpatient Neonatal Intensive Care Services and Pediatric and Neonatal Critical Care Services	Yes	None
99478	Subsequent intensive care of recovering low birth weight infant, per day	Medicine	Inpatient Neonatal Intensive Care Services and Pediatric and Neonatal Critical Care Services	Yes	None
99479	Subsequent intensive care of recovering low birth weight infant, per day	Medicine	Inpatient Neonatal Intensive Care Services and Pediatric and Neonatal Critical Care Services	Yes	None
99480	Subsequent intensive care of recovering low birth weight infant, per day	Medicine	Inpatient Neonatal Intensive Care Services and Pediatric and Neonatal Critical Care Services	Yes	None

99483	<p>Assessment of and care planning for a patient with cognitive impairment, requiring an independent historian, in the office or other outpatient, home or domiciliary or rest home, with all of the following required elements: Cognition-focused evaluation including a pertinent history and examination; Medical decision making of moderate or high complexity; Functional assessment (eg, basic and instrumental activities of daily living), including decision-making capacity; Use of standardized instruments for staging of dementia (eg, functional assessment staging test [FAST], clinical dementia rating [CDR]); Medication reconciliation and review for high-risk medications; Evaluation for neuropsychiatric and behavioral symptoms, including depression, including use of standardized screening instrument(s); Evaluation of safety (eg, home), including motor vehicle operation; Identification of caregiver(s), caregiver knowledge, caregiver needs, social supports, and the willingness of caregiver to take on caregiving tasks; Development, updating or revision, or review of an Advance Care Plan; Creation of a written care plan, including initial plans to address any neuropsychiatric symptoms, neuro-cognitive symptoms, functional limitations, and referral to community resources as needed (eg, rehabilitation services, adult day programs, support groups) shared with the patient and/or caregiver with initial education and support. Typically, 50 minutes are spent face-to-face with the patient and/or family or caregiver.</p>	Evaluation and Management	Cognitive Assessment and Care Plan Services	No	None
99484	<p>Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month, with the following required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales; behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes; facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation; and continuity of care with a designated member of the care team.</p>	Evaluation and Management	General Behavioral Health Integration Care Management	No	None

99485	Supervision of interfacility transport care of the critical patient, 24 months of age or younger, first 30 minutes	Medicine	Inpatient Neonatal Intensive Care Services and Pediatric and Neonatal Critical Care Services	No	None
99486	Supervision of interfacility transport care of the critical patient, 24 months of age or younger	Medicine	Inpatient Neonatal Intensive Care Services and Pediatric and Neonatal Critical Care Services	No	None
99487	Complex chronic care management services 60 minutes clinical staff time	Medicine	Care Management Evaluation and Management Services	No	None
99489	Complex chronic care management services each additional 30 minutes clinical staff time	Medicine	Care Management Evaluation and Management Services	No	None
99490	Chronic care management services at least 20 minutes per calendar month	Medicine	Care Management Evaluation and Management Services	No	None
99491	Chronic care management services by qualified health care professional, 30 minutes or more per calendar month	Medicine	Chronic Care Management	No	None

99492	<p>Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: outreach to and engagement in treatment of a patient directed by the treating physician or other qualified health care professional; initial assessment of the patient, including administration of validated rating scales, with the development of an individualized treatment plan; review by the psychiatric consultant with modifications of the plan if recommended; entering patient in a registry and tracking patient follow-up and progress using the registry, with appropriate documentation, and participation in weekly caseload consultation with the psychiatric consultant; and provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies.</p>	Evaluation and Management	Psychiatric Collaborative Care Management Services	No	None
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99493	<p>Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: tracking patient follow-up and progress using the registry, with appropriate documentation; participation in weekly caseload consultation with the psychiatric consultant; ongoing collaboration with and coordination of the patient's mental health care with the treating physician or other qualified health care professional and any other treating mental health providers; additional review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations provided by the psychiatric consultant; provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies; monitoring of patient outcomes using validated rating scales; and relapse prevention planning with patients as they achieve remission of symptoms and/or other treatment goals and are prepared for discharge from active treatment.</p>	Evaluation and Management	Psychiatric Collaborative Care Management Services	No	None
99494	<p>Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional (List separately in addition to code for primary procedure)</p>	Evaluation and Management	Psychiatric Collaborative Care Management Services	No	None
99495	<p>Transitional care management services, moderately complexity, requiring face-to-face visits within 14 days of discharge</p>	Medicine	Transitional Care Evaluation and Management Services	No	None
99496	<p>Transitional care management services, highly complexity, requiring face-to-face visits within 7 days of discharge</p>	Medicine	Transitional Care Evaluation and Management Services	No	None
99497	<p>Advance care planning by the physician or other qualified health care professional</p>	Medicine	Advance Care Planning Evaluation and Management Services	No	None

99498	Advance care planning by the physician or other qualified health care professional	Medicine	Advance Care Planning Evaluation and Management Services	No	None
99499	Evaluation and management service	Medicine	Other Evaluation and Management Services	Yes	PA Effective 9/17/2019
99500	Home visit for assessment and monitoring of pregnancy, fetal heart rate and diabetes status	Medicine	Home Health Procedures and Services	No	None
99501	Home visit for post-delivery assessment and follow-up care	Medicine	Home Health Procedures and Services	No	None
99502	Home visit for newborn care and assessment	Medicine	Home Health Procedures and Services	No	None
99503	Home visit for respiratory therapy care	Medicine	Home Health Procedures and Services	No	None
99504	Home visit for respirator care	Medicine	Home Health Procedures and Services	No	None
99505	Home visit for care of large bowel or bladder opening	Medicine	Home Health Procedures and Services	No	None
99506	Home visit for injections into a muscle	Medicine	Home Health Procedures and Services	No	None
99507	Home visit for care and maintenance of catheters	Medicine	Home Health Procedures and Services	No	None
99509	Home visit for assistance with activities of daily living and personal care	Medicine	Home Health Procedures and Services	No	None
99510	Home visit for individual, family, or marriage counseling	Medicine	Home Health Procedures and Services	No	None
99511	Home visit for impacted stool management and enema administration	Medicine	Home Health Procedures and Services	No	None
99512	Home visit for hemodialysis	Medicine	Home Health Procedures and Services	No	None
99600	Home visit service or procedures	Medicine	Home Health Procedures and Services	No	None
99601	Home infusion or specialty drug administration per visit up to 2 hours	Medicine	Home Health Procedures and Services	No	None
99602	Home infusion or specialty drug administration per visit	Medicine	Home Health Procedures and Services	No	None
99605	Medication therapy management services to a new patient provided by a pharmacist 15 minutes	Medicine	Medication Therapy Management Services	No	None

99606	Medication therapy management services to an established patient provided by a pharmacist 15 minutes	Medicine	Medication Therapy Management Services	No	None
99607	Medication therapy management services provided by a pharmacist	Medicine	Medication Therapy Management Services	No	None
99999	#N/A	None	None	No	Invalid Deleted Code Check for replacement code
0001F	HEART FAILURE COMPOSITE	Category II Codes	Composite Measures	No	None
0005F	OSTEOARTHRITIS COMPOSITE	Category II Codes	Composite Measures	No	None
0012F	CAP BACTERIAL ASSESS	Category II Codes	Composite Measures	No	None
0014F	COMP PREOP ASSESS CAT SURG	Category II Codes	Composite Measures	No	None
0015F	MELAN FOLLOW-UP COMPLETE	Category II Codes	Composite Measures	No	None
0019T	EXTRACORP SHOCK WV TX MS NOS	Category III Codes	Category III Codes	No	None
0042T	Computed tomography (CT) of brain blood flow, volume, and timing of flow analysis with contrast	Category III Codes	Category III Codes	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
0051T	Implantation of an artificial heart	Category III Codes	Category III Codes	No	AMA Termed Code 1/01/2018
0052T	Replacement or repair of artificial heart	Category III Codes	Category III Codes	No	AMA Termed Code 1/01/2018
0053T	Replacement or repair of artificial heart component	Category III Codes	Category III Codes	No	AMA Termed Code 1/01/2018
0054T	Computer-assisted, fluoroscopic image-guided musculoskeletal surgical navigational orthopedic operation	Category III Codes	Category III Codes	No	None
0055T	Musculoskeletal surgical navigational orthopedic operation using imaging guidance	Category III Codes	Category III Codes	No	None
0058T	Freezing preservation of reproductive ovarian tissue	Category III Codes	Category III Codes	No	Code Termed 01/01/2021; replacement code 89398
0071T	Focused ultrasound destruction of uterine (less than 200 cc) fibroid tumors using MR guidance	Category III Codes	Category III Codes	No	None
0072T	Focused ultrasound destruction of uterine (200 cc or greater) fibroid tumors using MR guidance	Category III Codes	Category III Codes	No	None
0075T	Insertion of stents into vertebral artery via catheter, open or accessed through the skin including radiologic supervision and interpretation	Category III Codes	Category III Codes	Yes	PA Effective 9/17/2019
0076T	Insertion of stents into vertebral artery via catheter, open or accessed through the skin including radiologic supervision and interpretation	Category III Codes	Category III Codes	No	Add-On Code - This code must be billed with the appropriate primary procedure code
0085T	Breath test for heart transplant rejection	Category III Codes	Category III Codes	No	Code Termed 01/01/2021; replacement code 84999

0095T	Removal of upper spine artificial disc	Category III Codes	Category III Codes	No	Add-On Code - This code must be billed with the appropriate primary procedure code
0098T	Revision and replacement of an upper spine artificial disc	Category III Codes	Category III Codes	No	As of 10/1/20 This Service is within the scope of TurningPoint delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates.
0100T	Insertion of retinal prosthesis receiver pulse generator and retinal electrode array	Category III Codes	Category III Codes	No	None
0101T	High energy shock wave therapy of musculoskeletal system	Category III Codes	Category III Codes	No	None
0102T	High energy shock wave therapy of musculoskeletal system under anesthesia	Category III Codes	Category III Codes	No	None
0106T	Measurement of sensory impairment of arm or leg using touch pressure	Category III Codes	Category III Codes	No	None
0107T	Measurement of sensory impairment of arm or leg using vibration	Category III Codes	Category III Codes	No	None
0108T	Measurement of sensory impairment of arm or leg using cooling	Category III Codes	Category III Codes	No	None
0109T	Measurement of sensory impairment of arm or leg using heat	Category III Codes	Category III Codes	No	None
0110T	Measurement of sensory impairment of arm or leg	Category III Codes	Category III Codes	No	None
0111T	Measurement of long-chain omega fatty acids in red blood cell (RBC) membranes	Category III Codes	Category III Codes	No	Code Termed 01/01/2021; replacement code 82726
0126T	Evaluation of thickness of common carotid artery (neck)	Category III Codes	Category III Codes	No	Code Termed 01/01/2021; replacement code 93998
0159T	Computer-aided detection and computer algorithm analysis of breast MRI image data	Category III Codes	Category III Codes	No	AMA CodeTermed 01/01/2019 To report see 77048, 77049
0163T	Insertion of lower spine artificial disc, anterior approach	Category III Codes	Category III Codes	No	As of 10/1/20 This Service is within the scope of TurningPoint delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates.
0164T	Removal of lower spine artificial disc	Category III Codes	Category III Codes	No	As of 10/1/20 This Service is within the scope of TurningPoint delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates.
0165T	Revision and replacement of a lower spine artificial disc	Category III Codes	Category III Codes	No	As of 10/1/20 This Service is within the scope of TurningPoint delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates.

0169T	PLACE STEREO CATH BRAIN	Category III Codes	Category III Codes	No	None
0171T	LUMBAR SPINE PROCES DISTRACT	Category III Codes	Category III Codes	No	None
0172T	LUMBAR SPINE PROCESS ADDL	Category III Codes	Category III Codes	No	None
0174T	Computer algorithm analysis of digital image data	Category III Codes	Category III Codes	No	None
0175T	Remote computer algorithm analysis of digital image data	Category III Codes	Category III Codes	No	None
0178T	Electrocardiogram (ECG) 64 leads or greater with graphic presentation, analysis interpretation, and report	Category III Codes	Category III Codes	No	AMA Deleted Code Code invalid as of 1/1/2018 Check for replacement code
0179T	Tracing of electrocardiogram (ECG) 64 leads or greater with graphic presentation	Category III Codes	Category III Codes	No	AMA Deleted Code Code invalid as of 1/1/2018 Check for replacement code
0180T	Interpretation and report of electrocardiogram (ECG) 64 leads or greater with graphic presentation	Category III Codes	Category III Codes	No	AMA Deleted Code Code invalid as of 1/1/2018 Check for replacement code
0184T	Removal of rectal tumor using an endoscope	Category III Codes	Category III Codes	No	None
0188T	Remote real-time interactive video-conferenced critical care, 30-74 minutes	Category III Codes	Category III Codes	No	AMA CodeTermed 01/01/2019 To report see 99499
0189T	Remote real-time interactive video-conferenced critical care	Category III Codes	Category III Codes	No	AMA CodeTermed 01/01/2019 To report see 99499
0190T	Insertion of radiation source applicator into eye	Category III Codes	Category III Codes	No	AMA CodeTermed 01/01/2019 To report see 67299
0191T	Internal insertion of eye fluid drainage device	Category III Codes	Category III Codes	No	None
0195T	Fusion of lower spine bone with removal of disc with image guidance	Category III Codes	Category III Codes	No	AMA CodeTermed 01/01/2019 To report see 22899
0196T	Fusion of lower spine bone with removal of disc with image guidance	Category III Codes	Category III Codes	No	AMA CodeTermed 01/01/2019 To report see 22899
0198T	Measurement of eye blood flow by repeated eyeball pressure assessment	Category III Codes	Category III Codes	No	None
0200T	Injections of one side of sacrum for enlargement, 1 or more needles, accessed through the skin	Category III Codes	Category III Codes	No	As of 10/1/20 This Service is within the scope of TurningPoint delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates.
0201T	Injections of both sides of sacrum for enlargement, 2 or more needles, accessed through the skin	Category III Codes	Category III Codes	No	As of 10/1/20 This Service is within the scope of TurningPoint delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates.
0202T	Fusion of spinal facet joints using imaging guidance	Category III Codes	Category III Codes	No	As of 10/1/20 This Service is within the scope of TurningPoint delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates.
0205T	Catheter based evaluation of heart blood vessel or graft using an endoscope	Category III Codes	Category III Codes	No	AMA CodeTermed 1/1/2020

0206T	Remote analysis of ECG-derived data with computer assessment and report	Category III Codes	Category III Codes	No	AMA CodeTermed 1/1/2020
0207T	Drainage of one eyelid glands using heat and pressure	Category III Codes	Category III Codes	No	None
0208T	Pure tone air hearing test	Category III Codes	Category III Codes	No	None
0209T	Pure tone air and bone hearing test	Category III Codes	Category III Codes	No	None
0210T	Speech threshold hearing test	Category III Codes	Category III Codes	No	None
0211T	Speech recognition hearing test	Category III Codes	Category III Codes	No	None
0212T	Speech threshold and recognition hearing test	Category III Codes	Category III Codes	No	None
0213T	Injections of upper or middle spine joint or nerves using ultrasound guidance	Category III Codes	Category III Codes	No	Service is within the scope of EviCore delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates
0214T	Injections of upper or middle spine joint or nerves using ultrasound guidance	Category III Codes	Category III Codes	No	Service is within the scope of EviCore delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates
0215T	Injections of upper or middle spine joint or nerves using imaging guidance	Category III Codes	Category III Codes	No	Service is within the scope of EviCore delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates
0216T	Injections of lower or sacral spine joint or nerves using ultrasound guidance	Category III Codes	Category III Codes	No	Service is within the scope of EviCore delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates
0217T	Injections of lower or sacral spine joint or nerves using ultrasound guidance	Category III Codes	Category III Codes	No	Service is within the scope of EviCore delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates

0218T	Injections of lower or sacral spine joint or nerves using imaging guidance	Category III Codes	Category III Codes	No	Service is within the scope of EviCore delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates
0219T	Insertion of upper spine facet joint implants	Category III Codes	Category III Codes	No	As of 10/1/20 This Service is within the scope of TurningPoint delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates.
0220T	Insertion of middle spine facet joint implants	Category III Codes	Category III Codes	No	As of 10/1/20 This Service is within the scope of TurningPoint delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates.
0221T	Insertion of lower spine facet joint implants	Category III Codes	Category III Codes	No	As of 10/1/20 This Service is within the scope of TurningPoint delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates.
0222T	Insertion of spinal facet joint implants	Category III Codes	Category III Codes	No	As of 10/1/20 This Service is within the scope of TurningPoint delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates.
0228T	Injections of anesthetic agent and/or steroid into upper or middle spinal canal using ultrasound guidance	Category III Codes	Category III Codes	No	Code Termed 01/01/2021: replacement code 64999 - Service is within the scope of EviCore delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates
0229T	Injections of anesthetic agent and/or steroid into upper or middle spinal canal using ultrasound guidance	Category III Codes	Category III Codes	No	Code Termed 01/01/2021; replacement code 64999 - Service is within the scope of EviCore delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates

0230T	Injections of anesthetic agent and/or steroid into lower or sacral spinal canal using ultrasound guidance	Category III Codes	Category III Codes	No	Code Termed 01/01/2021; replacement code 64999 - Service is within the scope of EviCore delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates
0231T	Injections of anesthetic agent and/or steroid into lower or sacral spinal canal using ultrasound guidance	Category III Codes	Category III Codes	No	Code Termed 01/01/2021; replacement code 64999 - Service is within the scope of EviCore delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates
0232T	Harvest and injections of platelet rich plasma using imaging guidance	Category III Codes	Category III Codes	No	None
0234T	Catheter removal of plaque from kidney artery, accessed through the skin or open procedure including radiological supervision and interpretation	Category III Codes	Category III Codes	No	None
0235T	Catheter removal of plaque from organ artery, accessed through the skin or open procedure including radiological supervision and interpretation	Category III Codes	Category III Codes	No	None
0236T	Open or percutaneous catheter removal of plaque from abdominal aorta including radiological supervision and interpretation	Category III Codes	Category III Codes	No	None
0237T	Catheter removal of plaque from upper arm artery, accessed through the skin or open procedure including radiological supervision and interpretation	Category III Codes	Category III Codes	No	None
0238T	Catheter removal of plaque from groin artery, accessed through the skin or open procedure including radiological supervision and interpretation	Category III Codes	Category III Codes	No	None
0249T	Suturing hemorrhoids using ultrasound guidance	Category III Codes	Category III Codes	No	AMA CodeTermed 1/1/2020, to report see 46948
0253T	Insertion of eye fluid drainage device	Category III Codes	Category III Codes	No	None
0254T	Repair of artery bifurcation of one groin with prosthesis	Category III Codes	Category III Codes	No	AMA CodeTermed 1/1/2020, to report see 34717 and 34718
0255T	Radiological supervision and interpretation of repair of artery bifurcation of one groin with prosthesis	Category III Codes	Category III Codes	No	AMA Deleted Code Code invalid as of 1/1/2018 Check for replacement code
0263T	Multiple injections of patient-derived bone marrow cells into a muscle of one leg including bone marrow harvest	Category III Codes	Category III Codes	No	None
0264T	Multiple injections of patient-derived bone marrow cells into a muscle of one leg	Category III Codes	Category III Codes	No	None
0265T	Harvest of patient-derived bone marrow cells for multiple injections into a muscle of one leg	Category III Codes	Category III Codes	No	None

0266T	Insertion or replacement of carotid sinus baroreflex activation device	Category III Codes	Category III Codes	No	None
0267T	Implantation or replacement of carotid sinus baroreflex activation device lead on one side	Category III Codes	Category III Codes	No	None
0268T	Implantation or replacement of carotid sinus baroreflex activation device pulse generator	Category III Codes	Category III Codes	No	None
0269T	Revision or removal of carotid sinus baroreflex activation device	Category III Codes	Category III Codes	No	None
0270T	Revision or removal of carotid sinus baroreflex activation device lead on one side	Category III Codes	Category III Codes	No	None
0271T	Revision or removal of carotid sinus baroreflex activation device pulse generator	Category III Codes	Category III Codes	No	None
0272T	Interrogation device evaluation (in person) carotid sinus baroreflex activation system	Category III Codes	Category III Codes	No	None
0273T	Interrogation device evaluation (in person) carotid sinus baroreflex activation system	Category III Codes	Category III Codes	No	None
0274T	Removal of bone from upper or middle spine for decompression of nerve tissue using imaging guidance, accessed through the skin	Category III Codes	Category III Codes	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
0275T	Removal of bone from lower spine for decompression of nerve tissue using imaging guidance, accessed through the skin	Category III Codes	Category III Codes	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
0278T	Transcutaneous electrical modulation pain reprocessing each treatment session	Category III Codes	Category III Codes	No	None
0281T	LAA CLOSURE W/IMPLANT	Category III Codes	Category III Codes	No	None
0282T	PERIPH FIELD STIMUL TRIAL	Category III Codes	Category III Codes	No	None
0283T	PERIPH FIELD STIMUL PERM	Category III Codes	Category III Codes	No	None
0284T	PERIPH FIELD STIMUL REVISE	Category III Codes	Category III Codes	No	None
0285T	PERIPH FIELD STIMUL ANALYS	Category III Codes	Category III Codes	No	None
0286T	NEAR IFR SPECTRSC OF WOUNDS	Category III Codes	Category III Codes	No	None
0287T	NEAR IFR GUIDE OF VASC SITE	Category III Codes	Category III Codes	No	None
0288T	ANOSCOPY W/RF DELIVERY	Category III Codes	Category III Codes	No	None

0289T	LASER INC FOR PKP/LKP DONOR	Category III Codes	Category III Codes	No	None
0290T	Corneal incisions in the recipient cornea created using a laser in preparation for penetrating or lamellar keratoplasty	Category III Codes	Category III Codes	No	None
0291T	IV OCT FOR PROC INIT VESSEL	Category III Codes	Category III Codes	No	None
0292T	IV OCT FOR PROC ADDL VESSEL	Category III Codes	Category III Codes	No	None
0293T	Insertion of left upper heart monitor with communication module and pressure sensor, with radiological supervision and interpretation	Category III Codes	Category III Codes	No	AMA Deleted Code Code invalid as of 1/1/2018 Check for replacement code
0294T	Insertion of left upper heart monitor and pacing defibrillator pulse generator, with radiological supervision and interpretation	Category III Codes	Category III Codes	No	AMA Deleted Code Code invalid as of 1/1/2018 Check for replacement code
0295T	External EKG recording for more than 48 hours up to 21 days with analysis, report, review and interpretation	Category III Codes	Category III Codes	No	Code Termined 01/01/2021; see codes 93241, 93242, 93243, 93244, 93245, 93246, 93247, 93248
0296T	External EKG recording for more than 48 hours up to 21 days	Category III Codes	Category III Codes	No	Code Termined 01/01/2021; see codes 93241, 93242, 93243, 93244, 93245, 93246, 93247, 93248
0297T	Analysis and report of external EKG recording for more than 48 hours up to 21 days	Category III Codes	Category III Codes	No	Code Termined 01/01/2021; see codes 93241, 93242, 93243, 93244, 93245, 93246, 93247, 93248
0298T	Review and interpretation of external EKG recording for more than 48 hours up to 21 days	Category III Codes	Category III Codes	No	Code Termined 01/01/2021; see codes 93241, 93242, 93243, 93244, 93245, 93246, 93247, 93248
0299T	High energy shock wave therapy for wound healing of skin with topical application and dressing care	Category III Codes	Category III Codes	No	AMA Deleted Code Code invalid as of 1/1/2018 Check for replacement code
0300T	High energy shock wave therapy for wound healing of skin with topical application and dressing care	Category III Codes	Category III Codes	No	AMA Deleted Code Code invalid as of 1/1/2018 Check for replacement code
0301T	Destruction or reduction of malignant breast tumor with externally applied microwave therapy, including placement of catheter and monitoring probe under ultrasound heat guidance	Category III Codes	Category III Codes	No	AMA Deleted Code Code invalid as of 1/1/2018 Check for replacement code
0302T	Insertion or removal and replacement of heart monitoring system	Category III Codes	Category III Codes	No	AMA Deleted Code Code invalid as of 1/1/2018 Check for replacement code
0303T	Insertion or removal and replacement of electrodes for heart monitoring system	Category III Codes	Category III Codes	No	AMA Deleted Code Code invalid as of 1/1/2018 Check for replacement code
0304T	Insertion or removal and replacement of device for heart monitoring system	Category III Codes	Category III Codes	No	AMA Deleted Code Code invalid as of 1/1/2018 Check for replacement code
0305T	Programming device evaluation of heart monitoring system with adjustment of programmed values, with analysis, review, and report	Category III Codes	Category III Codes	No	AMA Deleted Code Code invalid as of 1/1/2018 Check for replacement code
0306T	Interrogation device evaluation of heart monitoring system with analysis, review, and report	Category III Codes	Category III Codes	No	AMA Deleted Code Code invalid as of 1/1/2018 Check for replacement code

0307T	Removal of heart monitoring device	Category III Codes	Category III Codes	No	AMA Deleted Code Code invalid as of 1/1/2018 Check for replacement code
0308T	Insertion of prosthetic telescope in eye for the treatment of central vision	Category III Codes	Category III Codes	No	None
0309T	Fusion of lower spine bone with removal of disc and insertion of instrumentation with image guidance	Category III Codes	Category III Codes	No	AMA Deleted Code Code invalid as of 1/1/2018 Check for replacement code
0310T	Motor function mapping of arm or leg	Category III Codes	Category III Codes	No	AMA Deleted Code Code invalid as of 1/1/2018 Check for replacement code
0312T	Implantation of neurostimulator electrodes and pulse generator for vagus nerve blocking therapy for obesity using an endoscope	Category III Codes	Category III Codes	No	None
0313T	Revision or replacement of neurostimulator electrodes for vagus nerve blocking therapy for obesity using an endoscope	Category III Codes	Category III Codes	No	None
0314T	Removal of neurostimulator electrodes and pulse generator for vagus nerve blocking therapy for obesity using an endoscope	Category III Codes	Category III Codes	No	None
0315T	Removal of pulse generator for vagus nerve blocking therapy for treatment of obesity	Category III Codes	Category III Codes	No	None
0316T	Replacement of pulse generator for vagus nerve blocking therapy for treatment of obesity	Category III Codes	Category III Codes	No	None
0317T	Pulse generator analysis of a vagus nerve blocking therapy system for treatment of obesity	Category III Codes	Category III Codes	No	None
0329T	Monitoring of pressure in eyes, 24 hours or longer	Category III Codes	Category III Codes	No	None
0330T	Tear film imaging of one or both eyes	Category III Codes	Category III Codes	No	None
0331T	Imaging of heart muscle	Category III Codes	Category III Codes	No	None
0332T	Imaging of heart muscle with SPECT	Category III Codes	Category III Codes	No	None
0333T	Automated screening of visual acuity	Category III Codes	Category III Codes	No	None
0335T	Insertion of foot joint implant	Category III Codes	Category III Codes	No	None
0336T	LAP ABLAT UTERINE FIBROIDS	Category III Codes	Category III Codes	No	None
0337T	Noninvasive upper limbs blood vessel study	Category III Codes	Category III Codes	No	AMA CodeTermed 01/01/2019 To report see 93998
0338T	Destruction of nerves of arteries of both kidneys accessed through the skin with fluoroscopy and radiological supervision and interpretation	Category III Codes	Category III Codes	No	None
0339T	Destruction of nerves of arteries of one kidney accessed through the skin with fluoroscopy and radiological supervision and interpretation	Category III Codes	Category III Codes	No	None
0340T	Destruction of growths in one lung or chest wall accessed through the skin using imaging guidance	Category III Codes	Category III Codes	No	AMA Deleted Code Code invalid as of 1/1/2018 Check for replacement code

0341T	Measurement of pupil diameter and responses to light with interpretation and report	Category III Codes	Category III Codes	No	AMA CodeTermed 1/1/2020
0342T	Mechanical separation and reinfusion of platelet cells from blood	Category III Codes	Category III Codes	No	None
0345T	Replacement of aortic valve accessed through the skin	Category III Codes	Category III Codes	No	None
0346T	Ultrasound with elastography	Category III Codes	Category III Codes	No	AMA CodeTermed 01/01/2019 To report see 76981-76983
0347T	Insertion of devices in bone for visualization and measurement using radiostereometric analysis (RSA)	Category III Codes	Category III Codes	No	None
0348T	X-ray of spine with radiostereometric analysis (RSA)	Category III Codes	Category III Codes	No	None
0349T	X-ray of arms with radiostereometric analysis (RSA)	Category III Codes	Category III Codes	No	None
0350T	X-ray of legs with radiostereometric analysis (RSA)	Category III Codes	Category III Codes	No	None
0351T	Intraoperative tomography of breast or lymph nodes or tissue	Category III Codes	Category III Codes	No	None
0352T	Interpretation and report of tomography of breast or lymph nodes or tissue	Category III Codes	Category III Codes	No	None
0353T	Intraoperative tomography of breast	Category III Codes	Category III Codes	No	None
0354T	Interpretation and report of intraoperative tomography of breast	Category III Codes	Category III Codes	No	None
0355T	X-ray of large bowel with interpretation and report	Category III Codes	Category III Codes	No	None
0356T	Insertion of drug delivery implant into tear ducts	Category III Codes	Category III Codes	No	None
0357T	Frozen preservation of mature eggs	Category III Codes	Category III Codes	No	AMA CodeTermed 1/1/2020
0358T	Whole body composition tissue and fluid measurements with interpretation and report	Category III Codes	Category III Codes	No	None
0359T	Behavior identification assessment	Category III Codes	Category III Codes	No	AMA CodeTermed 01/01/2019 To report see 97151, 97152
0360T	Observational behavioral follow-up assessment first 30 minutes	Category III Codes	Category III Codes	No	AMA CodeTermed 01/01/2019 To report see 97151, 97152
0361T	Observational behavioral follow-up assessment additional 30 minutes	Category III Codes	Category III Codes	No	AMA CodeTermed 01/01/2019 To report see 97151, 97152
0362T	Exposure behavioral follow-up assessment first 30 minutes	Category III Codes	Category III Codes	No	AMA Termed Code 1/01/2019
0363T	Exposure behavioral follow-up assessment each additional 30 minutes	Category III Codes	Category III Codes	No	AMA CodeTermed 01/01/2019 To report see 97153, 97154, 97155, 97156, 97157, 97158, 0373T
0364T	Behavior treatment by protocol administered by technician first 30 minutes	Category III Codes	Category III Codes	No	AMA CodeTermed 01/01/2019 To report see 97153, 97154, 97155, 97156, 97157, 97158, 0373T
0365T	Behavior treatment by protocol administered by technician each additional 30 minutes	Category III Codes	Category III Codes	No	AMA CodeTermed 01/01/2019 To report see 97153, 97154, 97155, 97156, 97157, 97158, 0373T
0366T	Group behavior treatment by protocol administered by technician first 30 minutes	Category III Codes	Category III Codes	No	AMA CodeTermed 01/01/2019 To report see 97153, 97154, 97155, 97156, 97157, 97158, 0373T

0367T	Group behavior treatment by protocol administered by technician each additional 30 minutes	Category III Codes	Category III Codes	No	AMA CodeTermed 01/01/2019 To report see 97153, 97154, 97155, 97156, 97157, 97158, 0373T
0368T	Behavior treatment with protocol modification administered by physician or other qualified health care professional first 30 minutes	Category III Codes	Category III Codes	No	AMA CodeTermed 01/01/2019 To report see 97153, 97154, 97155, 97156, 97157, 97158, 0373T
0369T	Behavior treatment with protocol modification administered by physician or other qualified health care professional each additional 30 minutes	Category III Codes	Category III Codes	No	AMA CodeTermed 01/01/2019 To report see 97153, 97154, 97155, 97156, 97157, 97158, 0373T
0370T	Family behavior treatment guidance administered by physician	Category III Codes	Category III Codes	No	AMA CodeTermed 01/01/2019 To report see 97153, 97154, 97155, 97156, 97157, 97158, 0373T
0371T	Multiple-family group behavior treatment guidance administered by physician or other qualified health care professional	Category III Codes	Category III Codes	No	AMA CodeTermed 01/01/2019 To report see 97153, 97154, 97155, 97156, 97157, 97158, 0373T
0372T	Behavior treatment social skills group administered by physician or other qualified health care professional	Category III Codes	Category III Codes	No	AMA CodeTermed 01/01/2019 To report see 97153, 97154, 97155, 97156, 97157, 97158, 0373T
0373T	Behavior treatment with protocol modification first 60 minutes	Category III Codes	Category III Codes	No	None
0374T	Behavior treatment with protocol modification additional 30 minutes	Category III Codes	Category III Codes	No	AMA CodeTermed 01/01/2019 To report see 0373T
0375T	Insertion of artificial upper spine discs anterior approach	Category III Codes	Category III Codes	No	AMA CodeTermed 1/1/2020
0376T	Insertion of eye drainage device	Category III Codes	Category III Codes	No	None
0377T	Injection of anus for fecal incontinence using an endoscope	Category III Codes	Category III Codes	No	AMA CodeTermed 1/1/2020
0378T	Assessment of field of vision with concurrent data analysis and data storage with patient initiated data transmitted to a remote surveillance center for up to 30 days	Category III Codes	Category III Codes	No	None
0379T	Technical component for assessment of field of vision with concurrent data analysis and data storage with patient initiated data transmitted to a remote surveillance center for up to 30 days	Category III Codes	Category III Codes	No	None
0380T	Computer-aided animation and analysis of retinal images	Category III Codes	Category III Codes	No	AMA CodeTermed 1/1/2020
0381T	Measurement and recording of heart rate to assess changes in heart rate and monitor motion analysis for the diagnosis of epileptic seizure with review, reporting and interpretation	Category III Codes	Category III Codes	No	Code Termed 01/01/2021; replacement code 95999
0382T	Measurement and recording of heart rate to assess changes in heart rate and monitor motion analysis for the diagnosis of epileptic seizure with review and interpretation	Category III Codes	Category III Codes	No	Code Termed 01/01/2021; replacement code 95999
0383T	Measurement and recording of heart rate to assess changes in heart rate and monitor motion analysis for the diagnosis of epileptic seizure with review reporting and interpretation	Category III Codes	Category III Codes	No	Code Termed 01/01/2021; replacement code 95999

0384T	Measurement and recording of heart rate to assess changes in heart rate and monitor motion analysis for the diagnosis of epileptic seizure with review and interpretation	Category III Codes	Category III Codes	No	Code Termed 01/01/2021; replacement code 95999
0385T	Measurement and recording of heart rate to assess changes in heart rate and monitor motion analysis for the diagnosis of epileptic seizure with review, reporting and interpretation	Category III Codes	Category III Codes	No	Code Termed 01/01/2021; replacement code 95999
0386T	Measurement and recording of heart rate to assess changes in heart rate and monitor motion analysis for the diagnosis of epileptic seizure with review and interpretation	Category III Codes	Category III Codes	No	Code Termed 01/01/2021; replacement code 95999
0387T	Implantation or replacement of permanent ventricular pacemaker	Category III Codes	Category III Codes	No	AMA CodeTermed 01/01/2019 To report see 33274
0388T	Removal of permanent ventricular pacemaker	Category III Codes	Category III Codes	No	AMA CodeTermed 01/01/2019 To report see 33275
0389T	Evaluation, testing, and programming adjustment of heart pacemaker with physician analysis, review, and report	Category III Codes	Category III Codes	No	AMA CodeTermed 01/01/2019 To report see 33274, 33275, 93279, 93286, 93288, 93294, 93296
0390T	Evaluation, analysis, review, report, and programming of leadless pacemaker system	Category III Codes	Category III Codes	No	AMA CodeTermed 01/01/2019 To report see 33274, 33275, 93279, 93286, 93288, 93294, 93296
0391T	Interrogation device evaluation (in person) of leadless heart pacemaker system	Category III Codes	Category III Codes	No	AMA CodeTermed 01/01/2019 To report see 33274, 33275, 93279, 93286, 93288, 93294, 93296
0392T	LAP ES SPH AUGMENT DEV PLACE	Category III Codes	Category III Codes	No	None
0393T	ES SPH AUGMNT DEVICE REMOVAL	Category III Codes	Category III Codes	No	None
0394T	High dose rate electronic brachytherapy	Category III Codes	Category III Codes	No	None
0395T	High dose rate electronic brachytherapy	Category III Codes	Category III Codes	No	None
0396T	Intra-operative use of kinetic balance sensor for joint implant stability during knee replacement surgery	Category III Codes	Category III Codes	No	Code Termed 01/01/2021; replacement code 27599
0397T	Diagnostic examination of gallbladder and pancreatic, liver, and bile ducts using an endoscope	Category III Codes	Category III Codes	No	None
0398T	Destruction of tissue of brain using MRI guidance	Category III Codes	Category III Codes	No	None
0399T	Nuclear medicine study of heart muscle	Category III Codes	Category III Codes	No	AMA CodeTermed 1/1/2020, to report see 93356
0400T	Digital analysis of unusual pigmented lesions of skin for detection of melanoma, one to five lesions	Category III Codes	Category III Codes	No	Code Termed 01/01/2021; replacement code 96999
0401T	Digital analysis of unusual pigmented lesions of skin for detection of melanoma, six or more lesions	Category III Codes	Category III Codes	No	Code Termed 01/01/2021; replacement code 96999
0402T	Collagen cross linking treatment of disease of cornea	Category III Codes	Category III Codes	No	None
0403T	Health and behavior intervention for prevention of diabetes, minimum 60 minutes, per day	Category III Codes	Category III Codes	No	None

0404T	Destruction of growths in uterus with ultrasound guidance using an endoscope	Category III Codes	Category III Codes	No	None
0405T	Supervision of patient with extracorporeal liver assist system	Category III Codes	Category III Codes	No	Code Termed 01/01/2021; replacement code 99499
0406T	Examination of nasal passage and sinus using an endoscope with placement of implant	Category III Codes	Category III Codes	No	AMA CodeTermed 01/01/2019 To report see 31237, 31299
0407T	Examination of nasal passage and sinus using an endoscope with placement of implant, biopsy and removal of polyps	Category III Codes	Category III Codes	No	AMA CodeTermed 01/01/2019 To report see 31237, 31299
0408T	Insertion or replacement of pulse generator and electrodes of heart contractility modulator system	Category III Codes	Category III Codes	No	None
0409T	Insertion or replacement of pulse generator of heart contractility modulator system	Category III Codes	Category III Codes	No	None
0410T	Insertion or replacement of electrodes in upper chamber of heart for heart contractility modulator system	Category III Codes	Category III Codes	No	None
0411T	Insertion or replacement of electrodes in lower chamber of heart for heart contractility modulator system	Category III Codes	Category III Codes	No	None
0412T	Removal of pulse generator for heart contractility modulator system	Category III Codes	Category III Codes	No	None
0413T	Removal of electrode for heart contractility modulator system	Category III Codes	Category III Codes	No	None
0414T	Replacement of pulse generator of heart contractility modulator system	Category III Codes	Category III Codes	No	None
0415T	Repositioning of electrode of heart contractility modulator system	Category III Codes	Category III Codes	No	None
0416T	Relocation of skin pocket for pulse generator of heart contractility modulator system	Category III Codes	Category III Codes	No	None
0417T	Programming evaluation of heart contractility modulator system	Category III Codes	Category III Codes	No	None
0418T	Interrogation evaluation of heart contractility modulator system	Category III Codes	Category III Codes	No	None
0419T	Destruction of more than 50 neurofibromas of skin of head and neck	Category III Codes	Category III Codes	No	None
0420T	Destruction of more than 100 neurofibromas of skin of head and neck	Category III Codes	Category III Codes	No	None
0421T	Waterjet destruction of prostate accessed through the urethra	Category III Codes	Category III Codes	No	None
0422T	Tactile imaging of one or both breasts	Category III Codes	Category III Codes	No	None
0423T	Secretory type II phospholipase A2 (sPLA2-IIA) level	Category III Codes	Category III Codes	No	None
0424T	Insertion or replacement of complete neurostimulator system for treatment of central sleep apnea	Category III Codes	Category III Codes	No	None
0425T	Insertion or replacement of complete neurostimulator system for treatment of central sleep apnea	Category III Codes	Category III Codes	No	None
0426T	Insertion or replacement of stimulation lead of neurostimulator system for treatment of central sleep apnea	Category III Codes	Category III Codes	No	None
0427T	Insertion or replacement of pulse generator of neurostimulator system for treatment of central sleep apnea	Category III Codes	Category III Codes	No	None

0428T	Removal of pulse generator of neurostimulator system for treatment of central sleep apnea	Category III Codes	Category III Codes	No	None
0429T	Removal of sensing lead of neurostimulator system for treatment of central sleep apnea	Category III Codes	Category III Codes	No	None
0430T	Removal of stimulating lead of neurostimulator system for treatment of central sleep apnea	Category III Codes	Category III Codes	No	None
0431T	Replacement of pulse generator of neurostimulator system for treatment of central sleep apnea	Category III Codes	Category III Codes	No	None
0432T	Repositioning of stimulating lead of neurostimulator system for treatment of central sleep apnea	Category III Codes	Category III Codes	No	None
0433T	Repositioning of sensing lead of neurostimulator system for treatment of central sleep apnea	Category III Codes	Category III Codes	No	None
0434T	Interrogation evaluation of implanted neurostimulator pulse generator system for central sleep apnea	Category III Codes	Category III Codes	No	None
0435T	Programming evaluation of implanted neurostimulator pulse generator system for central sleep apnea in one session	Category III Codes	Category III Codes	No	None
0436T	Programming evaluation of implanted neurostimulator pulse generator system for central sleep apnea during sleep study	Category III Codes	Category III Codes	No	None
0437T	Reinforcement of fascia of abdominal wall with synthetic implant	Category III Codes	Category III Codes	No	None
0438T	Injection of biodegradable material adjacent to prostate, accessed by perineal region using imaging guidance	Category III Codes	Category III Codes	No	AMA Deleted Code Code invalid as of 1/1/2018 Check for replacement code
0439T	Ultrasound of heart with injection of X-ray contrast material performed during rest or stress for assessment of heart muscle	Category III Codes	Category III Codes	No	None
0440T	Freezing destruction of nerve in arm, accessed through the skin, using imaging guidance	Category III Codes	Category III Codes	No	None
0441T	Freezing destruction of nerve in leg, accessed through the skin, using imaging guidance	Category III Codes	Category III Codes	No	None
0442T	Freezing destruction of nerve plexus, accessed through the skin, using imaging guidance	Category III Codes	Category III Codes	No	None
0443T	Real time analysis of prostate tissue using fluorescence spectroscopy	Category III Codes	Category III Codes	No	None
0444T	Initial insertion of drug-releasing implant under one or both eyelids	Category III Codes	Category III Codes	No	None
0445T	Replacement of drug-releasing implant under one or both eyelids	Category III Codes	Category III Codes	No	None
0446T	Creation of skin pocket and insertion of glucose sensor, with patient training	Category III Codes	Category III Codes	No	None
0447T	Removal of glucose sensor from skin pocket	Category III Codes	Category III Codes	No	None
0448T	Removal of glucose sensor from skin pocket with creation of new skin pocket and insertion of new glucose sensor	Category III Codes	Category III Codes	No	None
0449T	Insertion of aqueous fluid drainage device into eye	Category III Codes	Category III Codes	No	None

0450T	Insertion of aqueous fluid drainage device into eye	Category III Codes	Category III Codes	No	None
0451T	Insertion or replacement of complete lower heart chamber assist system	Category III Codes	Category III Codes	No	None
0452T	Insertion or replacement of lower heart chamber assist system part	Category III Codes	Category III Codes	No	None
0453T	Insertion or replacement of lower heart chamber assist system skin interface	Category III Codes	Category III Codes	No	None
0454T	Insertion or replacement of lower heart chamber assist system part	Category III Codes	Category III Codes	No	None
0455T	Removal of complete lower heart chamber assist system	Category III Codes	Category III Codes	No	None
0456T	Removal of lower heart chamber assist system part	Category III Codes	Category III Codes	No	None
0457T	Removal of lower heart chamber assist system skin interface	Category III Codes	Category III Codes	No	None
0458T	Removal of lower heart chamber assist system electrode from under skin	Category III Codes	Category III Codes	No	None
0459T	Replacement of skin interface and electrodes of lower heart chamber assist system into new skin pocket	Category III Codes	Category III Codes	No	None
0460T	Repositioning of lower heart chamber assist system electrode under skin	Category III Codes	Category III Codes	No	None
0461T	Repositioning of lower heart chamber assist system part	Category III Codes	Category III Codes	No	None
0462T	Programming device evaluation of lower heart chamber assist system, per day	Category III Codes	Category III Codes	No	None
0463T	Interrogation device evaluation of lower heart chamber assist system, per day	Category III Codes	Category III Codes	No	None
0464T	Visual evoked potential, testing for glaucoma, with interpretation and report	Category III Codes	Phrenic Nerve Stimulation System	No	None
0465T	Suprachoroidal injection of a pharmacologic agent (does not include supply of medication)	Category III Codes	Phrenic Nerve Stimulation System	No	None
0466T	Insertion of chest wall respiratory sensor electrode or electrode array, including connection to pulse generator (List separately in addition to code for primary procedure)	Category III Codes	Phrenic Nerve Stimulation System	No	None
0467T	Revision or replacement of chest wall respiratory sensor electrode or electrode array, including connection to existing pulse generator	Category III Codes	Phrenic Nerve Stimulation System	No	None
0468T	Removal of chest wall respiratory sensor electrode or electrode array	Category III Codes	Phrenic Nerve Stimulation System	No	None
0469T	Retinal polarization scan, ocular screening with on-site automated results, bilateral	Category III Codes	Phrenic Nerve Stimulation System	No	None
0470T	Optical coherence tomography (OCT) for microstructural and morphological imaging of skin, image acquisition, interpretation, and report; first lesion	Category III Codes	Phrenic Nerve Stimulation System	No	None
0471T	Optical coherence tomography (OCT) for microstructural and morphological imaging of skin, image acquisition, interpretation, and report; each additional lesion (List separately in addition to code for primary procedure)	Category III Codes	Phrenic Nerve Stimulation System	No	None

0472T	Device evaluation, interrogation, and initial programming of intraocular retinal electrode array (eg, retinal prosthesis), in person, with iterative adjustment of the implantable device to test functionality, select optimal permanent programmed values with analysis, including visual training, with review and report by a qualified health care professional	Category III Codes	Phrenic Nerve Stimulation System	No	None
0473T	Device evaluation and interrogation of intraocular retinal electrode array (eg, retinal prosthesis), in person, including reprogramming and visual training, when performed, with review and report by a qualified health care professional	Category III Codes	Phrenic Nerve Stimulation System	No	None
0474T	Insertion of anterior segment aqueous drainage device, with creation of intraocular reservoir, internal approach, into the supraciliary space	Category III Codes	Phrenic Nerve Stimulation System	No	None
0475T	Recording of fetal magnetic cardiac signal using at least 3 channels; patient recording and storage, data scanning with signal extraction, technical analysis and result, as well as supervision, review, and interpretation of report by a physician or other qualified health care professional	Category III Codes	Phrenic Nerve Stimulation System	No	None
0476T	Recording of fetal magnetic cardiac signal using at least 3 channels; patient recording, data scanning, with raw electronic signal transfer of data and storage	Category III Codes	Phrenic Nerve Stimulation System	No	None
0477T	Recording of fetal magnetic cardiac signal using at least 3 channels; signal extraction, technical analysis, and result	Category III Codes	Phrenic Nerve Stimulation System	No	None
0478T	Recording of fetal magnetic cardiac signal using at least 3 channels; review, interpretation, report by physician or other qualified health care professional	Category III Codes	Phrenic Nerve Stimulation System	No	None
0479T	Fractional ablative laser fenestration of burn and traumatic scars for functional improvement; first 100 cm ² or part thereof, or 1% of body surface area of infants and children	Category III Codes	Phrenic Nerve Stimulation System	No	None
0480T	Fractional ablative laser fenestration of burn and traumatic scars for functional improvement; each additional 100 cm ² , or each additional 1% of body surface area of infants and children, or part thereof (List separately in addition to code for primary procedure)	Category III Codes	Phrenic Nerve Stimulation System	No	None
0481T	Injection(s), autologous white blood cell concentrate (autologous protein solution), any site, including image guidance, harvesting and preparation, when performed	Category III Codes	Phrenic Nerve Stimulation System	No	None
0482T	Absolute quantitation of myocardial blood flow, positron emission tomography (PET), rest and stress (List separately in addition to code for primary procedure)	Category III Codes	Phrenic Nerve Stimulation System	No	AMA CodeTermed 1/1/2020, to report see 78434

0483T	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; percutaneous approach, including transeptal puncture, when performed	Category III Codes	Phrenic Nerve Stimulation System	No	None
0484T	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; transthoracic exposure (eg, thoracotomy, transapical)	Category III Codes	Phrenic Nerve Stimulation System	No	None
0485T	Optical coherence tomography (OCT) of middle ear, with interpretation and report; unilateral	Category III Codes	Phrenic Nerve Stimulation System	No	None
0486T	Optical coherence tomography (OCT) of middle ear, with interpretation and report; bilateral	Category III Codes	Phrenic Nerve Stimulation System	No	None
0487T	Biomechanical mapping, transvaginal, with report	Category III Codes	Phrenic Nerve Stimulation System	No	None
0488T	Preventive behavior change, online/electronic structured intensive program for prevention of diabetes using a standardized diabetes prevention program curriculum, provided to an individual, per 30 days	Category III Codes	Phrenic Nerve Stimulation System	No	None
0489T	Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; adipose tissue harvesting, isolation and preparation of harvested cells including incubation with cell dissociation enzymes, removal of non-viable cells and debris, determination of concentration and dilution of regenerative cells	Category III Codes	Phrenic Nerve Stimulation System	No	None
0490T	Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; multiple injections in one or both hands	Category III Codes	Phrenic Nerve Stimulation System	No	None
0491T	Ablative laser treatment, non-contact, full field and fractional ablation, open wound, per day, total treatment surface area; first 20 sq cm or less	Category III Codes	Phrenic Nerve Stimulation System	No	None
0492T	Ablative laser treatment, non-contact, full field and fractional ablation, open wound, per day, total treatment surface area; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	Category III Codes	Phrenic Nerve Stimulation System	No	None
0493T	Near-infrared spectroscopy studies of lower extremity wounds (eg, for oxyhemoglobin measurement)	Category III Codes	Phrenic Nerve Stimulation System	No	None
0494T	Surgical preparation and cannulation of marginal (extended) cadaver donor lung(s) to ex vivo organ perfusion system, including decannulation, separation from the perfusion system, and cold preservation of the allograft prior to implantation, when performed	Category III Codes	Phrenic Nerve Stimulation System	No	None

0495T	Initiation and monitoring marginal (extended) cadaver donor lung(s) organ perfusion system by physician or qualified health care professional, including physiological and laboratory assessment (eg, pulmonary artery flow, pulmonary artery pressure, left atrial pressure, pulmonary vascular resistance, mean/peak and plateau airway pressure, dynamic compliance and perfusate gas analysis), including bronchoscopy and X ray when performed; first two hours in sterile field	Category III Codes	Phrenic Nerve Stimulation System	No	None
0496T	Initiation and monitoring marginal (extended) cadaver donor lung(s) organ perfusion system by physician or qualified health care professional, including physiological and laboratory assessment (eg, pulmonary artery flow, pulmonary artery pressure, left atrial pressure, pulmonary vascular resistance, mean/peak and plateau airway pressure, dynamic compliance and perfusate gas analysis), including bronchoscopy and X ray when performed; each additional hour (List separately in addition to code for primary procedure)	Category III Codes	Phrenic Nerve Stimulation System	No	None
0497T	External patient-activated, physician- or other qualified health care professional-prescribed, electrocardiographic rhythm derived event recorder without 24 hour attended monitoring; in-office connection	Category III Codes	Phrenic Nerve Stimulation System	No	None
0498T	External patient-activated, physician- or other qualified health care professional-prescribed, electrocardiographic rhythm derived event recording without 24 hour attended monitoring; review and interpretation by a physician or other qualified health care professional per 30 days with at least one patient-generated triggered event	Category III Codes	Phrenic Nerve Stimulation System	No	None
0499T	Cystourethroscopy, with mechanical dilation and urethral therapeutic drug delivery for urethral stricture or stenosis, including fluoroscopy, when performed	Category III Codes	Phrenic Nerve Stimulation System	No	None
0500F	INITIAL PRENATAL CARE VISIT	Category II Codes	Patient Management	No	None
0500T	Infectious agent detection by nucleic acid (DNA or RNA), human papillomavirus (HPV) for five or more separately reported high-risk HPV types (eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) (ie, genotyping)	Category III Codes	Phrenic Nerve Stimulation System	No	None
0501F	PRENATAL FLOW SHEET	Category II Codes	Patient Management	No	None

0501T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; data preparation and transmission, analysis of fluid dynamics and simulated maximal coronary hyperemia, generation of estimated FFR model, with anatomical data review in comparison with estimated FFR model to reconcile discordant data, interpretation and report	Category III Codes	Phrenic Nerve Stimulation System	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
0502F	SUBSEQUENT PRENATAL CARE	Category II Codes	Patient Management	No	None
0502T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; data preparation and transmission	Category III Codes	Phrenic Nerve Stimulation System	No	None
0503F	POSTPARTUM CARE VISIT	Category II Codes	Patient Management	No	None
0503T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; analysis of fluid dynamics and simulated maximal coronary hyperemia, and generation of estimated FFR model	Category III Codes	Phrenic Nerve Stimulation System	No	None
0504T	Noninvasive estimated coronary fractional flow reserve (FFR) derived from coronary computed tomography angiography data using computation fluid dynamics physiologic simulation software analysis of functional data to assess the severity of coronary artery disease; anatomical data review in comparison with estimated FFR model to reconcile discordant data, interpretation and report	Category III Codes	Phrenic Nerve Stimulation System	No	None
0505F	HEMODIALYSIS PLAN DOCD	Category II Codes	Patient Management	No	None
0507F	PERITON DIALYSIS PLAN DOCD	Category II Codes	Patient Management	No	None
0509F	URINE INCON PLAN DOCD	Category II Codes	Patient Management	No	None
0509T	Pattern recording of retinal electrical responses to external stimuli with interpretation and report	Category III Codes	N/A	No	None
0510T	Removal of implant from tunnel on outer side of foot (sinus tarsi)	Category III Codes	N/A	No	None

0511T	Removal and reinsertion of implant from tunnel on outer side of foot (sinus tarsi)	Category III Codes	N/A	No	None
0512T	High energy shock wave therapy for initial wound of outer body surface	Category III Codes	N/A	No	None
0513F	ELEV BP PLAN OF CARE DOCD	Category II Codes	Patient Management	No	None
0513T	High energy shock wave therapy for additional wound of outer body surface	Category III Codes	N/A	No	None
0514F	CARE PLAN HGB DOCD ESA PT	Category II Codes	Patient Management	No	None
0514T	Visual axis identification using patient fixation during operation	Category III Codes	N/A	No	None
0515T	Insertion of complete wireless heart stimulator system for pacing of lower left chamber of heart	Category III Codes	N/A	No	None
0516F	ANEMIA PLAN OF CARE DOCD	Category II Codes	Patient Management	No	None
0516T	Insertion of electrode of wireless heart stimulator system for pacing of lower left chamber of heart	Category III Codes	N/A	No	None
0517F	GLAUCOMA PLAN OF CARE DOCD	Category II Codes	Patient Management	No	None
0517T	Insertion of pulse generator components of wireless heart stimulator system for pacing of lower left chamber of heart	Category III Codes	N/A	No	None
0518F	FALL PLAN OF CARE DOCD	Category II Codes	Patient Management	No	None
0518T	Removal of pulse generator components of wireless heart stimulator system for pacing of lower left chamber of heart	Category III Codes	N/A	No	None
0519F	PLAND CHEMO DOCD B/4 TXMNT	Category II Codes	Patient Management	No	None
0519T	Removal and replacement of pulse generator components of wireless heart stimulator system for pacing of lower left chamber of heart	Category III Codes	N/A	No	None
0520F	RAD DOS LIMITS B/4 3D RAD	Category II Codes	Patient Management	No	None
0520T	Removal and replacement of pulse generator components of wireless heart stimulator system for pacing of lower left chamber of heart, with placement of new electrode	Category III Codes	N/A	No	None
0521F	PLAN OF CARE 4 PAIN DOCD	Category II Codes	Patient Management	No	None
0521T	Evaluation of parameters of wireless heart stimulator system for pacing of lower left chamber of heart including connection, recording, disconnection, and analysis	Category III Codes	N/A	No	None
0522T	Evaluation, testing, and programming adjustment of wireless heart stimulator system for pacing of lower left chamber of heart with qualified health care professional analysis, review, and report	Category III Codes	N/A	No	None
0523T	Measurement fractional flow reserve in arteries of heart with 3D functional mapping during procedure	Category III Codes	N/A	No	None
0524T	Chemical destruction of insufficient vein of arm or leg via catheter using imaging guidance	Category III Codes	N/A	No	None

0525F	INITIAL VISIT FOR EPISODE	Category II Codes	Patient Management	No	None
0525T	Insertion or replacement of complete monitoring system for deficient blood flow in heart muscle using imaging guidance	Category III Codes	N/A	No	None
0526F	SUBS VISIT FOR EPISODE	Category II Codes	Patient Management	No	None
0526T	Insertion or replacement of electrode of monitoring system for deficient blood flow in heart muscle with imaging supervision and interpretation	Category III Codes	N/A	No	None
0527T	Insertion or replacement of implantable monitor of monitoring system for deficient blood flow in heart muscle with imaging supervision and interpretation	Category III Codes	N/A	No	None
0528F	RCMND FLW-UP 10 YRS DOCD	Category II Codes	Patient Management	No	None
0528T	Evaluation, testing, and programming adjustment of monitoring system for deficient blood flow in heart muscle with analysis, review, and report	Category III Codes	N/A	No	None
0529F	INTRVL 3/>YR PTS CLNSCP DOCD	Category II Codes	Patient Management	No	None
0529T	Evaluation of parameters of monitoring system for deficient blood flow in heart muscle with analysis, review, and report	Category III Codes	N/A	No	None
0530T	Removal of complete monitoring system for deficient blood flow in heart muscle with imaging supervision and interpretation	Category III Codes	N/A	No	None
0531T	Removal of electrode of monitoring system for deficient blood flow in heart muscle with imaging supervision and interpretation	Category III Codes	N/A	No	None
0532T	Removal of implantable monitor of monitoring system for deficient blood flow in heart muscle with imaging supervision and interpretation	Category III Codes	N/A	No	None
0533T	Continuous recording of movement disorder symptoms for 8-10 days with set-up, patient training, configuration of monitor, upload of data , analysis and initial report configuration, download of review, interpretation and report	Category III Codes	N/A	No	None
0534T	Continuous recording of movement disorder symptoms for 8-10 days with set-up, patient training, configuration of monitor	Category III Codes	N/A	No	None
0535F	DYSPNEA MNGMNT PLAN DOCD	Category II Codes	Patient Management	No	None
0535T	Continuous recording of movement disorder symptoms for 8-10 days with data upload, analysis and initial report configuration	Category III Codes	N/A	No	None
0536T	Continuous recording of movement disorder symptoms for 8-10 days with download of review, interpretation and report	Category III Codes	N/A	No	None

0537T	Harvesting of blood-derived T white blood cells (T lymphocytes) for chimeric antigen receptor T-cell therapy, per day	Category III Codes	N/A	No	None
0538T	Preparation of blood-derived T white blood cells (T lymphocytes) for transportation for chimeric antigen receptor T-cell therapy	Category III Codes	N/A	No	None
0539T	Receipt and preparation of blood-derived T white blood cells (T lymphocytes) for chimeric antigen receptor T-cell therapy	Category III Codes	N/A	No	None
0540F	GLUCO MNGMNT PLAN DOCD	Category II Codes	Patient Management	No	None
0540T	Administration of blood-derived T white blood cells (T lymphocytes) for chimeric antigen receptor T-cell therapy	Category III Codes	N/A	No	None
0541T	Imaging of heart muscle using magnetocardiography to detect deficient blood flow, single study	Category III Codes	N/A	No	None
0542T	Interpretation and report of imaging of heart muscle using magnetocardiography to detect deficient blood flow	Category III Codes	N/A	No	None
0545F	FOLLOW UP CARE PLAN MDD DOCD	Category II Codes	Patient Management	No	None
0550F	CYTOPATH REPORT NONGYN SPCMN	Category II Codes	Patient Management	No	None
0551F	CYTOPATH REPORT NON ROUTINE	Category II Codes	Patient Management	No	None
0555F	SYMPTOM MGMNT PLAN CARE DOCD	Category II Codes	Patient Management	No	None
0556F	PLAN CARE LIPID CONTROL DOCD	Category II Codes	Patient Management	No	None
0557F	PLAN CAREMNG ANGLN SYMPTDOCD	Category II Codes	Patient Management	No	None
0575F	HIV RNA PLAN CARE DOCD	Category II Codes	Patient Management	No	None
0580F	MULTIDISCIPLINARY CARE PLAN	Category II Codes	Patient Management	No	None
0581F	PT TRNSFRD FROM ANESTH TO CC	Category II Codes	Patient Management	No	None
0582F	NO TRNSFR FROM ANESTH TO CC	Category II Codes	Patient Management	No	None
0583F	TRANSFER CARE CHECKLIST USED	Category II Codes	Patient Management	No	None
0584F	NO TRANSFERCARE CHKLIST USED	Category II Codes	Patient Management	No	None
1000F	TOBACCO USE ASSESSED	Category II Codes	Patient History	No	None
1002F	ASSESS ANGINAL SYMPTOM/LEVEL	Category II Codes	Patient History	No	None
1003F	LEVEL OF ACTIVITY ASSESS	Category II Codes	Patient History	No	None
1004F	CLIN SYMP VOL OVRLD ASSESS	Category II Codes	Patient History	No	None
1005F	ASTHMA SYMPTOMS EVALUATE	Category II Codes	Patient History	No	None
1006F	OSTEOARTHRITIS ASSESS	Category II Codes	Patient History	No	None
1007F	ANTI-INFLM/ANLGSC OTC ASSESS	Category II Codes	Patient History	No	None

1008F	GI/RENAL RISK ASSESS	Category II Codes	Patient History	No	None
1010F	SEVERITY ANGINA BY ACTVTY	Category II Codes	Patient History	No	None
1011F	ANGINA PRESENT	Category II Codes	Patient History	No	None
1012F	ANGINA ABSENT	Category II Codes	Patient History	No	None
1015F	COPD SYMPTOMS ASSESS	Category II Codes	Patient History	No	None
1018F	ASSESS DYSPNEA NOT PRESENT	Category II Codes	Patient History	No	None
1019F	ASSESS DYSPNEA PRESENT	Category II Codes	Patient History	No	None
1022F	PNEUMO IMM STATUS ASSESS	Category II Codes	Patient History	No	None
1026F	CO-MORBID CONDITION ASSESS	Category II Codes	Patient History	No	None
1030F	INFLUENZA IMM STATUS ASSESS	Category II Codes	Patient History	No	None
1031F	SMOKING & 2ND HAND ASSESSED	Category II Codes	Patient History	No	None
1032F	SMOKER/EXPOSED 2ND HND SMOKE	Category II Codes	Patient History	No	None
1033F	TOBACCO NONSMOKER NOR 2NDHND	Category II Codes	Patient History	No	None
1034F	CURRENT TOBACCO SMOKER	Category II Codes	Patient History	No	None
1035F	SMOKELESS TOBACCO USER	Category II Codes	Patient History	No	None
1036F	TOBACCO NON-USER	Category II Codes	Patient History	No	None
1038F	PERSISTENT ASTHMA	Category II Codes	Patient History	No	None
1039F	INTERMITTENT ASTHMA	Category II Codes	Patient History	No	None
1040F	DSM-5 INFO MDD DOCD	Category II Codes	Patient History	No	None
1050F	HISTORY OF MOLE CHANGES	Category II Codes	Patient History	No	None
1052F	TYPE LOCATION ACTIVITYASSESS	Category II Codes	Patient History	No	None
1055F	VISUAL FUNCT STATUS ASSESS	Category II Codes	Patient History	No	None
1060F	DOC PERM/CONT/PAROX ATR FIB	Category II Codes	Patient History	No	None
1061F	DOC LACK PERM&CONT&PAROX FIB	Category II Codes	Patient History	No	None
1065F	ISCHM STROKE SYMP LT3 HRSB/4	Category II Codes	Patient History	No	None
1066F	ISCHM STROKE SYMP GE3 HRSB/4	Category II Codes	Patient History	No	None
1070F	ALARM SYMP ASSESSED-ABSENT	Category II Codes	Patient History	No	None
1071F	ALARM SYMP ASSESSED-1+ PRSNT	Category II Codes	Patient History	No	None
1090F	PRES/ABSN URINE INCON ASSESS	Category II Codes	Patient History	No	None
1091F	URINE INCON CHARACTERIZED	Category II Codes	Patient History	No	None

1100F	PTFALLS ASSESS-DOCD GE2>/YR	Category II Codes	Patient History	No	None
1101F	PT FALLS ASSESS-DOCD LE1/YR	Category II Codes	Patient History	No	None
1110F	PT LFT INPT FAC W/IN 60 DAYS	Category II Codes	Patient History	No	None
1111F	DSCHRG MED/CURRENT MED MERGE	Category II Codes	Patient History	No	None
1116F	AURIC/PERI PAIN ASSESSED	Category II Codes	Patient History	No	None
1118F	GERD SYMPS ASSESSED 12 MONTH	Category II Codes	Patient History	No	None
1119F	INIT EVAL FOR CONDITION	Category II Codes	Patient History	No	None
1121F	SUBS EVAL FOR CONDITION	Category II Codes	Patient History	No	None
1123F	ACP DISCUSS/DSCN MKR DOCD	Category II Codes	Patient History	No	None
1124F	ACP DISCUSS-NO DSCNMKR DOCD	Category II Codes	Patient History	No	None
1125F	AMNT PAIN NOTED PAIN PRSNT	Category II Codes	Patient History	No	None
1126F	AMNT PAIN NOTED NONE PRSNT	Category II Codes	Patient History	No	None
1127F	NEW EPISODE FOR CONDITION	Category II Codes	Patient History	No	None
1128F	SUBS EPISODE FOR CONDITION	Category II Codes	Patient History	No	None
1130F	BK PAIN & FXN ASSESSED	Category II Codes	Patient History	No	None
1134F	EPSD BK PAIN FOR 6 WKS/<	Category II Codes	Patient History	No	None
1135F	EPSD BK PAIN FOR >6 WKS	Category II Codes	Patient History	No	None
1136F	EPSD BK PAIN FOR 12 WKS/<	Category II Codes	Patient History	No	None
1137F	EPSD BK PAIN FOR >12 WKS	Category II Codes	Patient History	No	None
1150F	DOC PT RSK DEATH W/IN 1YR	Category II Codes	Patient History	No	None
1151F	DOC NO PT RSK DEATH W/IN 1YR	Category II Codes	Patient History	No	None
1152F	DOC ADVNCD DIS COMFORT 1ST	Category II Codes	Patient History	No	None
1153F	DOC ADVNCD DIS CMFRT NOT 1ST	Category II Codes	Patient History	No	None
1157F	ADVNC CARE PLAN IN RCRD	Category II Codes	Patient History	No	None
1158F	ADVNC CARE PLAN TLK DOCD	Category II Codes	Patient History	No	None
1159F	MED LIST DOCD IN RCRD	Category II Codes	Patient History	No	None
1160F	RVW MEDS BY RX/DR IN RCRD	Category II Codes	Patient History	No	None
1170F	FXNL STATUS ASSESSED	Category II Codes	Patient History	No	None
1175F	FUNCTION STAT ASSESSED RVWD	Category II Codes	Patient History	No	None
1180F	THROMBOEMB RISK ASSESSED	Category II Codes	Patient History	No	None

1181F	NEUROPSYCHIA SYMPTS ASSESSED	Category II Codes	Patient History	No	None
1182F	NEUROPSYCHI SYMPT 1+PRESENT	Category II Codes	Patient History	No	None
1183F	NEUROPSYCHIATRIC SYMP ABSENT	Category II Codes	Patient History	No	None
1200F	SEIZURE TYPE& FREQU DOCD	Category II Codes	Patient History	No	None
1205F	EPI ETIOL SYND RVWD AND DOCD	Category II Codes	Patient History	No	None
1220F	PT SCREENED FOR DEPRESSION	Category II Codes	Patient History	No	None
1400F	PRKNS DIAG RVIEWED	Category II Codes	Patient History	No	None
1450F	SYMPTOMS IMPROVED/CONSIST	Category II Codes	Patient History	No	None
1451F	SYMPT SHOW CLIN IMPORT DROP	Category II Codes	Patient History	No	None
1460F	QUAL CARD DIAG PRIOR 12 MONS	Category II Codes	Patient History	No	None
1461F	NO QUAL CARD DIAG PRIOR12MON	Category II Codes	Patient History	No	None
1490F	DEM SEVERITY CLASSIFIED MILD	Category II Codes	Patient History	No	None
1491F	DEM SEVERITY CLASSIFIED MOD	Category II Codes	Patient History	No	None
1493F	DEM SEVERITY CLASS SEVERE	Category II Codes	Patient History	No	None
1494F	COGNIT ASSESSED AND REVIEWED	Category II Codes	Patient History	No	None
1500F	SYMPTOM&SIGN SYMM POLYNEURO	Category II Codes	Patient History	No	None
1501F	NOT INITIAL EVAL FOR COND	Category II Codes	Patient History	No	None
1502F	PT QUERIED PAIN FXN W/ INSTR	Category II Codes	Patient History	No	None
1503F	PT QUERIED SYMP RESP INSUFF	Category II Codes	Patient History	No	None
1504F	PT HAS RESP INSUFFICIENCY	Category II Codes	Patient History	No	None
1505F	PT HAS NO RESP INSUFFICIENCY	Category II Codes	Patient History	No	None
2000F	BLOOD PRESSURE MEASURE	Category II Codes	Physical Examination	No	None
2001F	WEIGHT RECORD	Category II Codes	Physical Examination	No	None
2002F	CLIN SIGN VOL OVRLD ASSESS	Category II Codes	Physical Examination	No	None
2004F	INITIAL EXAM INVOLVED JOINTS	Category II Codes	Physical Examination	No	None
2010F	VITAL SIGNS RECORDED	Category II Codes	Physical Examination	No	None
2014F	MENTAL STATUS ASSESS	Category II Codes	Physical Examination	No	None
2015F	ASTHMA IMPAIRMENT ASSESSED	Category II Codes	Physical Examination	No	None
2016F	ASTHMA RISK ASSESSED	Category II Codes	Physical Examination	No	None
2018F	HYDRATION STATUS ASSESS	Category II Codes	Physical Examination	No	None

2019F	DILATED MACUL EXAM DONE	Category II Codes	Physical Examination	No	None
2020F	DILATED FUNDUS EVAL DONE	Category II Codes	Physical Examination	No	None
2021F	DILAT MACULAR EXAM DONE	Category II Codes	Physical Examination	No	None
2022F	DIL RETINA EXAM INTERP REV	Category II Codes	Physical Examination	No	None
2024F	7 FIELD PHOTO INTERP DOC REV	Category II Codes	Physical Examination	No	None
2026F	EYE IMAGE VALID TO DX REV	Category II Codes	Physical Examination	No	None
2027F	OPTIC NERVE HEAD EVAL DONE	Category II Codes	Physical Examination	No	None
2028F	FOOT EXAM PERFORMED	Category II Codes	Physical Examination	No	None
2029F	COMPLETE PHYS SKIN EXAM DONE	Category II Codes	Physical Examination	No	None
2030F	H2O STAT DOCD NORMAL	Category II Codes	Physical Examination	No	None
2031F	H2O STAT DOCD DEHYDRATED	Category II Codes	Physical Examination	No	None
2035F	TYMP MEMB MOTION EXAMD	Category II Codes	Physical Examination	No	None
2040F	BK PN XM ON INIT VISIT DATE	Category II Codes	Physical Examination	No	None
2044F	DOC MNTL TST B/4 BK TRXMNT	Category II Codes	Physical Examination	No	None
2050F	WOUND CHAR SIZE ETC DOCD	Category II Codes	Physical Examination	No	None
2060F	PT TALK EVAL HLTHWKR RE MDD	Category II Codes	Physical Examination	No	None
3006F	CXR DOC REV	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3008F	BODY MASS INDEX DOCD	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3011F	LIPID PANEL DOC REV	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3014F	SCREEN MAMMO DOC REV	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3015F	CERV CANCER SCREEN DOCD	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3016F	PT SCRND UNHLTHY OH USE	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3017F	COLORECTAL CA SCREEN DOC REV	Category II Codes	Diagnostic/Screening Processes or Results	No	None

3018F	PRE-PRXD RSK ET AL DOCD	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3019F	LVEF ASSESS PLANPOST DSCHRG	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3020F	LVF ASSESS	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3021F	LVEF MOD/SEVER DEPRS SYST	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3022F	LVEF >/=40% SYSTOLIC	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3023F	SPIROM DOC REV	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3025F	SPIROM FEV/FVC <70% W/COPD	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3027F	SPIROM FEV/FVC>/=70%/W/OCOPD	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3028F	O2 SATURATION DOC REV	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3035F	O2 SATURATION</=88%/PAO</=55	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3037F	O2 SATURATION >88%/PAO>55 HG	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3038F	PULM FX W/IN 12 MON B/4 SURG	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3040F	FEV <40% PREDICTED VALUE	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3042F	FEV >/=40% PREDICTED VALUE	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3044F	HG A1C LEVEL LT 7.0%	Category II Codes	Diagnostic/Screening Processes or Results	No	None

3045F	HG A1C LEVEL 7.0-9.0%	Category II Codes	Diagnostic/Screening Processes or Results	No	AMA CodeTermed 1/1/2020, to report see 3051F and 3052F
3046F	HEMOGLOBIN A1C LEVEL >9.0%	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3048F	LDL-C <100 MG/DL	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3049F	LDL-C 100-129 MG/DL	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3050F	LDL-C >= 130 MG/DL	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3055F	LVEF LESS THAN/EQUAL TO 35%	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3056F	LVEF GREATER THAN 35%	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3060F	POS MICROALBUMINURIA REV	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3061F	NEG MICROALBUMINURIA REV	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3062F	POS MACROALBUMINURIA REV	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3066F	NEPHROPATHY DOC TX	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3072F	LOW RISK FOR RETINOPATHY	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3073F	PRE-SURG EYE MEASURES DOCD	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3074F	SYST BP LT 130 MM HG	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3075F	SYST BP GE 130 - 139MM HG	Category II Codes	Diagnostic/Screening Processes or Results	No	None

3077F	SYST BP >= 140 MM HG	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3078F	DIAST BP <80 MM HG	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3079F	DIAST BP 80-89 MM HG	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3080F	DIAST BP >= 90 MM HG	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3082F	KT/V <1.2	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3083F	KT/V >= 1.2 & <1.7	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3084F	KT/V >= 1.7	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3085F	SUICIDE RISK ASSESSED	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3088F	MDD MILD	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3089F	MDD MODERATE	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3090F	MDD SEVERE W/O PSYCH	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3091F	MDD SEVERE W/PSYCH	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3092F	MDD IN REMISSION	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3093F	DOC NEW DIAG 1ST/ADDL MDD	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3095F	CENTRAL DEXA RESULTS DOCD	Category II Codes	Diagnostic/Screening Processes or Results	No	None

3096F	CENTRAL DEXA ORDERED	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3100F	IMAGE TEST REF CAROT DIAM	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3110F	PRES/ABSN HMRHG/LESION DOCD	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3111F	CT/MRI BRAIN DONE W/IN 24HRS	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3112F	CT/MRI BRAIN DONE 24 HRS	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3115F	QUANT RESULTS ACTIVITY &SYMP	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3117F	HF ASSESSMENT TOOL COMPLETED	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3118F	NY HEART ASSOC CLASS DOCD	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3119F	NO EVAL ACTIVITY CLIN SYMP	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3120F	12-LEAD ECG PERFORMED	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3126F	ESOPH BX RPRT W/DYSPL INFO	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3130F	UPPER GI ENDOSCOPY PERFORMED	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3132F	DOC REF UPPER GI ENDOSCOPY	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3140F	UPPER GI ENDO SHOWS BARRTTTS	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3141F	UPPER GI ENDO NOT BARRTTTS	Category II Codes	Diagnostic/Screening Processes or Results	No	None

3142F	BARIUM SWALLOW TEST ORDERED	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3150F	FORCEPS ESOPH BIOPSY DONE	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3155F	CYTOGEN TEST MARROW B/4 TX	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3160F	DOC FE+ STORES B/4 EPO THX	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3170F	FLOW CYTO DONE B/4 TX	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3200F	BARIUM SWALLOW TEST NOT REQ	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3210F	GRP A STREP TEST PERFORMED	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3215F	PT IMMUNITY TO HEP A DOCD	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3216F	PT IMMUNITY TO HEP B DOCD	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3218F	RNA TSTNG HEP C DOCD DONE	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3220F	HEP C QUANT RNA TSTNG DOCD	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3230F	NOTE HRING TST W/IN 6 MON	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3250F	NONPRIM LOC ANAT BX SITE TUM	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3260F	PT CAT/PN CAT/HIST GRD DOCD	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3265F	RNA TSTNG HEPC VIR ORD/DOCD	Category II Codes	Diagnostic/Screening Processes or Results	No	None

3266F	HEPC GN TSTNG DOCD B/4TXMNT	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3267F	PATH RPRT W/ PT PN CAT ET AL	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3268F	PSA/T/GLSC DOCD B/4 TXMNT	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3269F	BONE SCN B/4 TXMNT/AFTR DX	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3270F	NO BONE SCN B/4 TXMNT/AFTRDX	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3271F	LOW RISK PROSTATE CANCER	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3272F	MED RISK PROSTATE CANCER	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3273F	HIGH RISK PROSTATE CANCER	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3274F	PROST CNCR RSK NOT LW/MD/HGH	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3278F	SERUM LVLS CA/IPTH/LPD ORD	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3279F	HGB LVL >= 13 G/DL	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3280F	HGB LVL 11-12.9 G/DL	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3281F	HGB LVL <11 G/DL	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3284F	IOP DOWN >15% OF PRE-SVC LVL	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3285F	IOP DOWN <15% OF PRE-SVC LVL	Category II Codes	Diagnostic/Screening Processes or Results	No	None

3288F	FALL RISK ASSESSMENT DOCD	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3290F	PT=D(RH)- AND UNSENSITIZED	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3291F	PT=D(RH)+ OR SENSITIZED	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3292F	HIV TSTNG ASKED/DOCD/REVWD	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3293F	ABO RH BLOOD TYPING DOCD	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3294F	GRP B STREP SCREENING DOCD	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3300F	AJCC STAGE DOCD B/4 THXPY	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3301F	CANCER STAGE DOCD METAST	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3315F	ER+ OR PR+ BREAST CANCER	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3316F	ER- OR PR- BREAST CANCER	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3317F	PATH RPT MALIG CANCER DOCD	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3318F	PATH RPT MALIG CANCER DOCD	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3319F	X-RAY/CT/ULTRSDND ET AL ORD	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3320F	NO XRAY/CT/ ET AL ORDD	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3321F	AJCC CNCR 0/IA MELAN DOCD	Category II Codes	Diagnostic/Screening Processes or Results	No	None

3322F	MELANOMAAJCC STAGE 0 OR IA	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3323F	CLIN NODE STGNG DOCD/4 SURG	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3324F	MRI CT SCAN ORD RVWD RQSTD	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3325F	PREOP ASSES 4 CATARACT SURG	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3328F	PRFRMNC DOCD 2 WKS B/4 SURG	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3330F	IMAGING STUDY ORDERED (BKP)	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3331F	BK IMAGING TST NOT ORDERED	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3340F	MAMMO ASSESS INC XRAY DOCD	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3341F	MAMMO ASSESS NEGATIVE DOCD	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3342F	MAMMO ASSESS BENGN DOCD	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3343F	MAMMO PROBABLY BENGN DOCD	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3344F	MAMMO ASSESS SUSP DOCD	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3345F	MAMMO ASSESS HGHYMALIG DOC	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3350F	MAMMO BX PROVEN MALIG DOCD	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3351F	NEG SCRND DEP SYMP BY DEPTOOL	Category II Codes	Diagnostic/Screening Processes or Results	No	None

3352F	NO SIG DEP SYMP BY DEP TOOL	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3353F	MILD-MOD DEP SYMP BY DEPTOOL	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3354F	CLIN SIG DEP SYM BY DEP TOOL	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3370F	AJCC BRST CNCR STAGE 0 DOCD	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3372F	AJCC BRST CNCR STAGE 1 DOCD	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3374F	AJCC BRST CNCR STAGE 1 DOCD	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3376F	AJCC BRSTCNCR STAGE 2 DOCD	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3378F	AJCC BRSTCNCR STAGE 3 DOCD	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3380F	AJCC BRSTCNCR STAGE 4 DOCD	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3382F	AJCC CLN CNCR STAGE 0 DOCD	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3384F	AJCC CLN CNCR STAGE 1 DOCD	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3386F	AJCC CLN CNCR STAGE 2 DOCD	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3388F	AJCC CLN CNCR STAGE 3 DOCD	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3390F	AJCC CLN CNCR STAGE 4 DOCD	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3394F	QUANT HER2 IHC EVAL BRST CX	Category II Codes	Diagnostic/Screening Processes or Results	No	None

3395F	QUANT NONHER2 IHC BRST CX	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3450F	DYSPNEA SCRND NO-MILD DYSP	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3451F	DYSPNEA SCRND MOD-HIGH DYSP	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3452F	DYSPNEA NOT SCREENED	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3455F	TB SCRNG DONE-INTERPD 6MON	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3470F	RA DISEASE ACTIVITY LOW	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3471F	RA DISEASE ACTIVITY MOD	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3472F	RA DISEASE ACTIVITY HIGH	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3475F	DISEASE PROGN RA POOR DOCD	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3476F	DISEASE PROGN RA GOOD DOCD	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3490F	HISTORY AIDS-DEFINING COND	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3491F	HIV UNSURE BABY OF HIV+MOMS	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3492F	HISTORY CD4+ CELL COUNT <350	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3493F	NO HIST CD4+ CELL COUNT <350	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3494F	CD4+CELL COUNT <200CELLS/MM3	Category II Codes	Diagnostic/Screening Processes or Results	No	None

3495F	CD4+CELL CNT 200-499 CELLS	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3496F	CD4+ CELL COUNT >= 500 CELLS	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3497F	CD4+ CELL PERCENTAGE <15%	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3498F	CD4+ CELL >=15% (HIV)	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3500F	CD4+CELL CNT/% DOCD AS DONE	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3502F	HIV RNA VRL LD <LMTS QUANTIF	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3503F	HIV RNA VRL LDNOT<LMTS QUNTF	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3510F	DOC TB SCRNG-RSLTS INTERPD	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3511F	CHLMYD/GONRH TSTS DOCD DONE	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3512F	SYPH SCRNG DOCD AS DONE	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3513F	HEP B SCRNG DOCD AS DONE	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3514F	HEP C SCRNG DOCD AS DONE	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3515F	PT HAS DOCD IMMUN TO HEP C	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3517F	HBV ASSESS&RESULTS INTRP 1YR	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3520F	CDIFFICILE TESTING PERFORMED	Category II Codes	Diagnostic/Screening Processes or Results	No	None

3550F	LOW RSK THROMBOEMBOLISM	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3551F	INTRMED RSK THROMBOEMBOLISM	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3552F	HGH RISK FOR THROMBOEMBOLISM	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3555F	PT INR MEASUREMENT PERFORMED	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3570F	RPRT BONE SCINT XREF W XRAY	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3572F	PT CONSID POSS RISK FX	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3573F	PT NOT CONSID POSS RISK FX	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3650F	EEG ORDERED RVWD REQSTD	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3700F	PSYCH DISORDERS ASSESSED	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3720F	COGNIT IMPAIRMENT ASSESSED	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3725F	SCREEN DEPRESSION PERFORMED	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3750F	PTNOTRCVNGSTEROID>/=10MG/DAY	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3751F	ELECTRODIAG POLYNEURO 6 MN	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3752F	NO ELECTRODIAG POLYNEURO 6MN	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3753F	PT HAS SYMP&SIGNS NEUROPATHY	Category II Codes	Diagnostic/Screening Processes or Results	No	None

3754F	SCREENING TESTS DM DONE	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3755F	COG&BEHAV IMPRMNT SCRNG DONE	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3756F	PT W/PSEUDOBULB AFFECT/ALS	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3757F	PT W/O PSEUDOBULBAFFECT/ALS	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3758F	PT REF PULM FX TEST/PEAKFLOW	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3759F	PT SCRN DYSPHAG/WT LOSS/NUTR	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3760F	PT W/DYSPHAG/WT LOSS/NUTR	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3761F	PT W/O DYSPHAG/WT LOSS/NUTR	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3762F	PATIENT IS DYSARTHIC	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3763F	PATIENT IS NOT DYSARTHIC	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3775F	ADENOMA DETECTED SCREENING	Category II Codes	Diagnostic/Screening Processes or Results	No	None
3776F	ADENOMA NOT DETECT SCREENING	Category II Codes	Diagnostic/Screening Processes or Results	No	None
4000F	TOBACCO USE TXMNT COUNSELING	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4001F	TOBACCO USE TXMNT PHARMACOL	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4003F	PT ED WRITE/ORAL PTS W/ HF	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None

4004F	PT TOBACCO SCREEN RCVD TLK	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4005F	PHARM THX FOR OP RXD	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4008F	BETA-BLOCKER THERAPY RXD/TKN	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4010F	ACE/ARB THERAPY RXD/TAKEN	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4011F	ORAL ANTIPLATELET THERAPY RX	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4012F	WARFARIN THERAPY RX	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4013F	STATIN THERAPY/CURRENTLY TKN	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4014F	WRITTEN DISCHARGE INSTR PRVD	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4015F	PERSIST ASTHMA MEDICINE CTRL	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4016F	ANTI-INFLM/ANLGSC AGENT RX	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4017F	GI PROPHYLAXIS FOR NSAID RX	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4018F	THERAPY EXERCISE JOINT RX	Category II Codes	Therapeutic, Preventive or Other Interventions	No	Service is within the scope of EviCore delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates
4019F	DOC RECPT COUNSL VIT D/CALC+	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4025F	INHALED BRONCHODILATOR RX	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None

4030F	OXYGEN THERAPY RX	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4033F	PULMONARY REHAB REC	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4035F	INFLUENZA IMM REC	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4037F	INFLUENZA IMM ORDER/ADMIN	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4040F	PNEUMOC VAC/ADMIN/RCVD	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4041F	DOC ORDER CEFAZOLIN/CEFUROX	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4042F	DOC ANTIBIO NOT GIVEN	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4043F	DOC ORDER GIVEN STOP ANTIBIO	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4044F	DOC ORDER GIVEN VTE PROPHYLX	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4045F	EMPIRIC ANTIBIOTIC RX	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4046F	DOC ANTIBIO GIVEN B/4 SURG	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4047F	DOC ANTIBIO GIVEN B/4 SURG	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4048F	DOC ANTIBIO GIVEN B/4 SURG	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4049F	DOC ORDER GIVEN STOP ANTIBIO	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4050F	HT CARE PLAN DOC	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None

4051F	REFERRED FOR AN AV FISTULA	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4052F	HEMODIALYSIS VIA AV FISTULA	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4053F	HEMODIALYSIS VIA AV GRAFT	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4054F	HEMODIALYSIS VIA CATHETER	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4055F	PT RCVNG PERITON DIALYSIS	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4056F	APPROP ORAL REHYD RECOMM	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4058F	PED GASTRO ED GIVEN CAREGVR	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4060F	PSYCH SVCS PROVIDED	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4062F	PT REFERRAL PSYCH DOCD	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4063F	ANTIDEPRES RXTHXPY NOT RXD	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4064F	ANTIDEPRESSANT RX	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4065F	ANTIPSYCHOTIC RX	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4066F	ECT PROVIDED	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4067F	PT REFERRAL FOR ECT DOCD	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4069F	VTE PROPHYLAXIS RCVD	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None

4070F	DVT PROPHYLX RECVD DAY 2	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4073F	ORAL ANTIPLAT THX RX DISCHRG	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4075F	ANTICOAG THX RX AT DISCHRG	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4077F	DOC T-PA ADMIN CONSIDERED	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4079F	DOC REHAB SVCS CONSIDERED	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4084F	ASPIRIN RECVD W/IN 24 HRS	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4086F	ASPIRIN/CLOPIDOGREL RXD	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4090F	PT RCVNG EPO THXPY	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4095F	PT NOT RCVNG EPO THXPY	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4100F	BIPHOS THXPY VEIN ORD/RECVD	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4110F	INT MAM ART USED FOR CABG	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4115F	BETA BLCKR ADMIN W/IN 24 HRS	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4120F	ANTIBIOT RXD/GIVEN	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4124F	ANTIBIOT NOT RXD/GIVEN	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4130F	TOPICAL PREP RX AOE	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None

4131F	SYST ANTIMICROBIAL THX RX	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4132F	NO SYST ANTIMICROBIAL THX RX	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4133F	ANTIHIST/DECONG RX/RECOM	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4134F	NO ANTIHIST/DECONG RX/RECOM	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4135F	SYSTEMIC CORTICOSTEROIDS RX	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4136F	SYST CORTICOSTEROIDS NOT RX	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4140F	INHALED CORTICOSTEROIDS RXD	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4142F	CORTICOSTER SPARNG THRPY RXD	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4144F	ALT LONG-TERM CNTRL MED RXD	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4145F	2+ ANTI-HYPRTNV AGENTS TKN	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4148F	HEP A VAC INJXN ADMIN/RECVD	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4149F	HEP B VAC INJXN ADMIN/RECVD	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4150F	PT RECVNG ANTIVIR TXMNT HEPC	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4151F	PT NOT RECVNG ANTIV HEP C	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4153F	COMBO PEGINTF/RIB RX	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None

4155F	HEP A VAC SERIES PREV RECVD	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4157F	HEP B VAC SERIES PREV RECVD	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4158F	PT EDU RE ALCOH DRNKNG DONE	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4159F	CONTRCP TALK B/4 ANTIV TXMNT	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4163F	PT COUNS 4 TXMNT OPT PROST	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4164F	ADJV HRMNL THXPY RXD	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4165F	3D-CRT/IMRT RECEIVED	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4167F	HD BED TILTED 1ST DAY VENT	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4168F	PT CARE ICU&VENT W/IN 24HRS	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4169F	NO PT CARE ICU/VENT IN 24HRS	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4171F	PT RCVNG ESA THXPY	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4172F	PT NOT RCVNG ESA THXPY	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4174F	COUNS POTENT GLAUC IMPCT	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4175F	VIS 20/40/> W/IN 90 DAYS	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4176F	TALK RE UV LIGHT PT/CRGVR	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None

4177F	TALK PT/CRGVR RE AREDS PREV	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4178F	ANTID GLBLN RCVD W/IN 26WKS	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4179F	TAMOXIFEN/AI PRESCRIBED	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4180F	ADJV THXPYRXD/RCVD COLON CA	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4181F	CONFORMAL RADN THXPY RCVD	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4182F	NO CONFORMAL RADN THXPY	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4185F	CONTINUOUS PPI OR H2RA RCVD	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4186F	NO CONT PPI OR H2RA RCVD	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4187F	ANTI RHEUM DRUGTHXPYRXD/GVN	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4188F	APPROP ACE/ARB TSTNG DONE	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4189F	APPROP DIGOXIN TSTNG DONE	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4190F	APPROP DIURETIC TSTNG DONE	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4191F	APPROP ANTICONVULS TSTNG	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4192F	PT NOT RCVNG GLUCOCO THXPY	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4193F	PT RCV <10MG DAILY PREDNISO	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None

4194F	PT RCV >=10MG DAILY PREDNISO	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4195F	PT RCVNG ANTI-RHEUM THXPY RA	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4196F	PTNOT RCVNG ANTI-RHM THXPYRA	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4200F	EXTERNAL BEAM TO PROST ONLY	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4201F	EXTRNL BEAM OTHER THAN PROST	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4210F	ACE/ARB THXPY FOR MOS/>	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4220F	DIGOXIN THXPY FOR 6 MOS/>	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4221F	DIURETIC THXPY FOR 6 MOS/>	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4230F	ANTICONV THXPY FOR 6 MOS/>	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4240F	INSTR XRCZ BACK PAIN 12 WKS	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4242F	SPRVSD XRCZ BACK PN >12 WKS	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4245F	PT INSTR NRML ACTIVITIES	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4248F	PT INSTR NO BD REST 4 DAYS/>	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4250F	WRMNG 4 SURG NORMOTHERMIA	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4255F	ANESTH 60 MIN/> AS DOCD	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None

4256F	ANESTHE <60 MIN AS DOCD	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4260F	WOUND SRFC CULTURETECH USED	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4261F	TECH OTHER THAN SURFC CULTR	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4265F	WET-DRY DRESSINGS RX RECMD	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4266F	NO WET-DRY DRSSINGS RX RECMD	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4267F	COMPRSSION THXPY PRESCRIBED	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4268F	PT ED RE COMP THXPY RCVD	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4269F	APPROPOS MTHD OFFLOADING RXD	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4270F	PT RCVNG ANTI R-VIRAL THXPY	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4271F	PT RCVNG ANTI R-VIRAL THXPY	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4274F	FLU IMMUNO ADMIND RCVD	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4276F	POTENT ANTIVIR THXPY RXD	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4279F	PCP PROPHYLAXIS RXD	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4280F	PCP PROPHYLAX RXD 3MON LOW %	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4290F	PT SCRNEED FOR INJ DRUG USE	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None

4293F	PT SCRND HGH-RISK SEX BEHAV	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4300F	PT RCVNG WARF THXPY	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4301F	PT NOT RCVNG WARF THXPY	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4305F	PT ED RE FT CARE INSPCT RCVD	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4306F	PT TLK PSYCH & RX OPD ADDIC	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4320F	PT TALK PSYCHSOC&RX OH DPND	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4322F	CRGVR PROV W/ ED ADDL RSRCS	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4324F	PT QUERIED PRKNS COMPLIC	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4325F	MED TXMNT OPTIONS RVWD W/PT	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4326F	PT ASKED RE SYMP AUTO DYSFXN	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4328F	PT ASKED RE SLEEP DISTURB	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4330F	CNSLNG EPI SPEC SFTY ISSUES	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4340F	CNSLNG CHLDBRNG WOMEN EPI	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4350F	CNSLNG PROVIDED SYMP MNGMNT	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4400F	REHAB THXPY OPTIONS W/PT	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None

4450F	SELF-CARE ED PROVIDED TO PT	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4470F	ICD COUNSELING PROVIDED	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4480F	PT RCVNG ACE/ARB B-BLOCKERTX	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4481F	PT RCVNG ACE/ARB BLKER <3MOS	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4500F	REF TO OUTPT CARD REHAB PROG	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4510F	PREV CARDREHAB QUALCARDEVENT	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4525F	NEUROPSYCHIA INTERVEN ORDER	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4526F	NEUROPSYCHIA INTERVEN RCVD	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4540F	DISEASE MODIF PHARMACOTHXPY	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4541F	PT OFFERED TX FOR PSEUDOBULB	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4550F	NONINVAS RESP SUPPORT TALK	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4551F	NUTRITIONAL SUPPORT OFFERED	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4552F	PT REF FOR SPEECH LANG PATH	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4553F	PT ASST RE END LIFE ISSUES	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4554F	PT RECVD INHAL ANESTHETIC	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None

4555F	PT RECVD NO INHAL ANESTHIC	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4556F	PT W/3+ POST-OP NAUSEA&VOM	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4557F	PT W/O 3+ POST-OPNAUSEA&VOM	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4558F	PT RECVD 2 RX ANTI-EMET AGT	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4559F	1 BODYTEMP >=35.5CW/IN 30MIN	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4560F	ANESTH W/O GEN/NEURAX ANESTH	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4561F	PT W/ CORONARY ARTERY STENT	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4562F	PT W/O CORONARY ARTERY STENT	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
4563F	PT RECVD ASPIRIN W/IN 24 HRS	Category II Codes	Therapeutic, Preventive or Other Interventions	No	None
5005F	PT COUNSLD ON EXAM FOR MOLES	Category II Codes	Follow-up or Other Outcomes	No	None
5010F	MACUL RESULT PHY/QHP MNG DM	Category II Codes	Follow-up or Other Outcomes	No	None
5015F	DOC FX & TEST/TXMNT FOR OP	Category II Codes	Follow-up or Other Outcomes	No	None
5020F	TXMNTS 2 PHYS/QHP BY 1 MON	Category II Codes	Follow-up or Other Outcomes	No	None
5050F	PLAN 2 MAIN DR BY 1 MONTH	Category II Codes	Follow-up or Other Outcomes	No	None
5060F	FNDNGS MAMMO 2PT W/IN 3 DAYS	Category II Codes	Follow-up or Other Outcomes	No	None
5062F	MAMMO RESULT COM TO PT 5 DAY	Category II Codes	Follow-up or Other Outcomes	No	None
5100F	RSK FX REF W/N 24 HRS XRAY	Category II Codes	Follow-up or Other Outcomes	No	None

5200F	EVAL APPROX SURG THXPY EPI	Category II Codes	Follow-up or Other Outcomes	No	None
5250F	ASTHMA DISCHARGE PLAN PRESENT	Category II Codes	Follow-up or Other Outcomes	No	None
6005F	CARE LEVEL RATIONALE DOC	Category II Codes	Patient Safety	No	None
6010F	DYSPHAG TEST DONE B/4 EATING	Category II Codes	Patient Safety	No	None
6015F	DYSPHAG TEST DONE B/4 EATING	Category II Codes	Patient Safety	No	None
6020F	NPO (NOTHING-MOUTH) ORDERED	Category II Codes	Patient Safety	No	None
6030F	MAX STERILE BARRIERS FLWD	Category II Codes	Patient Safety	No	None
6040F	APPRO RAD DS DVCS TECHS DOCD	Category II Codes	Patient Safety	No	None
6045F	RADXPS IN END RPRT4FLURO PXD	Category II Codes	Patient Safety	No	None
6070F	PT ASKED/CNSLD AED EFFECTS	Category II Codes	Patient Safety	No	None
6080F	PT/CAREGIVER QUERIED FALLS	Category II Codes	Patient Safety	No	None
6090F	PT/CAREGIVER COUNSEL SAFETY	Category II Codes	Patient Safety	No	None
6100F	VERIFY PT SITE PXD DOCD	Category II Codes	Patient Safety	No	None
6101F	SAFETY COUNSELING DEMENTIA	Category II Codes	Patient Safety	No	None
6102F	SAFETY COUNSELING DEM ORDER	Category II Codes	Patient Safety	No	None
6110F	COUNSEL PROV DRIVING RISKS	Category II Codes	Patient Safety	No	None
6150F	PT NOTRCVNG1ST ANTITNF TXMNT	Category II Codes	Patient Safety	No	None
7010F	PT INFO INTO RECALL SYSTEM	Category II Codes	Structural Measures	No	None
7020F	MAMMO ASSESS CAT IN DBASE	Category II Codes	Structural Measures	No	None
7025F	PT INFOSYS ALARM 4 NXT MAMMO	Category II Codes	Structural Measures	No	None
9001F	AORTIC ANEURYSM<5CM DIAM CT	Category II Codes	Non-Measure Claims Based Reporting	No	None
9002F	AORTIC ANEURYSM 5-5.4CM DIAM	Category II Codes	Non-Measure Claims Based Reporting	No	None
9003F	AORTIC ANRYSM5.5-5.9CM DIAM	Category II Codes	Non-Measure Claims Based Reporting	No	None
9004F	AORTIC ANRYSM 6/> CM DIAM	Category II Codes	Non-Measure Claims Based Reporting	No	None
9005F	ASYMPT CAROT/VRTBRBAS STEN	Category II Codes	Non-Measure Claims Based Reporting	No	None
9006F	SYMPT STEN-TIA/STRK<120DAYS	Category II Codes	Non-Measure Claims Based Reporting	No	None
9007F	OTHER CAROT STEN 120 DAYS/>	Category II Codes	Non-Measure Claims Based Reporting	No	None
A0021	Ambulance service, outside state per mile, transport (Medicaid only)	Ambulance and Other Transport Services and Supplies	Emergent Transportation Services	No	None
A0080	Non-emergency transportation, per mile - vehicle provided by volunteer (individual or organization), with no vested interest	Ambulance and Other Transport Services and Supplies	Medically Related Transportation	No	None

A0090	Non-emergency transportation, per mile - vehicle provided by individual (family member, self, neighbor) with vested interest	Ambulance and Other Transport Services and Supplies	Medically Related Transportation	No	None
A0100	Non-emergency transportation; taxi	Ambulance and Other Transport Services and Supplies	Medically Related Transportation	No	None
A0110	Non-emergency transportation and bus, intra or inter state carrier	Ambulance and Other Transport Services and Supplies	Medically Related Transportation	No	None
A0120	Non-emergency transportation: mini-bus, mountain area transports, or other transportation systems	Ambulance and Other Transport Services and Supplies	Medically Related Transportation	No	None
A0130	Non-emergency transportation: wheelchair van	Ambulance and Other Transport Services and Supplies	Medically Related Transportation	No	None
A0140	Non-emergency transportation and air travel (private or commercial) intra or inter state	Ambulance and Other Transport Services and Supplies	Medically Related Transportation	No	None
A0160	Non-emergency transportation: per mile - case worker or social worker	Ambulance and Other Transport Services and Supplies	Medically Related Transportation	No	None
A0170	Transportation ancillary: parking fees, tolls, other	Ambulance and Other Transport Services and Supplies	Medically Related Transportation	No	None
A0180	Non-emergency transportation: ancillary: lodging-recipient	Ambulance and Other Transport Services and Supplies	Medically Related Transportation	No	None
A0190	Non-emergency transportation: ancillary: meals-recipient	Ambulance and Other Transport Services and Supplies	Medically Related Transportation	No	None
A0200	Non-emergency transportation: ancillary: lodging escort	Ambulance and Other Transport Services and Supplies	Medically Related Transportation	No	None
A0210	Non-emergency transportation: ancillary: meals-escort	Ambulance and Other Transport Services and Supplies	Medically Related Transportation	No	None
A0225	Ambulance service, neonatal transport, base rate, emergency transport, one way	Ambulance and Other Transport Services and Supplies	Emergent Transportation Services	No	None
A0380	BLS mileage (per mile)	Ambulance and Other Transport Services and Supplies	Emergent Transportation Services	No	None
A0382	BLS routine disposable supplies	Ambulance and Other Transport Services and Supplies	Emergent Transportation Services	No	None

A0384	BLS specialized service disposable supplies; defibrillation (used by ALS ambulances and BLS ambulances in jurisdictions where defibrillation is permitted in BLS ambulances)	Ambulance and Other Transport Services and Supplies	Emergent Transportation Services	No	None
A0390	ALS mileage (per mile)	Ambulance and Other Transport Services and Supplies	Emergent Transportation Services	No	None
A0392	ALS specialized service disposable supplies; defibrillation (to be used only in jurisdictions where defibrillation cannot be performed in BLS ambulances)	Ambulance and Other Transport Services and Supplies	Emergent Transportation Services	No	None
A0394	ALS specialized service disposable supplies; IV drug therapy	Ambulance and Other Transport Services and Supplies	Emergent Transportation Services	No	None
A0396	ALS specialized service disposable supplies; esophageal intubation	Ambulance and Other Transport Services and Supplies	Emergent Transportation Services	No	None
A0398	ALS routine disposable supplies	Ambulance and Other Transport Services and Supplies	Emergent Transportation Services	No	None
A0420	Ambulance waiting time (ALS or BLS), one half (1/2) hour increments	Ambulance and Other Transport Services and Supplies	Emergent Transportation Services	No	None
A0422	Ambulance (ALS or BLS) oxygen and oxygen supplies, life sustaining situation	Ambulance and Other Transport Services and Supplies	Emergent Transportation Services	No	None
A0424	Extra ambulance attendant, ground (ALS or BLS) or air (fixed or rotary winged); (requires medical review)	Ambulance and Other Transport Services and Supplies	Emergent Transportation Services	No	None
A0425	Ground mileage, per statute mile	Ambulance and Other Transport Services and Supplies	Emergent Transportation Services	No	None
A0426	Ambulance service, advanced life support, non-emergency transport, level 1 (ALS 1)	Ambulance and Other Transport Services and Supplies	Emergent Transportation Services	No	None
A0427	Ambulance service, advanced life support, emergency transport, level 1 (ALS 1 - emergency)	Ambulance and Other Transport Services and Supplies	Emergent Transportation Services	No	None
A0428	Ambulance service, basic life support, non-emergency transport, (BLS)	Ambulance and Other Transport Services and Supplies	Emergent Transportation Services	No	None
A0429	Ambulance service, basic life support, emergency transport (BLS-emergency)	Ambulance and Other Transport Services and Supplies	Emergent Transportation Services	No	None
A0430	Ambulance service, conventional air services, transport, one way (fixed wing)	Ambulance and Other Transport Services and Supplies	Emergent Transportation Services	No	None

A0431	Ambulance service, conventional air services, transport, one way (rotary wing)	Ambulance and Other Transport Services and Supplies	Emergent Transportation Services	No	None
A0432	Paramedic intercept (PI), rural area, transport furnished by a volunteer ambulance company which is prohibited by state law from billing third party payers	Ambulance and Other Transport Services and Supplies	Emergent Transportation Services	No	None
A0433	Advanced life support, level 2 (ALS 2)	Ambulance and Other Transport Services and Supplies	Emergent Transportation Services	No	None
A0434	Specialty care transport (SCT)	Ambulance and Other Transport Services and Supplies	Emergent Transportation Services	No	None
A0435	Fixed wing air mileage, per statute mile	Ambulance and Other Transport Services and Supplies	Emergent Air Transportation Services	No	None
A0436	Rotary wing air mileage, per statute mile	Ambulance and Other Transport Services and Supplies	Emergent Air Transportation Services	No	None
A0888	Noncovered ambulance mileage, per mile (e.g., for miles traveled beyond closest appropriate facility)	Ambulance and Other Transport Services and Supplies	Emergent Transportation Services	No	None
A0998	Ambulance response and treatment, no transport	Ambulance and Other Transport Services and Supplies	Emergent Transportation Services	No	None
A0999	Unlisted ambulance service	Ambulance and Other Transport Services and Supplies	Emergent Transportation Services	No	None
A4206	Syringe with needle, sterile, 1 cc or less, each	Medical and Surgical Supplies	Injection and Infusion Supplies	No	None
A4207	Syringe with needle, sterile 2 cc, each	Medical and Surgical Supplies	Injection and Infusion Supplies	No	None
A4208	Syringe with needle, sterile 3 cc, each	Medical and Surgical Supplies	Injection and Infusion Supplies	No	None
A4209	Syringe with needle, sterile 5 cc or greater, each	Medical and Surgical Supplies	Injection and Infusion Supplies	No	None
A4210	Needle-free injection device, each	Medical and Surgical Supplies	Injection and Infusion Supplies	No	None
A4211	Supplies for self-administered injections	Medical and Surgical Supplies	Injection and Infusion Supplies	No	None
A4212	Non-coring needle or stylet with or without catheter	Medical and Surgical Supplies	Injection and Infusion Supplies	No	Not covered in Long Term Care Setting
A4213	Syringe, sterile, 20 cc or greater, each	Medical and Surgical Supplies	Injection and Infusion Supplies	No	Not covered in Long Term Care Setting

A4215	Needle, sterile, any size, each	Medical and Surgical Supplies	Injection and Infusion Supplies	No	None
A4216	Sterile water, saline and/or dextrose, diluent/flush, 10 ml	Medical and Surgical Supplies	Injection and Infusion Supplies	No	Not covered in Long Term Care Setting
A4217	Sterile water/saline, 500 ml	Medical and Surgical Supplies	Injection and Infusion Supplies	No	Not covered in Long Term Care Setting
A4218	Sterile saline or water, metered dose dispenser, 10 ml	Medical and Surgical Supplies	Injection and Infusion Supplies	No	None
A4220	Refill kit for implantable infusion pump	Medical and Surgical Supplies	Injection and Infusion Supplies	No	Not covered in Long Term Care Setting
A4221	Supplies for maintenance of non-insulin drug infusion catheter, per week (list drugs separately)	Medical and Surgical Supplies	Injection and Infusion Supplies	No	Not covered in Long Term Care Setting
A4222	Infusion supplies for external drug infusion pump, per cassette or bag (list drugs separately)	Medical and Surgical Supplies	Injection and Infusion Supplies	No	Not covered in Long Term Care Setting
A4223	Infusion supplies not used with external infusion pump, per cassette or bag (list drugs separately)	Medical and Surgical Supplies	Injection and Infusion Supplies	No	Not covered in Long Term Care Setting
A4224	Supplies for maintenance of insulin infusion catheter, per week	Medical and Surgical Supplies	Injection and Infusion Supplies	No	Not covered in Long Term Care Setting
A4225	Supplies for external insulin infusion pump, syringe type cartridge, sterile, each	Medical and Surgical Supplies	Injection and Infusion Supplies	No	Not covered in Long Term Care Setting
A4230	Infusion set for external insulin pump, non needle cannula type	Medical and Surgical Supplies	Injection and Infusion Supplies	No	None
A4231	Infusion set for external insulin pump, needle type	Medical and Surgical Supplies	Injection and Infusion Supplies	No	None
A4232	Syringe with needle for external insulin pump, sterile, 3 cc	Medical and Surgical Supplies	Injection and Infusion Supplies	No	None
A4233	Replacement battery, alkaline (other than J cell), for use with medically necessary home blood glucose monitor owned by patient, each	Medical and Surgical Supplies	Replacement Batteries	No	Not covered in Long Term Care Setting
A4234	Replacement battery, alkaline, J cell, for use with medically necessary home blood glucose monitor owned by patient, each	Medical and Surgical Supplies	Replacement Batteries	No	Not covered in Long Term Care Setting
A4235	Replacement battery, lithium, for use with medically necessary home blood glucose monitor owned by patient, each	Medical and Surgical Supplies	Replacement Batteries	No	Not covered in Long Term Care Setting
A4236	Replacement battery, silver oxide, for use with medically necessary home blood glucose monitor owned by patient, each	Medical and Surgical Supplies	Replacement Batteries	No	Not covered in Long Term Care Setting
A4244	Alcohol or peroxide, per pint	Medical and Surgical Supplies	Other Supplies Including Diabetes Supplies and Contraceptives	No	None

A4245	Alcohol wipes, per box	Medical and Surgical Supplies	Other Supplies Including Diabetes Supplies and Contraceptives	No	None
A4246	Betadine or pHisoHex solution, per pint	Medical and Surgical Supplies	Other Supplies Including Diabetes Supplies and Contraceptives	No	None
A4247	Betadine or iodine swabs/wipes, per box	Medical and Surgical Supplies	Other Supplies Including Diabetes Supplies and Contraceptives	No	None
A4248	Chlorhexidine containing antiseptic, 1 ml	Medical and Surgical Supplies	Other Supplies Including Diabetes Supplies and Contraceptives	No	None
A4250	Urine test or reagent strips or tablets (100 tablets or strips)	Medical and Surgical Supplies	Other Supplies Including Diabetes Supplies and Contraceptives	No	None
A4252	Blood ketone test or reagent strip, each	Medical and Surgical Supplies	Other Supplies Including Diabetes Supplies and Contraceptives	No	None
A4253	Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips	Medical and Surgical Supplies	Other Supplies Including Diabetes Supplies and Contraceptives	No	None
A4255	Platforms for home blood glucose monitor, 50 per box	Medical and Surgical Supplies	Other Supplies Including Diabetes Supplies and Contraceptives	No	None
A4256	Normal, low and high calibrator solution / chips	Medical and Surgical Supplies	Other Supplies Including Diabetes Supplies and Contraceptives	No	None
A4257	Replacement lens shield cartridge for use with laser skin piercing device, each	Medical and Surgical Supplies	Other Supplies Including Diabetes Supplies and Contraceptives	No	None

A4258	Spring-powered device for lancet, each	Medical and Surgical Supplies	Other Supplies Including Diabetes Supplies and Contraceptives	No	None
A4259	Lancets, per box of 100	Medical and Surgical Supplies	Other Supplies Including Diabetes Supplies and Contraceptives	No	None
A4261	Cervical cap for contraceptive use	Medical and Surgical Supplies	Other Supplies Including Diabetes Supplies and Contraceptives	No	None
A4262	Temporary, absorbable lacrimal duct implant, each	Medical and Surgical Supplies	Other Supplies Including Diabetes Supplies and Contraceptives	No	None
A4263	Permanent, long term, non-dissolvable lacrimal duct implant, each	Medical and Surgical Supplies	Other Supplies Including Diabetes Supplies and Contraceptives	No	None
A4264	Permanent implantable contraceptive intratubal occlusion device(s) and delivery system	Medical and Surgical Supplies	Other Supplies Including Diabetes Supplies and Contraceptives	No	None
A4265	Paraffin, per pound	Medical and Surgical Supplies	Other Supplies Including Diabetes Supplies and Contraceptives	No	Not covered in Long Term Care Setting
A4266	Diaphragm for contraceptive use	Medical and Surgical Supplies	Other Supplies Including Diabetes Supplies and Contraceptives	No	None
A4267	Contraceptive supply, condom, male, each	Medical and Surgical Supplies	Other Supplies Including Diabetes Supplies and Contraceptives	No	Not covered in Long Term Care Setting
A4268	Contraceptive supply, condom, female, each	Medical and Surgical Supplies	Other Supplies Including Diabetes Supplies and Contraceptives	No	Not covered in Long Term Care Setting

A4269	Contraceptive supply, spermicide (e.g., foam, gel), each	Medical and Surgical Supplies	Other Supplies Including Diabetes Supplies and Contraceptives	No	Not covered in Long Term Care Setting
A4270	Disposable endoscope sheath, each	Medical and Surgical Supplies	Other Supplies Including Diabetes Supplies and Contraceptives	No	None
A4280	Adhesive skin support attachment for use with external breast prosthesis, each	Medical and Surgical Supplies	Other Supplies Including Diabetes Supplies and Contraceptives	No	None
A4281	Tubing for breast pump, replacement	Medical and Surgical Supplies	Other Supplies Including Diabetes Supplies and Contraceptives	No	None
A4282	Adapter for breast pump, replacement	Medical and Surgical Supplies	Other Supplies Including Diabetes Supplies and Contraceptives	No	None
A4283	Cap for breast pump bottle, replacement	Medical and Surgical Supplies	Other Supplies Including Diabetes Supplies and Contraceptives	No	None
A4284	Breast shield and splash protector for use with breast pump, replacement	Medical and Surgical Supplies	Other Supplies Including Diabetes Supplies and Contraceptives	No	Not covered in Long Term Care Setting
A4285	Polycarbonate bottle for use with breast pump, replacement	Medical and Surgical Supplies	Other Supplies Including Diabetes Supplies and Contraceptives	No	None
A4286	Locking ring for breast pump, replacement	Medical and Surgical Supplies	Other Supplies Including Diabetes Supplies and Contraceptives	No	None
A4290	Sacral nerve stimulation test lead, each	Medical and Surgical Supplies	Other Supplies Including Diabetes Supplies and Contraceptives	No	None

A4300	Implantable access catheter, (e.g., venous, arterial, epidural subarachnoid, or peritoneal, etc.) external access	Medical and Surgical Supplies	Access Catheters and Drug Delivery Systems	No	None
A4301	Implantable access total catheter, port/reservoir (e.g., venous, arterial, epidural, subarachnoid, peritoneal, etc.)	Medical and Surgical Supplies	Access Catheters and Drug Delivery Systems	No	None
A4305	Disposable drug delivery system, flow rate of 50 ml or greater per hour	Medical and Surgical Supplies	Access Catheters and Drug Delivery Systems	No	None
A4306	Disposable drug delivery system, flow rate of less than 50 ml per hour	Medical Surgical Supplies	Access Catheters and Drug Delivery Systems	No	None
A4310	Insertion tray without drainage bag and without catheter (accessories only)	Medical Surgical Supplies	Incontinence Devices and Supplies	No	Not covered in Long Term Care Setting
A4311	Insertion tray without drainage bag with indwelling catheter, Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.)	Medical Surgical Supplies	Incontinence Devices and Supplies	No	Not covered in Long Term Care Setting
A4312	Insertion tray without drainage bag with indwelling catheter, Foley type, two-way, all silicone	Medical Surgical Supplies	Incontinence Devices and Supplies	No	Not covered in Long Term Care Setting
A4313	Insertion tray without drainage bag with indwelling catheter, Foley type, three-way, for continuous irrigation	Medical Surgical Supplies	Incontinence Devices and Supplies	No	Not covered in Long Term Care Setting
A4314	Insertion tray with drainage bag with indwelling catheter, Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.)	Medical Surgical Supplies	Incontinence Devices and Supplies	No	Not covered in Long Term Care Setting
A4315	Insertion tray with drainage bag with indwelling catheter, Foley type, two-way, all silicone	Medical Surgical Supplies	Incontinence Devices and Supplies	No	Not covered in Long Term Care Setting
A4316	Insertion tray with drainage bag with indwelling catheter, Foley type, three-way, for continuous irrigation	Medical Surgical Supplies	Incontinence Devices and Supplies	No	Not covered in Long Term Care Setting
A4320	Irrigation tray with bulb or piston syringe, any purpose	Medical Surgical Supplies	Incontinence Devices and Supplies	No	Not covered in Long Term Care Setting
A4321	Therapeutic agent for urinary catheter irrigation	Medical Surgical Supplies	Incontinence Devices and Supplies	No	None
A4322	Irrigation syringe, bulb or piston, each	Medical Surgical Supplies	Incontinence Devices and Supplies	No	Not covered in Long Term Care Setting
A4326	Male external catheter with integral collection chamber, any type, each	Medical Surgical Supplies	Incontinence Devices and Supplies	No	Not covered in Long Term Care Setting
A4327	Female external urinary collection device; metal cup, each	Medical Surgical Supplies	Incontinence Devices and Supplies	No	Not covered in Long Term Care Setting
A4328	Female external urinary collection device; pouch, each	Medical Surgical Supplies	Incontinence Devices and Supplies	No	Not covered in Long Term Care Setting
A4330	Perianal fecal collection pouch with adhesive, each	Medical Surgical Supplies	Incontinence Devices and Supplies	No	Not covered in Long Term Care Setting

A4331	Extension drainage tubing, any type, any length, with connector/adaptor, for use with urinary leg bag or urostomy pouch, each	Medical Surgical Supplies	Incontinence Devices and Supplies	No	Not covered in Long Term Care Setting
A4332	Lubricant, individual sterile packet, each	Medical Surgical Supplies	Incontinence Devices and Supplies	No	Not covered in Long Term Care Setting
A4333	Urinary catheter anchoring device, adhesive skin attachment, each	Medical Surgical Supplies	Incontinence Devices and Supplies	No	Not covered in Long Term Care Setting
A4334	Urinary catheter anchoring device, leg strap, each	Medical Surgical Supplies	Incontinence Devices and Supplies	No	Not covered in Long Term Care Setting
A4335	Incontinence supply; miscellaneous	Medical Surgical Supplies	Incontinence Devices and Supplies	No	None
A4336	Incontinence supply, urethral insert, any type, each	Medical Surgical Supplies	Incontinence Devices and Supplies	No	None
A4337	Incontinence supply, rectal insert, any type, each	Medical Surgical Supplies	Incontinence Devices and Supplies	No	None
A4338	Indwelling catheter; Foley type, two-way latex with coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each	Medical Surgical Supplies	Incontinence Devices and Supplies	No	Not covered in Long Term Care Setting
A4340	Indwelling catheter; specialty type, (e.g., Coude, mushroom, wing, etc.), each	Medical Surgical Supplies	Incontinence Devices and Supplies	No	Not covered in Long Term Care Setting
A4344	Indwelling catheter, Foley type, two-way, all silicone, each	Medical Surgical Supplies	Incontinence Devices and Supplies	No	Not covered in Long Term Care Setting
A4346	Indwelling catheter; Foley type, three way for continuous irrigation, each	Medical Surgical Supplies	Incontinence Devices and Supplies	No	None
A4349	Male external catheter, with or without adhesive, disposable, each	Medical Surgical Supplies	Incontinence Devices and Supplies	No	Not covered in Long Term Care Setting
A4351	Intermittent urinary catheter; straight tip, with or without coating (Teflon, silicone, silicone elastomer, or hydrophilic, etc.), each	Medical Surgical Supplies	Incontinence Devices and Supplies	No	Not covered in Long Term Care Setting
A4352	Intermittent urinary catheter; Coude (curved) tip, with or without coating (Teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each	Medical Surgical Supplies	Incontinence Devices and Supplies	No	Not covered in Long Term Care Setting
A4353	Intermittent urinary catheter, with insertion supplies	Medical Surgical Supplies	Incontinence Devices and Supplies	No	Not covered in Long Term Care Setting
A4354	Insertion tray with drainage bag but without catheter	Medical Surgical Supplies	Incontinence Devices and Supplies	No	None
A4355	Irrigation tubing set for continuous bladder irrigation through a three-way indwelling Foley catheter, each	Medical Surgical Supplies	Incontinence Devices and Supplies	No	Not covered in Long Term Care Setting
A4356	External urethral clamp or compression device (not to be used for catheter clamp), each	Medical Surgical Supplies	Incontinence Devices and Supplies	No	Not covered in Long Term Care Setting
A4357	Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube, each	Medical Surgical Supplies	Incontinence Devices and Supplies	No	Not covered in Long Term Care Setting

A4358	Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each	Medical Surgical Supplies	Incontinence Devices and Supplies	No	Not covered in Long Term Care Setting
A4360	Disposable external urethral clamp or compression device, with pad and/or pouch, each	Medical Surgical Supplies	Incontinence Devices and Supplies	No	Not covered in Long Term Care Setting
A4361	Ostomy faceplate, each	Medical Surgical Supplies	Ostomy Pouches and Supplies	No	None
A4362	Skin barrier; solid, 4 x 4 or equivalent; each	Medical Surgical Supplies	Ostomy Pouches and Supplies	No	None
A4363	Ostomy clamp, any type, replacement only, each	Medical Surgical Supplies	Ostomy Pouches and Supplies	No	None
A4364	Adhesive, liquid or equal, any type, per ounce	Medical Surgical Supplies	Ostomy Pouches and Supplies	No	None
A4366	Ostomy vent, any type, each	Medical Surgical Supplies	Ostomy Pouches and Supplies	No	None
A4367	Ostomy belt, each	Medical Surgical Supplies	Ostomy Pouches and Supplies	No	None
A4368	Ostomy filter, any type, each	Medical Surgical Supplies	Ostomy Pouches and Supplies	No	None
A4369	Ostomy skin barrier, liquid (spray, brush, etc.), per ounce	Medical Surgical Supplies	Ostomy Pouches and Supplies	No	None
A4371	Ostomy skin barrier, powder, per ounce	Medical Surgical Supplies	Ostomy Pouches and Supplies	No	None
A4372	Ostomy skin barrier, solid 4 x 4 or equivalent, standard wear, with built-in convexity, each	Medical Surgical Supplies	Ostomy Pouches and Supplies	No	None
A4373	Ostomy skin barrier, with flange (solid, flexible or accordion), with built-in convexity, any size, each	Medical Surgical Supplies	Ostomy Pouches and Supplies	No	None
A4375	Ostomy pouch, drainable, with faceplate attached, plastic, each	Medical Surgical Supplies	Ostomy Pouches and Supplies	No	None
A4376	Ostomy pouch, drainable, with faceplate attached, rubber, each	Medical Surgical Supplies	Ostomy Pouches and Supplies	No	None
A4377	Ostomy pouch, drainable, for use on faceplate, plastic, each	Medical Surgical Supplies	Ostomy Pouches and Supplies	No	None
A4378	Ostomy pouch, drainable, for use on faceplate, rubber, each	Medical Surgical Supplies	Ostomy Pouches and Supplies	No	None
A4379	Ostomy pouch, urinary, with faceplate attached, plastic, each	Medical Surgical Supplies	Ostomy Pouches and Supplies	No	None
A4380	Ostomy pouch, urinary, with faceplate attached, rubber, each	Medical Surgical Supplies	Ostomy Pouches and Supplies	No	None
A4381	Ostomy pouch, urinary, for use on faceplate, plastic, each	Medical Surgical Supplies	Ostomy Pouches and Supplies	No	None

A4382	Ostomy pouch, urinary, for use on faceplate, heavy plastic, each	Medical Surgical Supplies	Ostomy Pouches and Supplies	No	None
A4383	Ostomy pouch, urinary, for use on faceplate, rubber, each	Medical Surgical Supplies	Ostomy Pouches and Supplies	No	None
A4384	Ostomy faceplate equivalent, silicone ring, each	Medical Surgical Supplies	Ostomy Pouches and Supplies	No	None
A4385	Ostomy skin barrier, solid 4 x 4 or equivalent, extended wear, without built-in convexity, each	Medical Surgical Supplies	Ostomy Pouches and Supplies	No	None
A4387	Ostomy pouch, closed, with barrier attached, with built-in convexity (1 piece), each	Medical Surgical Supplies	Ostomy Pouches and Supplies	No	None
A4388	Ostomy pouch, drainable, with extended wear barrier attached, (1 piece), each	Medical Surgical Supplies	Ostomy Pouches and Supplies	No	None
A4389	Ostomy pouch, drainable, with barrier attached, with built-in convexity (1 piece), each	Medical Surgical Supplies	Ostomy Pouches and Supplies	No	None
A4390	Ostomy pouch, drainable, with extended wear barrier attached, with built-in convexity (1 piece), each	Medical Surgical Supplies	Ostomy Pouches and Supplies	No	None
A4391	Ostomy pouch, urinary, with extended wear barrier attached (1 piece), each	Medical Surgical Supplies	Ostomy Pouches and Supplies	No	None
A4392	Ostomy pouch, urinary, with standard wear barrier attached, with built-in convexity (1 piece), each	Medical Surgical Supplies	Ostomy Pouches and Supplies	No	None
A4393	Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity (1 piece), each	Medical Surgical Supplies	Ostomy Pouches and Supplies	No	None
A4394	Ostomy deodorant, with or without lubricant, for use in ostomy pouch, per fluid ounce	Medical Surgical Supplies	Ostomy Pouches and Supplies	No	None
A4395	Ostomy deodorant for use in ostomy pouch, solid, per tablet	Medical Surgical Supplies	Ostomy Pouches and Supplies	No	None
A4396	Ostomy belt with peristomal hernia support	Medical Surgical Supplies	Ostomy Pouches and Supplies	No	None
A4397	Irrigation supply; sleeve, each	Medical Surgical Supplies	Ostomy Pouches and Supplies	No	None
A4398	Ostomy irrigation supply; bag, each	Medical Surgical Supplies	Ostomy Pouches and Supplies	No	None
A4399	Ostomy irrigation supply; cone/catheter, with or without brush	Medical Surgical Supplies	Ostomy Pouches and Supplies	No	None
A4400	Ostomy irrigation set	Medical Surgical Supplies	Ostomy Pouches and Supplies	No	None
A4402	Lubricant, per ounce	Medical Surgical Supplies	Ostomy Pouches and Supplies	No	None
A4404	Ostomy ring, each	Medical Surgical Supplies	Ostomy Pouches and Supplies	No	None

A4405	Ostomy skin barrier, non-pectin based, paste, per ounce	Medical Surgical Supplies	Ostomy Pouches and Supplies	No	None
A4406	Ostomy skin barrier, pectin-based, paste, per ounce	Medical Surgical Supplies	Ostomy Pouches and Supplies	No	None
A4407	Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, with built-in convexity, 4 x 4 inches or smaller, each	Medical Surgical Supplies	Ostomy Pouches and Supplies	No	None
A4408	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, with built-in convexity, larger than 4 x 4 inches, each	Medical Surgical Supplies	Ostomy Pouches and Supplies	No	None
A4409	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, 4 x 4 inches or smaller, each	Medical Surgical Supplies	Ostomy Pouches and Supplies	No	None
A4410	Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, larger than 4 x 4 inches, each	Medical Surgical Supplies	Ostomy Pouches and Supplies	No	None
A4411	Ostomy skin barrier, solid 4 x 4 or equivalent, extended wear, with built-in convexity, each	Medical Surgical Supplies	Ostomy Pouches and Supplies	No	None
A4412	Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), without filter, each	Medical Surgical Supplies	Ostomy Pouches and Supplies	No	None
A4413	Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), with filter, each	Medical Surgical Supplies	Ostomy Pouches and Supplies	No	None
A4414	Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, 4 x 4 inches or smaller, each	Medical Surgical Supplies	Ostomy Pouches and Supplies	No	None
A4415	Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, larger than 4 x 4 inches, each	Medical Surgical Supplies	Ostomy Pouches and Supplies	No	None
A4416	Ostomy pouch, closed, with barrier attached, with filter (1 piece), each	Medical Surgical Supplies	Ostomy Pouches and Supplies	No	None
A4417	Ostomy pouch, closed, with barrier attached, with built-in convexity, with filter (1 piece), each	Medical Surgical Supplies	Ostomy Pouches and Supplies	No	None
A4418	Ostomy pouch, closed; without barrier attached, with filter (1 piece), each	Medical Surgical Supplies	Ostomy Pouches and Supplies	No	None
A4419	Ostomy pouch, closed; for use on barrier with non-locking flange, with filter (2 piece), each	Medical Surgical Supplies	Ostomy Pouches and Supplies	No	None
A4420	Ostomy pouch, closed; for use on barrier with locking flange (2 piece), each	Medical Surgical Supplies	Ostomy Pouches and Supplies	No	None
A4421	Ostomy supply; miscellaneous	Medical Surgical Supplies	Ostomy Pouches and Supplies	Yes	None
A4422	Ostomy absorbent material (sheet/pad/crystal packet) for use in ostomy pouch to thicken liquid stomal output, each	Medical Surgical Supplies	Ostomy Pouches and Supplies	No	None

A4423	Ostomy pouch, closed; for use on barrier with locking flange, with filter (2 piece), each	Medical Surgical Supplies	Ostomy Pouches and Supplies	No	None
A4424	Ostomy pouch, drainable, with barrier attached, with filter (1 piece), each	Medical Surgical Supplies	Ostomy Pouches and Supplies	No	None
A4425	Ostomy pouch, drainable; for use on barrier with non-locking flange, with filter (2 piece system), each	Medical Surgical Supplies	Ostomy Pouches and Supplies	No	None
A4426	Ostomy pouch, drainable; for use on barrier with locking flange (2 piece system), each	Medical Surgical Supplies	Ostomy Pouches and Supplies	No	None
A4427	Ostomy pouch, drainable; for use on barrier with locking flange, with filter (2 piece system), each	Medical Surgical Supplies	Ostomy Pouches and Supplies	No	None
A4428	Ostomy pouch, urinary, with extended wear barrier attached, with faucet-type tap with valve (1 piece), each	Medical Surgical Supplies	Ostomy Pouches and Supplies	No	None
A4429	Ostomy pouch, urinary, with barrier attached, with built-in convexity, with faucet-type tap with valve (1 piece), each	Medical Surgical Supplies	Ostomy Pouches and Supplies	No	None
A4430	Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity, with faucet-type tap with valve (1 piece), each	Medical Surgical Supplies	Ostomy Pouches and Supplies	No	None
A4431	Ostomy pouch, urinary; with barrier attached, with faucet-type tap with valve (1 piece), each	Medical Surgical Supplies	Ostomy Pouches and Supplies	No	None
A4432	Ostomy pouch, urinary; for use on barrier with non-locking flange, with faucet-type tap with valve (2 piece), each	Medical Surgical Supplies	Ostomy Pouches and Supplies	No	None
A4433	Ostomy pouch, urinary; for use on barrier with locking flange (2 piece), each	Medical Surgical Supplies	Ostomy Pouches and Supplies	No	None
A4434	Ostomy pouch, urinary; for use on barrier with locking flange, with faucet-type tap with valve (2 piece), each	Medical Surgical Supplies	Ostomy Pouches and Supplies	No	None
A4435	Ostomy pouch, drainable, high output, with extended wear barrier (one-piece system), with or without filter, each	Medical Surgical Supplies	Ostomy Pouches and Supplies	No	None
A4450	Tape, non-waterproof, per 18 square inches	Medical Surgical Supplies	Miscellaneous Supplies - Including Tapes and Surgical Dressings	No	Not covered in Long Term Care Setting
A4452	Tape, waterproof, per 18 square inches	Medical Surgical Supplies	Miscellaneous Supplies - Including Tapes and Surgical Dressings	No	Not covered in Long Term Care Setting
A4455	Adhesive remover or solvent (for tape, cement or other adhesive), per ounce	Medical Surgical Supplies	Miscellaneous Supplies - Including Tapes and Surgical Dressings	No	None

A4456	Adhesive remover, wipes, any type, each	Medical Surgical Supplies	Miscellaneous Supplies - Including Tapes and Surgical Dressings	No	None
A4458	Enema bag with tubing, reusable	Medical Surgical Supplies	Miscellaneous Supplies - Including Tapes and Surgical Dressings	No	None
A4459	Manual pump-operated enema system, includes balloon, catheter and all accessories, reusable, any type	Medical Surgical Supplies	Miscellaneous Supplies - Including Tapes and Surgical Dressings	Yes	None
A4461	Surgical dressing holder, non-reusable, each	Medical Surgical Supplies	Miscellaneous Supplies - Including Tapes and Surgical Dressings	No	None
A4463	Surgical dressing holder, reusable, each	Medical Surgical Supplies	Miscellaneous Supplies - Including Tapes and Surgical Dressings	No	Not covered in Long Term Care Setting
A4465	Non-elastic binder for extremity	Medical Surgical Supplies	Miscellaneous Supplies - Including Tapes and Surgical Dressings	No	Not covered in Long Term Care Setting
A4466	ELASTIC GARMENT/COVERING	None	None	No	None
A4467	Belt, strap, sleeve, garment, or covering, any type	Medical Surgical Supplies	Miscellaneous Supplies - Including Tapes and Surgical Dressings	No	Not covered in Long Term Care Setting
A4470	Gravlee jet washer	Medical Surgical Supplies	Miscellaneous Supplies - Including Tapes and Surgical Dressings	No	None
A4480	VABRA aspirator	Medical Surgical Supplies	Miscellaneous Supplies - Including Tapes and Surgical Dressings	No	None
A4481	Tracheostoma filter, any type, any size, each	Medical Surgical Supplies	Miscellaneous Supplies - Including Tapes and Surgical Dressings	No	Not covered in Long Term Care Setting

A4483	Moisture exchanger, disposable, for use with invasive mechanical ventilation	Medical Surgical Supplies	Miscellaneous Supplies - Including Tapes and Surgical Dressings	No	None
A4490	Surgical stockings above knee length, each	Medical Surgical Supplies	Miscellaneous Supplies - Including Tapes and Surgical Dressings	No	None
A4495	Surgical stockings thigh length, each	Medical Surgical Supplies	Miscellaneous Supplies - Including Tapes and Surgical Dressings	No	None
A4500	Surgical stockings below knee length, each	Medical Surgical Supplies	Miscellaneous Supplies - Including Tapes and Surgical Dressings	No	None
A4510	Surgical stockings full length, each	Medical Surgical Supplies	Miscellaneous Supplies - Including Tapes and Surgical Dressings	No	None
A4520	Incontinence garment, any type, (e.g., brief, diaper), each	Medical Surgical Supplies	Miscellaneous Supplies - Including Tapes and Surgical Dressings	No	None
A4550	Surgical trays	Medical Surgical Supplies	Miscellaneous Supplies - Including Tapes and Surgical Dressings	No	None
A4553	Non-disposable underpads, all sizes	Medical Surgical Supplies	Miscellaneous Supplies - Including Tapes and Surgical Dressings	No	None
A4554	Disposable underpads, all sizes	Medical Surgical Supplies	Miscellaneous Supplies - Including Tapes and Surgical Dressings	No	None
A4555	Electrode/transducer for use with electrical stimulation device used for cancer treatment, replacement only	Medical Surgical Supplies	Miscellaneous Supplies - Including Tapes and Surgical Dressings	No	Not covered in Long Term Care Setting

A4556	Electrodes, (e.g., apnea monitor), per pair	Medical Surgical Supplies	Miscellaneous Supplies - Including Tapes and Surgical Dressings	No	Not covered in Long Term Care Setting
A4557	Lead wires, (e.g., apnea monitor), per pair	Medical Surgical Supplies	Miscellaneous Supplies - Including Tapes and Surgical Dressings	No	None
A4558	Conductive gel or paste, for use with electrical device (e.g., TENS, NMES), per ounce	Medical Surgical Supplies	Miscellaneous Supplies - Including Tapes and Surgical Dressings	No	None
A4559	Coupling gel or paste, for use with ultrasound device, per ounce	Medical Surgical Supplies	Miscellaneous Supplies - Including Tapes and Surgical Dressings	No	None
A4561	Pessary, rubber, any type	Medical Surgical Supplies	Miscellaneous Supplies - Including Tapes and Surgical Dressings	No	None
A4562	Pessary, non rubber, any type	Medical Surgical Supplies	Miscellaneous Supplies - Including Tapes and Surgical Dressings	No	None
A4563	Rectal control system for vaginal insertion, for long term use, includes pump and all supplies and accessories, any type each	Medical and Surgical Supplies	Various Supplies	No	None
A4565	Slings	Medical Surgical Supplies	Miscellaneous Supplies - Including Tapes and Surgical Dressings	No	Not covered in Long Term Care Setting
A4566	Shoulder sling or vest design, abduction restrainer, with or without swathe control, prefabricated, includes fitting and adjustment	Medical Surgical Supplies	Miscellaneous Supplies - Including Tapes and Surgical Dressings	No	Not covered in Long Term Care Setting
A4570	Splint	Medical Surgical Supplies	Miscellaneous Supplies - Including Tapes and Surgical Dressings	No	None

A4575	Topical hyperbaric oxygen chamber, disposable	Medical Surgical Supplies	Miscellaneous Supplies - Including Tapes and Surgical Dressings	No	None
A4580	Cast supplies (e.g., plaster)	Medical Surgical Supplies	Miscellaneous Supplies - Including Tapes and Surgical Dressings	No	None
A4590	Special casting material (e.g., fiberglass)	Medical Surgical Supplies	Miscellaneous Supplies - Including Tapes and Surgical Dressings	No	None
A4595	Electrical stimulator supplies, 2 lead, per month, (e.g., TENS, NMES)	Medical Surgical Supplies	Miscellaneous Supplies - Including Tapes and Surgical Dressings	No	Not covered in Long Term Care Setting
A4600	Sleeve for intermittent limb compression device, replacement only, each	Medical Surgical Supplies	Miscellaneous Supplies - Including Tapes and Surgical Dressings	No	None
A4601	Lithium ion battery, rechargeable, for non-prosthetic use, replacement	Medical Surgical Supplies	Miscellaneous Supplies - Including Tapes and Surgical Dressings	No	None
A4602	Replacement battery for external infusion pump owned by patient, lithium, 1.5 volt, each	Medical Surgical Supplies	Miscellaneous Supplies - Including Tapes and Surgical Dressings	No	None
A4604	Tubing with integrated heating element for use with positive airway pressure device	Medical Surgical Supplies	Miscellaneous Supplies - Including Tapes and Surgical Dressings	No	Not covered in Long Term Care Setting
A4605	Tracheal suction catheter, closed system, each	Medical Surgical Supplies	Miscellaneous Supplies - Including Tapes and Surgical Dressings	No	Not covered in Long Term Care Setting
A4606	Oxygen probe for use with oximeter device, replacement	Medical Surgical Supplies	Miscellaneous Supplies - Including Tapes and Surgical Dressings	No	Not covered in Long Term Care Setting

A4608	Transtracheal oxygen catheter, each	Medical Surgical Supplies	Miscellaneous Supplies - Including Tapes and Surgical Dressings	No	None
A4611	Battery, heavy duty; replacement for patient owned ventilator	Medical Surgical Supplies	Respiratory Supplies and Oxygen Equipment	No	None
A4612	Battery cables; replacement for patient-owned ventilator	Medical Surgical Supplies	Respiratory Supplies and Oxygen Equipment	No	None
A4613	Battery charger; replacement for patient-owned ventilator	Medical Surgical Supplies	Respiratory Supplies and Oxygen Equipment	No	None
A4614	Peak expiratory flow rate meter, hand held	Medical Surgical Supplies	Respiratory Supplies and Oxygen Equipment	No	None
A4615	Cannula, nasal	Medical Surgical Supplies	Respiratory Supplies and Oxygen Equipment	No	Not covered in Long Term Care Setting
A4616	Tubing (oxygen), per foot	Medical Surgical Supplies	Respiratory Supplies and Oxygen Equipment	No	None
A4617	Mouth piece	Medical Surgical Supplies	Respiratory Supplies and Oxygen Equipment	No	None
A4618	Breathing circuits	Medical Surgical Supplies	Respiratory Supplies and Oxygen Equipment	No	None
A4619	Face tent	Medical Surgical Supplies	Respiratory Supplies and Oxygen Equipment	No	Not covered in Long Term Care Setting
A4620	Variable concentration mask	Medical Surgical Supplies	Respiratory Supplies and Oxygen Equipment	No	None
A4623	Tracheostomy, inner cannula	Medical Surgical Supplies	Respiratory Supplies and Oxygen Equipment	No	Not covered in Long Term Care Setting
A4624	Tracheal suction catheter, any type other than closed system, each	Medical Surgical Supplies	Respiratory Supplies and Oxygen Equipment	No	Not covered in Long Term Care Setting
A4625	Tracheostomy care kit for new tracheostomy	Medical Surgical Supplies	Respiratory Supplies and Oxygen Equipment	No	None

A4626	Tracheostomy cleaning brush, each	Medical Surgical Supplies	Respiratory Supplies and Oxygen Equipment	No	Not covered in Long Term Care Setting
A4627	Spacer, bag or reservoir, with or without mask, for use with metered dose inhaler	Medical Surgical Supplies	Respiratory Supplies and Oxygen Equipment	No	None
A4628	Oropharyngeal suction catheter, each	Medical Surgical Supplies	Respiratory Supplies and Oxygen Equipment	No	Not covered in Long Term Care Setting
A4629	Tracheostomy care kit for established tracheostomy	Medical Surgical Supplies	Respiratory Supplies and Oxygen Equipment	No	Not covered in Long Term Care Setting
A4630	Replacement batteries, medically necessary, transcutaneous electrical stimulator, owned by patient	Medical Surgical Supplies	Replacement Parts	No	Not covered in Long Term Care Setting
A4633	Replacement bulb/lamp for ultraviolet light therapy system, each	Medical Surgical Supplies	Replacement Parts	No	None
A4634	Replacement bulb for therapeutic light box, tabletop model	Medical Surgical Supplies	Replacement Parts	No	None
A4635	Underarm pad, crutch, replacement, each	Medical Surgical Supplies	Replacement Parts	No	Not covered in Long Term Care Setting
A4636	Replacement, handgrip, cane, crutch, or walker, each	Medical Surgical Supplies	Replacement Parts	No	Not covered in Long Term Care Setting
A4637	Replacement, tip, cane, crutch, walker, each.	Medical Surgical Supplies	Replacement Parts	No	Not covered in Long Term Care Setting
A4638	Replacement battery for patient-owned ear pulse generator, each	Medical Surgical Supplies	Replacement Parts	No	None
A4639	Replacement pad for infrared heating pad system, each	Medical Surgical Supplies	Replacement Parts	No	None
A4640	Replacement pad for use with medically necessary alternating pressure pad owned by patient	Medical Surgical Supplies	Replacement Parts	No	Not covered in Long Term Care Setting
A4641	Radiopharmaceutical, diagnostic, not otherwise classified	Medical Surgical Supplies	Diagnostic Radiopharmaceuticals	No	Service is within the scope of NIA delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/rates
A4642	Indium In-111 satumomab pentetide, diagnostic, per study dose, up to 6 millicuries	Medical Surgical Supplies	Diagnostic Radiopharmaceuticals	No	None
A4648	Tissue marker, implantable, any type, each	Medical Surgical Supplies	Miscellaneous Supplies	No	None
A4649	Surgical supply; miscellaneous	Medical Surgical Supplies	Miscellaneous Supplies	Yes	None
A4650	Implantable radiation dosimeter, each	Medical Surgical Supplies	Miscellaneous Supplies	No	None
A4651	Calibrated microcapillary tube, each	Medical Surgical Supplies	Miscellaneous Supplies	No	None
A4652	Microcapillary tube sealant	Medical Surgical Supplies	Miscellaneous Supplies	No	None
A4653	Peritoneal dialysis catheter anchoring device, belt, each	Medical Surgical Supplies	Dialysis Equipment and Supplies	No	None

A4657	Syringe, with or without needle, each	Medical Surgical Supplies	Dialysis Equipment and Supplies	No	None
A4660	Sphygmomanometer/blood pressure apparatus with cuff and stethoscope	Medical Surgical Supplies	Dialysis Equipment and Supplies	No	Not covered in Long Term Care Setting
A4663	Blood pressure cuff only	Medical Surgical Supplies	Dialysis Equipment and Supplies	No	Not covered in Long Term Care Setting
A4670	Automatic blood pressure monitor	Medical Surgical Supplies	Dialysis Equipment and Supplies	No	Not covered in Long Term Care Setting
A4671	Disposable cyclor set used with cyclor dialysis machine, each	Medical Surgical Supplies	Dialysis Equipment and Supplies	No	None
A4672	Drainage extension line, sterile, for dialysis, each	Medical Surgical Supplies	Dialysis Equipment and Supplies	No	None
A4673	Extension line with easy lock connectors, used with dialysis	Medical Surgical Supplies	Dialysis Equipment and Supplies	No	None
A4674	Chemicals/antiseptics solution used to clean/sterilize dialysis equipment, per 8 oz	Medical Surgical Supplies	Dialysis Equipment and Supplies	No	None
A4680	Activated carbon filter for hemodialysis, each	Medical Surgical Supplies	Dialysis Equipment and Supplies	No	None
A4690	Dialyzer (artificial kidneys), all types, all sizes, for hemodialysis, each	Medical Surgical Supplies	Dialysis Equipment and Supplies	No	None
A4706	Bicarbonate concentrate, solution, for hemodialysis, per gallon	Medical Surgical Supplies	Dialysis Equipment and Supplies	No	None
A4707	Bicarbonate concentrate, powder, for hemodialysis, per packet	Medical Surgical Supplies	Dialysis Equipment and Supplies	No	None
A4708	Acetate concentrate solution, for hemodialysis, per gallon	Medical Surgical Supplies	Dialysis Equipment and Supplies	No	None
A4709	Acid concentrate, solution, for hemodialysis, per gallon	Medical Surgical Supplies	Dialysis Equipment and Supplies	No	None
A4714	Treated water (deionized, distilled, or reverse osmosis) for peritoneal dialysis, per gallon	Medical Surgical Supplies	Dialysis Equipment and Supplies	No	None
A4719	Y set tubing for peritoneal dialysis	Medical Surgical Supplies	Dialysis Equipment and Supplies	No	None
A4720	Dialysate solution, any concentration of dextrose, fluid volume greater than 249 cc, but less than or equal to 999 cc, for peritoneal dialysis	Medical Surgical Supplies	Dialysis Equipment and Supplies	No	None
A4721	Dialysate solution, any concentration of dextrose, fluid volume greater than 999 cc but less than or equal to 1999 cc, for peritoneal dialysis	Medical Surgical Supplies	Dialysis Equipment and Supplies	No	None
A4722	Dialysate solution, any concentration of dextrose, fluid volume greater than 1999 cc but less than or equal to 2999 cc, for peritoneal dialysis	Medical Surgical Supplies	Dialysis Equipment and Supplies	No	None

A4723	Dialysate solution, any concentration of dextrose, fluid volume greater than 2999 cc but less than or equal to 3999 cc, for peritoneal dialysis	Medical Surgical Supplies	Dialysis Equipment and Supplies	No	None
A4724	Dialysate solution, any concentration of dextrose, fluid volume greater than 3999 cc but less than or equal to 4999 cc, for peritoneal dialysis	Medical Surgical Supplies	Dialysis Equipment and Supplies	No	None
A4725	Dialysate solution, any concentration of dextrose, fluid volume greater than 4999 cc but less than or equal to 5999 cc, for peritoneal dialysis	Medical Surgical Supplies	Dialysis Equipment and Supplies	No	None
A4726	Dialysate solution, any concentration of dextrose, fluid volume greater than 5999 cc, for peritoneal dialysis	Medical Surgical Supplies	Dialysis Equipment and Supplies	No	None
A4728	Dialysate solution, non-dextrose containing, 500 ml	Medical Surgical Supplies	Dialysis Equipment and Supplies	No	None
A4730	Fistula cannulation set for hemodialysis, each	Medical Surgical Supplies	Dialysis Equipment and Supplies	No	None
A4736	Topical anesthetic, for dialysis, per gram	Medical Surgical Supplies	Dialysis Equipment and Supplies	No	None
A4737	Injectable anesthetic, for dialysis, per 10 ml	Medical Surgical Supplies	Dialysis Equipment and Supplies	No	None
A4740	Shunt accessory, for hemodialysis, any type, each	Medical Surgical Supplies	Dialysis Equipment and Supplies	No	None
A4750	Blood tubing, arterial or venous, for hemodialysis, each	Medical Surgical Supplies	Dialysis Equipment and Supplies	No	None
A4755	Blood tubing, arterial and venous combined, for hemodialysis, each	Medical Surgical Supplies	Dialysis Equipment and Supplies	No	None
A4760	Dialysate solution test kit, for peritoneal dialysis, any type, each	Medical Surgical Supplies	Dialysis Equipment and Supplies	No	None
A4765	Dialysate concentrate, powder, additive for peritoneal dialysis, per packet	Medical Surgical Supplies	Dialysis Equipment and Supplies	No	None
A4766	Dialysate concentrate, solution, additive for peritoneal dialysis, per 10 ml	Medical Surgical Supplies	Dialysis Equipment and Supplies	No	None
A4770	Blood collection tube, vacuum, for dialysis, per 50	Medical Surgical Supplies	Dialysis Equipment and Supplies	No	None
A4771	Serum clotting time tube, for dialysis, per 50	Medical Surgical Supplies	Dialysis Equipment and Supplies	No	None
A4772	Blood glucose test strips, for dialysis, per 50	Medical Surgical Supplies	Dialysis Equipment and Supplies	No	None
A4773	Occult blood test strips, for dialysis, per 50	Medical Surgical Supplies	Dialysis Equipment and Supplies	No	None
A4774	Ammonia test strips, for dialysis, per 50	Medical Surgical Supplies	Dialysis Equipment and Supplies	No	None

A4802	Protamine sulfate, for hemodialysis, per 50 mg	Medical Surgical Supplies	Dialysis Equipment and Supplies	No	None
A4860	Disposable catheter tips for peritoneal dialysis, per 10	Medical Surgical Supplies	Dialysis Equipment and Supplies	No	None
A4870	Plumbing and/or electrical work for home hemodialysis equipment	Medical Surgical Supplies	Dialysis Equipment and Supplies	No	None
A4890	Contracts, repair and maintenance, for hemodialysis equipment	Medical Surgical Supplies	Dialysis Equipment and Supplies	No	None
A4911	Drain bag/bottle, for dialysis, each	Medical Surgical Supplies	Dialysis Equipment and Supplies	No	None
A4913	Miscellaneous dialysis supplies, not otherwise specified	Medical Surgical Supplies	Dialysis Equipment and Supplies	No	None
A4918	Venous pressure clamp, for hemodialysis, each	Medical Surgical Supplies	Dialysis Equipment and Supplies	No	None
A4927	Gloves, non-sterile, per 100	Medical Surgical Supplies	Dialysis Equipment and Supplies	No	Not covered in Long Term Care Setting
A4928	Surgical mask, per 20	Medical Surgical Supplies	Dialysis Equipment and Supplies	No	None
A4929	Tourniquet for dialysis, each	Medical Surgical Supplies	Dialysis Equipment and Supplies	No	None
A4930	Gloves, sterile, per pair	Medical Surgical Supplies	Dialysis Equipment and Supplies	No	Not covered in Long Term Care Setting
A4931	Oral thermometer, reusable, any type, each	Medical Surgical Supplies	Dialysis Equipment and Supplies	No	Not covered in Long Term Care Setting
A4932	Rectal thermometer, reusable, any type, each	Medical Surgical Supplies	Dialysis Equipment and Supplies	No	Not covered in Long Term Care Setting
A5051	Ostomy pouch, closed; with barrier attached (1 piece), each	Medical Surgical Supplies	Ostomy Pouches and Supplies	No	None
A5052	Ostomy pouch, closed; without barrier attached (1 piece), each	Medical Surgical Supplies	Ostomy Pouches and Supplies	No	None
A5053	Ostomy pouch, closed; for use on faceplate, each	Medical Surgical Supplies	Ostomy Pouches and Supplies	No	None
A5054	Ostomy pouch, closed; for use on barrier with flange (2 piece), each	Medical Surgical Supplies	Ostomy Pouches and Supplies	No	None
A5055	Stoma cap	Medical Surgical Supplies	Ostomy Pouches and Supplies	No	None
A5056	Ostomy pouch, drainable, with extended wear barrier attached, with filter, (1 piece), each	Medical Surgical Supplies	Ostomy Pouches and Supplies	No	Not covered in Long Term Care Setting
A5057	Ostomy pouch, drainable, with extended wear barrier attached, with built in convexity, with filter, (1 piece), each	Medical Surgical Supplies	Ostomy Pouches and Supplies	No	Not covered in Long Term Care Setting

A5061	Ostomy pouch, drainable; with barrier attached, (1 piece), each	Medical Surgical Supplies	Ostomy Pouches and Supplies	No	None
A5062	Ostomy pouch, drainable; without barrier attached (1 piece), each	Medical Surgical Supplies	Ostomy Pouches and Supplies	No	None
A5063	Ostomy pouch, drainable; for use on barrier with flange (2 piece system), each	Medical Surgical Supplies	Ostomy Pouches and Supplies	No	None
A5071	Ostomy pouch, urinary; with barrier attached (1 piece), each	Medical Surgical Supplies	Ostomy Pouches and Supplies	No	None
A5072	Ostomy pouch, urinary; without barrier attached (1 piece), each	Medical Surgical Supplies	Ostomy Pouches and Supplies	No	None
A5073	Ostomy pouch, urinary; for use on barrier with flange (2 piece), each	Medical Surgical Supplies	Ostomy Pouches and Supplies	No	None
A5081	Stoma plug or seal, any type	Medical Surgical Supplies	Ostomy Pouches and Supplies	No	None
A5082	Continent device; catheter for continent stoma	Medical Surgical Supplies	Ostomy Pouches and Supplies	No	None
A5083	Continent device, stoma absorptive cover for continent stoma	Medical Surgical Supplies	Ostomy Pouches and Supplies	No	None
A5093	Ostomy accessory; convex insert	Medical Surgical Supplies	Ostomy Pouches and Supplies	No	None
A5102	Bedside drainage bottle with or without tubing, rigid or expandable, each	Medical Surgical Supplies	Incontinence Devices and Supplies	No	None
A5105	Urinary suspensory with leg bag, with or without tube, each	Medical Surgical Supplies	Incontinence Devices and Supplies	No	None
A5112	Urinary drainage bag, leg or abdomen, latex, with or without tube, with straps, each	Medical Surgical Supplies	Incontinence Devices and Supplies	No	Not covered in Long Term Care Setting
A5113	Leg strap; latex, replacement only, per set	Medical Surgical Supplies	Incontinence Devices and Supplies	No	Not covered in Long Term Care Setting
A5114	Leg strap; foam or fabric, replacement only, per set	Medical Surgical Supplies	Incontinence Devices and Supplies	No	Not covered in Long Term Care Setting
A5120	Skin barrier, wipes or swabs, each	Medical Surgical Supplies	Incontinence Devices and Supplies	No	Not covered in Long Term Care Setting
A5121	Skin barrier; solid, 6 x 6 or equivalent, each	Medical Surgical Supplies	Incontinence Devices and Supplies	No	None
A5122	Skin barrier; solid, 8 x 8 or equivalent, each	Medical Surgical Supplies	Incontinence Devices and Supplies	No	None
A5126	Adhesive or non-adhesive; disk or foam pad	Medical Surgical Supplies	Incontinence Devices and Supplies	No	None
A5131	Appliance cleaner, incontinence and ostomy appliances, per 16 oz.	Medical Surgical Supplies	Incontinence Devices and Supplies	No	None

A5200	Percutaneous catheter/tube anchoring device, adhesive skin attachment	Medical Surgical Supplies	Incontinence Devices and Supplies	No	Not covered in Long Term Care Setting
A5500	For diabetics only, fitting (including follow-up), custom preparation and supply of off-the-shelf depth-inlay shoe manufactured to accommodate multi-density insert(s), per shoe	Medical Surgical Supplies	Diabetic Footwear	No	None
A5501	For diabetics only, fitting (including follow-up), custom preparation and supply of shoe molded from cast(s) of patient's foot (custom molded shoe), per shoe	Medical Surgical Supplies	Diabetic Footwear	No	None
A5503	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with roller or rigid rocker bottom, per shoe	Medical Surgical Supplies	Diabetic Footwear	No	None
A5504	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with wedge(s), per shoe	Medical Surgical Supplies	Diabetic Footwear	No	None
A5505	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with metatarsal bar, per shoe	Medical Surgical Supplies	Diabetic Footwear	No	None
A5506	For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with off-set heel(s), per shoe	Medical Surgical Supplies	Diabetic Footwear	No	None
A5507	For diabetics only, not otherwise specified modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe, per shoe	Medical Surgical Supplies	Diabetic Footwear	No	None
A5508	For diabetics only, deluxe feature of off-the-shelf depth-inlay shoe or custom-molded shoe, per shoe	Medical Surgical Supplies	Diabetic Footwear	No	None
A5510	For diabetics only, direct formed, compression molded to patient's foot without external heat source, multiple-density insert(s) prefabricated, per shoe	Medical Surgical Supplies	Diabetic Footwear	No	None
A5512	For diabetics only, multiple density insert, direct formed, molded to foot after external heat source of 230 degrees Fahrenheit or higher, total contact with patient's foot, including arch, base layer minimum of 1/4 inch material of Shore A 35 durometer or 3/16 inch material of Shore A 40 durometer (or higher), prefabricated, each	Medical Surgical Supplies	Diabetic Footwear	No	None
A5513	For diabetics only, multiple density insert, custom molded from model of patient's foot, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of Shore A 35 durometer or higher), includes arch filler and other shaping material, custom fabricated, each	Medical Surgical Supplies	Diabetic Footwear	No	None

A5514	For diabetics only, multiple density insert, made by direct carving with CAM technology from a rectified CAD model created from a digitized scan of the patient, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of Shore A 35 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each	Medical and Surgical Supplies	Diabetic Footwear	No	None
A6000	Non-contact wound warming wound cover for use with the non-contact wound warming device and warming card	Medical Surgical Supplies	Dressing and Wound Supplies	No	None
A6010	Collagen based wound filler, dry form, sterile, per gram of collagen	Medical Surgical Supplies	Dressing and Wound Supplies	No	None
A6011	Collagen based wound filler, gel/paste, per gram of collagen	Medical Surgical Supplies	Dressing and Wound Supplies	No	Not covered in Long Term Care Setting
A6021	Collagen dressing, sterile, size 16 sq. in. or less, each	Medical Surgical Supplies	Dressing and Wound Supplies	No	Not covered in Long Term Care Setting
A6022	Collagen dressing, sterile, size more than 16 sq. in. but less than or equal to 48 sq. in., each	Medical Surgical Supplies	Dressing and Wound Supplies	No	Not covered in Long Term Care Setting
A6023	Collagen dressing, sterile, size more than 48 sq. in., each	Medical Surgical Supplies	Dressing and Wound Supplies	No	Not covered in Long Term Care Setting
A6024	Collagen dressing wound filler, sterile, per 6 inches	Medical Surgical Supplies	Dressing and Wound Supplies	No	Not covered in Long Term Care Setting
A6025	Gel sheet for dermal or epidermal application, (e.g., silicone, hydrogel, other), each	Medical Surgical Supplies	Dressing and Wound Supplies	No	None
A6154	Wound pouch, each	Medical Surgical Supplies	Dressing and Wound Supplies	No	Not covered in Long Term Care Setting
A6196	Alginate or other fiber gelling dressing, wound cover, sterile, pad size 16 sq. in. or less, each dressing	Medical Surgical Supplies	Dressing and Wound Supplies	No	Not covered in Long Term Care Setting
A6197	Alginate or other fiber gelling dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., each dressing	Medical Surgical Supplies	Dressing and Wound Supplies	No	Not covered in Long Term Care Setting
A6198	Alginate or other fiber gelling dressing, wound cover, sterile, pad size more than 48 sq. in., each dressing	Medical Surgical Supplies	Dressing and Wound Supplies	No	Not covered in Long Term Care Setting
A6199	Alginate or other fiber gelling dressing, wound filler, sterile, per 6 inches	Medical Surgical Supplies	Dressing and Wound Supplies	No	Not covered in Long Term Care Setting
A6203	Composite dressing, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing	Medical Surgical Supplies	Dressing and Wound Supplies	No	Not covered in Long Term Care Setting
A6204	Composite dressing, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing	Medical Surgical Supplies	Dressing and Wound Supplies	No	Not covered in Long Term Care Setting
A6205	Composite dressing, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing	Medical Surgical Supplies	Dressing and Wound Supplies	No	Not covered in Long Term Care Setting

A6206	Contact layer, sterile, 16 sq. in. or less, each dressing	Medical Surgical Supplies	Dressing and Wound Supplies	No	Not covered in Long Term Care Setting
A6207	Contact layer, sterile, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing	Medical Surgical Supplies	Dressing and Wound Supplies	No	Not covered in Long Term Care Setting
A6208	Contact layer, sterile, more than 48 sq. in., each dressing	Medical Surgical Supplies	Dressing and Wound Supplies	No	Not covered in Long Term Care Setting
A6209	Foam dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	Medical Surgical Supplies	Foam Dressings	No	Not covered in Long Term Care Setting
A6210	Foam dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	Medical Surgical Supplies	Foam Dressings	No	Not covered in Long Term Care Setting
A6211	Foam dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing	Medical Surgical Supplies	Foam Dressings	No	Not covered in Long Term Care Setting
A6212	Foam dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing	Medical Surgical Supplies	Foam Dressings	No	Not covered in Long Term Care Setting
A6213	Foam dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing	Medical Surgical Supplies	Foam Dressings	No	Not covered in Long Term Care Setting
A6214	Foam dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing	Medical Surgical Supplies	Foam Dressings	No	Not covered in Long Term Care Setting
A6215	Foam dressing, wound filler, sterile, per gram	Medical Surgical Supplies	Foam Dressings	No	Not covered in Long Term Care Setting
A6216	Gauze, non-impregnated, non-sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	Medical Surgical Supplies	Gauze Dressings	No	Not covered in Long Term Care Setting
A6217	Gauze, non-impregnated, non-sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	Medical Surgical Supplies	Gauze Dressings	No	Not covered in Long Term Care Setting
A6218	Gauze, non-impregnated, non-sterile, pad size more than 48 sq. in., without adhesive border, each dressing	Medical Surgical Supplies	Gauze Dressings	No	Not covered in Long Term Care Setting
A6219	Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing	Medical Surgical Supplies	Gauze Dressings	No	Not covered in Long Term Care Setting
A6220	Gauze, non-impregnated, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing	Medical Surgical Supplies	Gauze Dressings	No	Not covered in Long Term Care Setting
A6221	Gauze, non-impregnated, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing	Medical Surgical Supplies	Gauze Dressings	No	Not covered in Long Term Care Setting
A6222	Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	Medical Surgical Supplies	Gauze Dressings	No	Not covered in Long Term Care Setting
A6223	Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing	Medical Surgical Supplies	Gauze Dressings	No	Not covered in Long Term Care Setting

A6224	Gauze, impregnated with other than water, normal saline, or hydrogel, sterile, pad size more than 48 sq. in., without adhesive border, each dressing	Medical Surgical Supplies	Gauze Dressings	No	Not covered in Long Term Care Setting
A6228	Gauze, impregnated, water or normal saline, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	Medical Surgical Supplies	Gauze Dressings	No	Not covered in Long Term Care Setting
A6229	Gauze, impregnated, water or normal saline, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	Medical Surgical Supplies	Gauze Dressings	No	Not covered in Long Term Care Setting
A6230	Gauze, impregnated, water or normal saline, sterile, pad size more than 48 sq. in., without adhesive border, each dressing	Medical Surgical Supplies	Gauze Dressings	No	Not covered in Long Term Care Setting
A6231	Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size 16 sq. in. or less, each dressing	Medical Surgical Supplies	Gauze Dressings	No	Not covered in Long Term Care Setting
A6232	Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size greater than 16 sq. in., but less than or equal to 48 sq. in., each dressing	Medical Surgical Supplies	Gauze Dressings	No	Not covered in Long Term Care Setting
A6233	Gauze, impregnated, hydrogel, for direct wound contact, sterile, pad size more than 48 sq. in., each dressing	Medical Surgical Supplies	Gauze Dressings	No	None
A6234	Hydrocolloid dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	Medical Surgical Supplies	Hydrocolloid Dressings	No	Not covered in Long Term Care Setting
A6235	Hydrocolloid dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	Medical Surgical Supplies	Hydrocolloid Dressings	No	Not covered in Long Term Care Setting
A6236	Hydrocolloid dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing	Medical Surgical Supplies	Hydrocolloid Dressings	No	Not covered in Long Term Care Setting
A6237	Hydrocolloid dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing	Medical Surgical Supplies	Hydrocolloid Dressings	No	Not covered in Long Term Care Setting
A6238	Hydrocolloid dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing	Medical Surgical Supplies	Hydrocolloid Dressings	No	Not covered in Long Term Care Setting
A6239	Hydrocolloid dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing	Medical Surgical Supplies	Hydrocolloid Dressings	No	Not covered in Long Term Care Setting
A6240	Hydrocolloid dressing, wound filler, paste, sterile, per ounce	Medical Surgical Supplies	Hydrocolloid Dressings	No	Not covered in Long Term Care Setting
A6241	Hydrocolloid dressing, wound filler, dry form, sterile, per gram	Medical Surgical Supplies	Hydrocolloid Dressings	No	Not covered in Long Term Care Setting
A6242	Hydrogel dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	Medical Surgical Supplies	Hydrogel Dressings	No	Not covered in Long Term Care Setting
A6243	Hydrogel dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	Medical Surgical Supplies	Hydrogel Dressings	No	Not covered in Long Term Care Setting
A6244	Hydrogel dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing	Medical Surgical Supplies	Hydrogel Dressings	No	Not covered in Long Term Care Setting

A6245	Hydrogel dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing	Medical Surgical Supplies	Hydrogel Dressings	No	Not covered in Long Term Care Setting
A6246	Hydrogel dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing	Medical Surgical Supplies	Hydrogel Dressings	No	Not covered in Long Term Care Setting
A6247	Hydrogel dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing	Medical Surgical Supplies	Hydrogel Dressings	No	Not covered in Long Term Care Setting
A6248	Hydrogel dressing, wound filler, gel, per fluid ounce	Medical Surgical Supplies	Hydrogel Dressings	No	Not covered in Long Term Care Setting
A6250	Skin sealants, protectants, moisturizers, ointments, any type, any size	Medical Surgical Supplies	Other Dressings, Coverings, and Wound Treatment Supplies	No	Not covered in Long Term Care Setting
A6251	Specialty absorptive dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	Medical Surgical Supplies	Other Dressings, Coverings, and Wound Treatment Supplies	No	Not covered in Long Term Care Setting
A6252	Specialty absorptive dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	Medical Surgical Supplies	Other Dressings, Coverings, and Wound Treatment Supplies	No	Not covered in Long Term Care Setting
A6253	Specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing	Medical Surgical Supplies	Other Dressings, Coverings, and Wound Treatment Supplies	No	Not covered in Long Term Care Setting
A6254	Specialty absorptive dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing	Medical Surgical Supplies	Other Dressings, Coverings, and Wound Treatment Supplies	No	Not covered in Long Term Care Setting
A6255	Specialty absorptive dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing	Medical Surgical Supplies	Other Dressings, Coverings, and Wound Treatment Supplies	No	Not covered in Long Term Care Setting
A6256	Specialty absorptive dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing	Medical Surgical Supplies	Other Dressings, Coverings, and Wound Treatment Supplies	No	Not covered in Long Term Care Setting
A6257	Transparent film, sterile, 16 sq. in. or less, each dressing	Medical Surgical Supplies	Other Dressings, Coverings, and Wound Treatment Supplies	No	Not covered in Long Term Care Setting

A6258	Transparent film, sterile, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing	Medical Surgical Supplies	Other Dressings, Coverings, and Wound Treatment Supplies	No	Not covered in Long Term Care Setting
A6259	Transparent film, sterile, more than 48 sq. in., each dressing	Medical Surgical Supplies	Other Dressings, Coverings, and Wound Treatment Supplies	No	Not covered in Long Term Care Setting
A6260	Wound cleansers, any type, any size	Medical Surgical Supplies	Other Dressings, Coverings, and Wound Treatment Supplies	No	Not covered in Long Term Care Setting
A6261	Wound filler, gel/paste, per fluid ounce, not otherwise specified	Medical Surgical Supplies	Other Dressings, Coverings, and Wound Treatment Supplies	Yes	None
A6262	Wound filler, dry form, per gram, not otherwise specified	Medical Surgical Supplies	Other Dressings, Coverings, and Wound Treatment Supplies	Yes	None
A6266	Gauze, impregnated, other than water, normal saline, or zinc paste, sterile, any width, per linear yard	Medical Surgical Supplies	Other Dressings, Coverings, and Wound Treatment Supplies	No	Not covered in Long Term Care Setting
A6402	Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	Medical Surgical Supplies	Other Dressings, Coverings, and Wound Treatment Supplies	No	Not covered in Long Term Care Setting
A6403	Gauze, non-impregnated, sterile, pad size more than 16 sq. in. less than or equal to 48 sq. in., without adhesive border, each dressing	Medical Surgical Supplies	Other Dressings, Coverings, and Wound Treatment Supplies	No	Not covered in Long Term Care Setting
A6404	Gauze, non-impregnated, sterile, pad size more than 48 sq. in., without adhesive border, each dressing	Medical Surgical Supplies	Other Dressings, Coverings, and Wound Treatment Supplies	No	Not covered in Long Term Care Setting
A6407	Packing strips, non-impregnated, sterile, up to 2 inches in width, per linear yard	Medical Surgical Supplies	Other Dressings, Coverings, and Wound Treatment Supplies	No	Not covered in Long Term Care Setting

A6410	Eye pad, sterile, each	Medical Surgical Supplies	Other Dressings, Coverings, and Wound Treatment Supplies	No	Not covered in Long Term Care Setting
A6411	Eye pad, non-sterile, each	Medical Surgical Supplies	Other Dressings, Coverings, and Wound Treatment Supplies	No	Not covered in Long Term Care Setting
A6412	Eye patch, occlusive, each	Medical Surgical Supplies	Other Dressings, Coverings, and Wound Treatment Supplies	No	Not covered in Long Term Care Setting
A6413	Adhesive bandage, first-aid type, any size, each	Medical Surgical Supplies	Bandages	No	None
A6441	Padding bandage, non-elastic, non-woven/non-knitted, width greater than or equal to three inches and less than five inches, per yard	Medical Surgical Supplies	Bandages	No	Not covered in Long Term Care Setting
A6442	Conforming bandage, non-elastic, knitted/woven, non-sterile, width less than three inches, per yard	Medical Surgical Supplies	Bandages	No	Not covered in Long Term Care Setting
A6443	Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to three inches and less than five inches, per yard	Medical Surgical Supplies	Bandages	No	Not covered in Long Term Care Setting
A6444	Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to 5 inches, per yard	Medical Surgical Supplies	Bandages	No	Not covered in Long Term Care Setting
A6445	Conforming bandage, non-elastic, knitted/woven, sterile, width less than three inches, per yard	Medical Surgical Supplies	Bandages	No	Not covered in Long Term Care Setting
A6446	Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to three inches and less than five inches, per yard	Medical Surgical Supplies	Bandages	No	Not covered in Long Term Care Setting
A6447	Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to five inches, per yard	Medical Surgical Supplies	Bandages	No	Not covered in Long Term Care Setting
A6448	Light compression bandage, elastic, knitted/woven, width less than three inches, per yard	Medical Surgical Supplies	Bandages	No	Not covered in Long Term Care Setting
A6449	Light compression bandage, elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard	Medical Surgical Supplies	Bandages	No	Not covered in Long Term Care Setting
A6450	Light compression bandage, elastic, knitted/woven, width greater than or equal to five inches, per yard	Medical Surgical Supplies	Bandages	No	Not covered in Long Term Care Setting
A6451	Moderate compression bandage, elastic, knitted/woven, load resistance of 1.25 to 1.34 foot pounds at 50% maximum stretch, width greater than or equal to three inches and less than five inches, per yard	Medical Surgical Supplies	Bandages	No	Not covered in Long Term Care Setting

A6452	High compression bandage, elastic, knitted/woven, load resistance greater than or equal to 1.35 foot pounds at 50% maximum stretch, width greater than or equal to three inches and less than five inches, per yard	Medical Surgical Supplies	Bandages	No	Not covered in Long Term Care Setting
A6453	Self-adherent bandage, elastic, non-knitted/non-woven, width less than three inches, per yard	Medical Surgical Supplies	Bandages	No	Not covered in Long Term Care Setting
A6454	Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to three inches and less than five inches, per yard	Medical Surgical Supplies	Bandages	No	Not covered in Long Term Care Setting
A6455	Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to five inches, per yard	Medical Surgical Supplies	Bandages	No	Not covered in Long Term Care Setting
A6456	Zinc paste impregnated bandage, non-elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard	Medical Surgical Supplies	Bandages	No	Not covered in Long Term Care Setting
A6457	Tubular dressing with or without elastic, any width, per linear yard	Medical Surgical Supplies	Bandages	No	Not covered in Long Term Care Setting
A6460	Synthetic resorbable wound dressing, sterile, pad size 16 sq in or less, without adhesive border, each dressing	Medical and Surgical Supplies	Bandages	No	None
A6461	Synthetic resorbable wound dressing, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing	Medical and Surgical Supplies	Wound Treatment Supplies	No	None
A6501	Compression burn garment, bodysuit (head to foot), custom fabricated	Medical Surgical Supplies	Compression Garments and Stockings	No	None
A6502	Compression burn garment, chin strap, custom fabricated	Medical Surgical Supplies	Compression Garments and Stockings	No	None
A6503	Compression burn garment, facial hood, custom fabricated	Medical Surgical Supplies	Compression Garments and Stockings	No	None
A6504	Compression burn garment, glove to wrist, custom fabricated	Medical Surgical Supplies	Compression Garments and Stockings	No	None
A6505	Compression burn garment, glove to elbow, custom fabricated	Medical Surgical Supplies	Compression Garments and Stockings	No	None
A6506	Compression burn garment, glove to axilla, custom fabricated	Medical Surgical Supplies	Compression Garments and Stockings	No	None
A6507	Compression burn garment, foot to knee length, custom fabricated	Medical Surgical Supplies	Compression Garments and Stockings	No	None
A6508	Compression burn garment, foot to thigh length, custom fabricated	Medical Surgical Supplies	Compression Garments and Stockings	No	None
A6509	Compression burn garment, upper trunk to waist including arm openings (vest), custom fabricated	Medical Surgical Supplies	Compression Garments and Stockings	No	None
A6510	Compression burn garment, trunk, including arms down to leg openings (leotard), custom fabricated	Medical Surgical Supplies	Compression Garments and Stockings	No	None

A6511	Compression burn garment, lower trunk including leg openings (panty), custom fabricated	Medical Surgical Supplies	Compression Garments and Stockings	No	None
A6512	Compression burn garment, not otherwise classified	Medical Surgical Supplies	Compression Garments and Stockings	Yes	None
A6513	Compression burn mask, face and/or neck, plastic or equal, custom fabricated	Medical Surgical Supplies	Compression Garments and Stockings	No	None
A6530	Gradient compression stocking, below knee, 18-30 mm Hg, each	Medical Surgical Supplies	Compression Garments and Stockings	No	Not covered in Long Term Care Setting
A6531	Gradient compression stocking, below knee, 30-40 mm Hg, each	Medical Surgical Supplies	Compression Garments and Stockings	No	Not covered in Long Term Care Setting
A6532	Gradient compression stocking, below knee, 40-50 mm Hg, each	Medical Surgical Supplies	Compression Garments and Stockings	No	Not covered in Long Term Care Setting
A6533	Gradient compression stocking, thigh length, 18-30 mm Hg, each	Medical Surgical Supplies	Compression Garments and Stockings	No	Not covered in Long Term Care Setting
A6534	Gradient compression stocking, thigh length, 30-40 mm Hg, each	Medical Surgical Supplies	Compression Garments and Stockings	No	Not covered in Long Term Care Setting
A6535	Gradient compression stocking, thigh length, 40-50 mm Hg, each	Medical Surgical Supplies	Compression Garments and Stockings	No	Not covered in Long Term Care Setting
A6536	Gradient compression stocking, full length/chap style, 18-30 mm Hg, each	Medical Surgical Supplies	Compression Garments and Stockings	No	Not covered in Long Term Care Setting
A6537	Gradient compression stocking, full length/chap style, 30-40 mm Hg, each	Medical Surgical Supplies	Compression Garments and Stockings	No	Not covered in Long Term Care Setting
A6538	Gradient compression stocking, full length/chap style, 40-50 mm Hg, each	Medical Surgical Supplies	Compression Garments and Stockings	No	Not covered in Long Term Care Setting
A6539	Gradient compression stocking, waist length, 18-30 mm Hg, each	Medical Surgical Supplies	Compression Garments and Stockings	No	Not covered in Long Term Care Setting
A6540	Gradient compression stocking, waist length, 30-40 mm Hg, each	Medical Surgical Supplies	Compression Garments and Stockings	No	Not covered in Long Term Care Setting
A6541	Gradient compression stocking, waist length, 40-50 mm Hg, each	Medical Surgical Supplies	Compression Garments and Stockings	No	Not covered in Long Term Care Setting
A6544	Gradient compression stocking, garter belt	Medical Surgical Supplies	Compression Garments and Stockings	No	Not covered in Long Term Care Setting
A6545	Gradient compression wrap, non-elastic, below knee, 30-50 mm hg, each	Medical Surgical Supplies	Compression Garments and Stockings	No	Not covered in Long Term Care Setting
A6549	Gradient compression stocking/sleeve, not otherwise specified	Medical Surgical Supplies	Compression Garments and Stockings	Yes	None
A6550	Wound care set, for negative pressure wound therapy electrical pump, includes all supplies and accessories	Medical Surgical Supplies	Compression Garments and Stockings	No	None
A7000	Canister, disposable, used with suction pump, each	Medical Surgical Supplies	Breathing Aids	No	None
A7001	Canister, non-disposable, used with suction pump, each	Medical Surgical Supplies	Breathing Aids	No	None

A7002	Tubing, used with suction pump, each	Medical Surgical Supplies	Breathing Aids	No	Not covered in Long Term Care Setting
A7003	Administration set, with small volume nonfiltered pneumatic nebulizer, disposable	Medical Surgical Supplies	Breathing Aids	No	Not covered in Long Term Care Setting
A7004	Small volume nonfiltered pneumatic nebulizer, disposable	Medical Surgical Supplies	Breathing Aids	No	None
A7005	Administration set, with small volume nonfiltered pneumatic nebulizer, non-disposable	Medical Surgical Supplies	Breathing Aids	No	Not covered in Long Term Care Setting
A7006	Administration set, with small volume filtered pneumatic nebulizer	Medical Surgical Supplies	Breathing Aids	No	Not covered in Long Term Care Setting
A7007	Large volume nebulizer, disposable, unfilled, used with aerosol compressor	Medical Surgical Supplies	Breathing Aids	No	None
A7008	Large volume nebulizer, disposable, prefilled, used with aerosol compressor	Medical Surgical Supplies	Breathing Aids	No	None
A7009	Reservoir bottle, non-disposable, used with large volume ultrasonic nebulizer	Medical Surgical Supplies	Breathing Aids	No	None
A7010	Corrugated tubing, disposable, used with large volume nebulizer, 100 feet	Medical Surgical Supplies	Breathing Aids	No	Not covered in Long Term Care Setting
A7012	Water collection device, used with large volume nebulizer	Medical Surgical Supplies	Breathing Aids	No	Not covered in Long Term Care Setting
A7013	Filter, disposable, used with aerosol compressor or ultrasonic generator	Medical Surgical Supplies	Breathing Aids	No	Not covered in Long Term Care Setting
A7014	Filter, nondisposable, used with aerosol compressor or ultrasonic generator	Medical Surgical Supplies	Breathing Aids	No	Not covered in Long Term Care Setting
A7015	Aerosol mask, used with DME nebulizer	Medical Surgical Supplies	Breathing Aids	No	Not covered in Long Term Care Setting
A7016	Dome and mouthpiece, used with small volume ultrasonic nebulizer	Medical Surgical Supplies	Breathing Aids	No	None
A7017	Nebulizer, durable, glass or autoclavable plastic, bottle type, not used with oxygen	Medical Surgical Supplies	Breathing Aids	No	None
A7018	Water, distilled, used with large volume nebulizer, 1000 ml	Medical Surgical Supplies	Breathing Aids	No	None
A7020	Interface for cough stimulating device, includes all components, replacement only	Medical Surgical Supplies	Breathing Aids	No	Not covered in Long Term Care Setting
A7025	High frequency chest wall oscillation system vest, replacement for use with patient owned equipment, each	Medical Surgical Supplies	Breathing Aids	No	Not covered in Long Term Care Setting
A7026	High frequency chest wall oscillation system hose, replacement for use with patient owned equipment, each	Medical Surgical Supplies	Breathing Aids	No	Not covered in Long Term Care Setting
A7027	Combination oral/nasal mask, used with continuous positive airway pressure device, each	Medical Surgical Supplies	Breathing Aids	No	Not covered in Long Term Care Setting,
A7028	Oral cushion for combination oral/nasal mask, replacement only, each	Medical Surgical Supplies	Breathing Aids	No	Not covered in Long Term Care Setting,
A7029	Nasal pillows for combination oral/nasal mask, replacement only, pair	Medical Surgical Supplies	Breathing Aids	No	Not covered in Long Term Care Setting,
A7030	Full face mask used with positive airway pressure device, each	Medical Surgical Supplies	Breathing Aids	No	Not covered in Long Term Care Setting,
A7031	Face mask interface, replacement for full face mask, each	Medical Surgical Supplies	Breathing Aids	No	Not covered in Long Term Care Setting,
A7032	Cushion for use on nasal mask interface, replacement only, each	Medical Surgical Supplies	Breathing Aids	No	Not covered in Long Term Care Setting,
A7033	Pillow for use on nasal cannula type interface, replacement only, pair	Medical Surgical Supplies	Breathing Aids	No	Not covered in Long Term Care Setting,
A7034	Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap	Medical Surgical Supplies	Breathing Aids	No	Not covered in Long Term Care Setting,

A7035	Headgear used with positive airway pressure device	Medical Surgical Supplies	Breathing Aids	No	Not covered in Long Term Care Setting,
A7036	Chinstrap used with positive airway pressure device	Medical Surgical Supplies	Breathing Aids	No	Not covered in Long Term Care Setting,
A7037	Tubing used with positive airway pressure device	Medical Surgical Supplies	Breathing Aids	No	Not covered in Long Term Care Setting,
A7038	Filter, disposable, used with positive airway pressure device	Medical Surgical Supplies	Breathing Aids	No	Not covered in Long Term Care Setting,
A7039	Filter, non disposable, used with positive airway pressure device	Medical Surgical Supplies	Breathing Aids	No	Not covered in Long Term Care Setting,
A7040	One way chest drain valve	Medical Surgical Supplies	Breathing Aids	No	None
A7041	Water seal drainage container and tubing for use with implanted chest tube	Medical Surgical Supplies	Breathing Aids	No	None
A7044	Oral interface used with positive airway pressure device, each	Medical Surgical Supplies	Breathing Aids	No	Not covered in Long Term Care Setting,
A7045	Exhalation port with or without swivel used with accessories for positive airway devices, replacement only	Medical Surgical Supplies	Breathing Aids	No	None
A7046	Water chamber for humidifier, used with positive airway pressure device, replacement, each	Medical Surgical Supplies	Breathing Aids	No	Not covered in Long Term Care Setting,
A7047	Oral interface used with respiratory suction pump, each	Medical Surgical Supplies	Breathing Aids	No	Not covered in Long Term Care Setting
A7048	Vacuum drainage collection unit and tubing kit, including all supplies needed for collection unit change, for use with implanted catheter, each	Medical Surgical Supplies	Breathing Aids	No	Not covered in Long Term Care Setting
A7501	Tracheostoma valve, including diaphragm, each	Medical Surgical Supplies	Tracheostomy Supplies	No	Not covered in Long Term Care Setting
A7502	Replacement diaphragm/faceplate for tracheostoma valve, each	Medical Surgical Supplies	Tracheostomy Supplies	No	None
A7503	Filter holder or filter cap, reusable, for use in a tracheostoma heat and moisture exchange system, each	Medical Surgical Supplies	Tracheostomy Supplies	No	None
A7504	Filter for use in a tracheostoma heat and moisture exchange system, each	Medical Surgical Supplies	Tracheostomy Supplies	No	None
A7505	Housing, reusable without adhesive, for use in a heat and moisture exchange system and/or with a tracheostoma valve, each	Medical Surgical Supplies	Tracheostomy Supplies	No	None
A7506	Adhesive disc for use in a heat and moisture exchange system and/or with tracheostoma valve, any type each	Medical Surgical Supplies	Tracheostomy Supplies	No	None
A7507	Filter holder and integrated filter without adhesive, for use in a tracheostoma heat and moisture exchange system, each	Medical Surgical Supplies	Tracheostomy Supplies	No	Not covered in Long Term Care Setting
A7508	Housing and integrated adhesive, for use in a tracheostoma heat and moisture exchange system and/or with a tracheostoma valve, each	Medical Surgical Supplies	Tracheostomy Supplies	No	Not covered in Long Term Care Setting
A7509	Filter holder and integrated filter housing, and adhesive, for use as a tracheostoma heat and moisture exchange system, each	Medical Surgical Supplies	Tracheostomy Supplies	No	None
A7520	Tracheostomy/laryngectomy tube, non-cuffed, polyvinylchloride (PVC), silicone or equal, each	Medical Surgical Supplies	Tracheostomy Supplies	No	Not covered in Long Term Care Setting

A7521	Tracheostomy/laryngectomy tube, cuffed, polyvinylchloride (PVC), silicone or equal, each	Medical Surgical Supplies	Tracheostomy Supplies	No	Not covered in Long Term Care Setting
A7522	Tracheostomy/laryngectomy tube, stainless steel or equal (sterilizable and reusable), each	Medical Surgical Supplies	Tracheostomy Supplies	No	Not covered in Long Term Care Setting
A7523	Tracheostomy shower protector, each	Medical Surgical Supplies	Tracheostomy Supplies	No	Not covered in Long Term Care Setting
A7524	Tracheostoma stent/stud/button, each	Medical Surgical Supplies	Tracheostomy Supplies	No	Not covered in Long Term Care Setting
A7525	Tracheostomy mask, each	Medical Surgical Supplies	Tracheostomy Supplies	No	Not covered in Long Term Care Setting
A7526	Tracheostomy tube collar/holder, each	Medical Surgical Supplies	Tracheostomy Supplies	No	Not covered in Long Term Care Setting
A7527	Tracheostomy/laryngectomy tube plug/stop, each	Medical Surgical Supplies	Tracheostomy Supplies	No	Not covered in Long Term Care Setting
A8000	Helmet, protective, soft, prefabricated, includes all components and accessories	Medical Surgical Supplies	Helmets	No	Not covered in Long Term Care Setting
A8001	Helmet, protective, hard, prefabricated, includes all components and accessories	Medical Surgical Supplies	Helmets	No	Not covered in Long Term Care Setting
A8002	Helmet, protective, soft, custom fabricated, includes all components and accessories	Medical Surgical Supplies	Helmets	No	Not covered in Long Term Care Setting
A8003	Helmet, protective, hard, custom fabricated, includes all components and accessories	Medical Surgical Supplies	Helmets	No	Not covered in Long Term Care Setting
A8004	Soft interface for helmet, replacement only	Medical Surgical Supplies	Helmets	No	Not covered in Long Term Care Setting
A9150	Non-prescription drugs	Administrative, Miscellaneous, and Investigational	Miscellaneous Supplies and Equipment	No	None
A9152	Single vitamin/mineral/trace element, oral, per dose, not otherwise specified	Administrative, Miscellaneous, and Investigational	Miscellaneous Supplies and Equipment	No	None
A9153	Multiple vitamins, with or without minerals and trace elements, oral, per dose, not otherwise specified	Administrative, Miscellaneous, and Investigational	Miscellaneous Supplies and Equipment	No	None
A9155	Artificial saliva, 30 ml	Administrative, Miscellaneous, and Investigational	Miscellaneous Supplies and Equipment	No	None
A9180	Pediculosis (lice infestation) treatment, topical, for administration by patient/caretaker	Administrative, Miscellaneous, and Investigational	Miscellaneous Supplies and Equipment	No	None
A9270	Non-covered item or service	Administrative, Miscellaneous, and Investigational	Miscellaneous Supplies and Equipment	No	None
A9272	Wound suction, disposable, includes dressing, all accessories and components, any type, each	Administrative, Miscellaneous, and Investigational	Miscellaneous Supplies and Equipment	No	None
A9273	Hot water bottle, ice cap or collar, heat and/or cold wrap, any type	Administrative, Miscellaneous, and Investigational	Miscellaneous Supplies and Equipment	No	None

A9274	External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories	Administrative, Miscellaneous, and Investigational	Miscellaneous Supplies and Equipment	No	None
A9275	Home glucose disposable monitor, includes test strips	Administrative, Miscellaneous, and Investigational	Miscellaneous Supplies and Equipment	No	None
A9276	Sensor; invasive (e.g., subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, one unit = 1 day supply	Administrative, Miscellaneous, and Investigational	Miscellaneous Supplies and Equipment	No	None
A9277	Transmitter; external, for use with interstitial continuous glucose monitoring system	Administrative, Miscellaneous, and Investigational	Miscellaneous Supplies and Equipment	No	None
A9278	Receiver (monitor); external, for use with interstitial continuous glucose monitoring system	Administrative, Miscellaneous, and Investigational	Miscellaneous Supplies and Equipment	No	None
A9279	Monitoring feature/device, stand-alone or integrated, any type, includes all accessories, components and electronics, not otherwise classified	Administrative, Miscellaneous, and Investigational	Miscellaneous Supplies and Equipment	No	None
A9280	Alert or alarm device, not otherwise classified	Administrative, Miscellaneous, and Investigational	Miscellaneous Supplies and Equipment	No	None
A9281	Reaching/grabbing device, any type, any length, each	Administrative, Miscellaneous, and Investigational	Miscellaneous Supplies and Equipment	No	None
A9282	Wig, any type, each	Administrative, Miscellaneous, and Investigational	Miscellaneous Supplies and Equipment	No	None
A9283	Foot pressure off loading/supportive device, any type, each	Administrative, Miscellaneous, and Investigational	Miscellaneous Supplies and Equipment	No	None
A9284	Spirometer, non-electronic, includes all accessories	Administrative, Miscellaneous, and Investigational	Miscellaneous Supplies and Equipment	No	None
A9285	Inversion/eversion correction device	Administrative, Miscellaneous, and Investigational	Miscellaneous Supplies and Equipment	No	None
A9286	Hygienic item or device, disposable or non-disposable, any type, each	Administrative, Miscellaneous, and Investigational	Miscellaneous Supplies and Equipment	No	None
A9300	Exercise equipment	Administrative, Miscellaneous, and Investigational	Miscellaneous Supplies and Equipment	No	None

A9500	Technetium Tc-99M sestamibi, diagnostic, per study dose	Administrative, Miscellaneous, and Investigational	Diagnostic and Therapeutic Radiopharmaceuticals	No	Service is within the scope of NIA delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/rates
A9501	Technetium Tc-99M teboroxime, diagnostic, per study dose	Administrative, Miscellaneous, and Investigational	Diagnostic and Therapeutic Radiopharmaceuticals	No	None
A9502	Technetium Tc-99M tetrofosmin, diagnostic, per study dose	Administrative, Miscellaneous, and Investigational	Diagnostic and Therapeutic Radiopharmaceuticals	No	Covered benefit only for Qualified Medicare Beneficiaries
A9503	Technetium Tc-99M medronate, diagnostic, per study dose, up to 30 millicuries	Administrative, Miscellaneous, and Investigational	Diagnostic and Therapeutic Radiopharmaceuticals	No	Covered benefit only for Qualified Medicare Beneficiaries
A9504	Technetium Tc-99M apcitude, diagnostic, per study dose, up to 20 millicuries	Administrative, Miscellaneous, and Investigational	Diagnostic and Therapeutic Radiopharmaceuticals	No	None
A9505	Thallium Tl-201 thallos chloride, diagnostic, per millicurie	Administrative, Miscellaneous, and Investigational	Diagnostic and Therapeutic Radiopharmaceuticals	No	Service is within the scope of NIA delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/rates
A9507	Indium In-111 capromab pentetide, diagnostic, per study dose, up to 10 millicuries	Administrative, Miscellaneous, and Investigational	Diagnostic and Therapeutic Radiopharmaceuticals	No	Covered benefit only for Qualified Medicare Beneficiaries
A9508	Iodine I-131 iobenguane sulfate, diagnostic, per 0.5 millicurie	Administrative, Miscellaneous, and Investigational	Diagnostic and Therapeutic Radiopharmaceuticals	No	None
A9509	Iodine I-123 sodium iodide, diagnostic, per millicurie	Administrative, Miscellaneous, and Investigational	Diagnostic and Therapeutic Radiopharmaceuticals	No	None
A9510	Technetium Tc-99M disofenin, diagnostic, per study dose, up to 15 millicuries	Administrative, Miscellaneous, and Investigational	Diagnostic and Therapeutic Radiopharmaceuticals	No	None
A9512	Technetium Tc-99M pertechnetate, diagnostic, per millicurie	Administrative, Miscellaneous, and Investigational	Diagnostic and Therapeutic Radiopharmaceuticals	No	None
A9513	Lutetium Lu 177, dotatate, therapeutic, 1 mCi	Administrative, Misc, and Investigational	Diagnostic and Therapeutic Radiopharmaceuticals	Yes	None
A9515	Choline c-11, diagnostic, per study dose up to 20 millicuries	Administrative, Miscellaneous, and Investigational	Diagnostic and Therapeutic Radiopharmaceuticals	No	None

A9516	Iodine I-123 sodium iodide, diagnostic, per 100 microcuries, up to 999 microcuries	Administrative, Miscellaneous, and Investigational	Diagnostic and Therapeutic Radiopharmaceuticals	No	None
A9517	Iodine I-131 sodium iodide capsule(s), therapeutic, per millicurie	Administrative, Miscellaneous, and Investigational	Diagnostic and Therapeutic Radiopharmaceuticals	No	None
A9520	Technetium Tc-99M tilmanocept, diagnostic, up to 0.5 millicuries	Administrative, Miscellaneous, and Investigational	Diagnostic and Therapeutic Radiopharmaceuticals	No	None
A9521	Technetium Tc-99M exametazime, diagnostic, per study dose, up to 25 millicuries	Administrative, Miscellaneous, and Investigational	Diagnostic and Therapeutic Radiopharmaceuticals	No	None
A9524	Iodine I-131 iodinated serum albumin, diagnostic, per 5 microcuries	Administrative, Miscellaneous, and Investigational	Diagnostic and Therapeutic Radiopharmaceuticals	No	None
A9526	Nitrogen N-13 ammonia, diagnostic, per study dose, up to 40 millicuries	Administrative, Miscellaneous, and Investigational	Diagnostic and Therapeutic Radiopharmaceuticals	No	Covered benefit only for Qualified Medicare Beneficiaries
A9527	Iodine I-125, sodium iodide solution, therapeutic, per millicurie	Administrative, Miscellaneous, and Investigational	Diagnostic and Therapeutic Radiopharmaceuticals	No	None
A9528	Iodine I-131 sodium iodide capsule(s), diagnostic, per millicurie	Administrative, Miscellaneous, and Investigational	Diagnostic and Therapeutic Radiopharmaceuticals	No	Covered benefit only for Qualified Medicare Beneficiaries
A9529	Iodine I-131 sodium iodide solution, diagnostic, per millicurie	Administrative, Miscellaneous, and Investigational	Diagnostic and Therapeutic Radiopharmaceuticals	No	Covered benefit only for Qualified Medicare Beneficiaries
A9530	Iodine I-131 sodium iodide solution, therapeutic, per millicurie	Administrative, Miscellaneous, and Investigational	Diagnostic and Therapeutic Radiopharmaceuticals	No	Covered benefit only for Qualified Medicare Beneficiaries
A9531	Iodine I-131 sodium iodide, diagnostic, per microcurie (up to 100 microcuries)	Administrative, Miscellaneous, and Investigational	Diagnostic and Therapeutic Radiopharmaceuticals	No	Covered benefit only for Qualified Medicare Beneficiaries
A9532	Iodine I-125 serum albumin, diagnostic, per 5 microcuries	Administrative, Miscellaneous, and Investigational	Diagnostic and Therapeutic Radiopharmaceuticals	No	Covered benefit only for Qualified Medicare Beneficiaries
A9536	Technetium Tc-99M depreotide, diagnostic, per study dose, up to 35 millicuries	Administrative, Miscellaneous, and Investigational	Diagnostic and Therapeutic Radiopharmaceuticals	No	None
A9537	Technetium Tc-99M mebrofenin, diagnostic, per study dose, up to 15 millicuries	Administrative, Miscellaneous, and Investigational	Diagnostic and Therapeutic Radiopharmaceuticals	No	None
A9538	Technetium Tc-99M pyrophosphate, diagnostic, per study dose, up to 25 millicuries	Administrative, Miscellaneous, and Investigational	Diagnostic and Therapeutic Radiopharmaceuticals	No	None

A9539	Technetium Tc-99M pentetate, diagnostic, per study dose, up to 25 millicuries	Administrative, Miscellaneous, and Investigational	Diagnostic and Therapeutic Radiopharmaceuticals	No	None
A9540	Technetium Tc-99M macroaggregated albumin, diagnostic, per study dose, up to 10 millicuries	Administrative, Miscellaneous, and Investigational	Diagnostic and Therapeutic Radiopharmaceuticals	No	None
A9541	Technetium Tc-99M sulfur colloid, diagnostic, per study dose, up to 20 millicuries	Administrative, Miscellaneous, and Investigational	Diagnostic and Therapeutic Radiopharmaceuticals	No	None
A9542	Indium In-111 ibritumomab tiuxetan, diagnostic, per study dose, up to 5 millicuries	Administrative, Miscellaneous, and Investigational	Diagnostic and Therapeutic Radiopharmaceuticals	No	None
A9543	Yttrium Y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 millicuries	Administrative, Miscellaneous, and Investigational	Diagnostic and Therapeutic Radiopharmaceuticals	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
A9544	I131 TOSITUMOMAB, DX	None	None	No	None
A9545	I131 TOSITUMOMAB, RX	None	None	No	None
A9546	Cobalt Co-57/58, cyanocobalamin, diagnostic, per study dose, up to 1 microcurie	Administrative, Miscellaneous, and Investigational	Diagnostic and Therapeutic Radiopharmaceuticals	No	None
A9547	Indium In-111 oxyquinoline, diagnostic, per 0.5 millicurie	Administrative, Miscellaneous, and Investigational	Diagnostic and Therapeutic Radiopharmaceuticals	No	None
A9548	Indium In-111 pentetate, diagnostic, per 0.5 millicurie	Administrative, Miscellaneous, and Investigational	Diagnostic and Therapeutic Radiopharmaceuticals	No	None
A9550	Technetium Tc-99M sodium gluceptate, diagnostic, per study dose, up to 25 millicurie	Administrative, Miscellaneous, and Investigational	Diagnostic and Therapeutic Radiopharmaceuticals	No	None
A9551	Technetium Tc-99M succimer, diagnostic, per study dose, up to 10 millicuries	Administrative, Miscellaneous, and Investigational	Diagnostic and Therapeutic Radiopharmaceuticals	No	None
A9552	Fluorodeoxyglucose F-18 FDG, diagnostic, per study dose, up to 45 millicuries	Administrative, Miscellaneous, and Investigational	Diagnostic and Therapeutic Radiopharmaceuticals	No	Service is within the scope of NIA delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/rates

A9553	Chromium Cr-51 sodium chromate, diagnostic, per study dose, up to 250 microcuries	Administrative, Miscellaneous, and Investigational	Diagnostic and Therapeutic Radiopharmaceuticals	No	None
A9554	Iodine I-125 sodium iothalamate, diagnostic, per study dose, up to 10 microcuries	Administrative, Miscellaneous, and Investigational	Diagnostic and Therapeutic Radiopharmaceuticals	No	None
A9555	Rubidium Rb-82, diagnostic, per study dose, up to 60 millicuries	Administrative, Miscellaneous, and Investigational	Diagnostic and Therapeutic Radiopharmaceuticals	No	Service is within the scope of NIA delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/rates
A9556	Gallium Ga-67 citrate, diagnostic, per millicurie	Administrative, Miscellaneous, and Investigational	Diagnostic and Therapeutic Radiopharmaceuticals	No	None
A9557	Technetium Tc-99M bismate, diagnostic, per study dose, up to 25 millicuries	Administrative, Miscellaneous, and Investigational	Diagnostic and Therapeutic Radiopharmaceuticals	No	None
A9558	Xenon Xe-133 gas, diagnostic, per 10 millicuries	Administrative, Miscellaneous, and Investigational	Diagnostic and Therapeutic Radiopharmaceuticals	No	None
A9559	Cobalt Co-57 cyanocobalamin, oral, diagnostic, per study dose, up to 1 microcurie	Administrative, Miscellaneous, and Investigational	Diagnostic and Therapeutic Radiopharmaceuticals	No	None
A9560	Technetium Tc-99M labeled red blood cells, diagnostic, per study dose, up to 30 millicuries	Administrative, Miscellaneous, and Investigational	Diagnostic and Therapeutic Radiopharmaceuticals	No	None
A9561	Technetium Tc-99M oxidronate, diagnostic, per study dose, up to 30 millicuries	Administrative, Miscellaneous, and Investigational	Diagnostic and Therapeutic Radiopharmaceuticals	No	None
A9562	Technetium Tc-99M mertiatide, diagnostic, per study dose, up to 15 millicuries	Administrative, Miscellaneous, and Investigational	Diagnostic and Therapeutic Radiopharmaceuticals	No	None
A9563	Sodium phosphate P-32, therapeutic, per millicurie	Administrative, Miscellaneous, and Investigational	Diagnostic and Therapeutic Radiopharmaceuticals	No	None
A9564	Chromic phosphate P-32 suspension, therapeutic, per millicurie	Administrative, Miscellaneous, and Investigational	Diagnostic and Therapeutic Radiopharmaceuticals	No	None
A9566	Technetium Tc-99M fanolesomab, diagnostic, per study dose, up to 25 millicuries	Administrative, Miscellaneous, and Investigational	Diagnostic and Therapeutic Radiopharmaceuticals	No	None
A9567	Technetium Tc-99M pentetate, diagnostic, aerosol, per study dose, up to 75 millicuries	Administrative, Miscellaneous, and Investigational	Diagnostic and Therapeutic Radiopharmaceuticals	No	None

A9568	Technetium Tc-99M arcitumomab, diagnostic, per study dose, up to 45 millicuries	Administrative, Miscellaneous, and Investigational	Diagnostic and Therapeutic Radiopharmaceuticals	No	None
A9569	Technetium Tc-99M exametazime labeled autologous white blood cells, diagnostic, per study dose	Administrative, Miscellaneous, and Investigational	Diagnostic and Therapeutic Radiopharmaceuticals	No	None
A9570	Indium In-111 labeled autologous white blood cells, diagnostic, per study dose	Administrative, Miscellaneous, and Investigational	Diagnostic and Therapeutic Radiopharmaceuticals	No	None
A9571	Indium In-111 labeled autologous platelets, diagnostic, per study dose	Administrative, Miscellaneous, and Investigational	Diagnostic and Therapeutic Radiopharmaceuticals	No	None
A9572	Indium In-111 pentetreotide, diagnostic, per study dose, up to 6 millicuries	Administrative, Miscellaneous, and Investigational	Diagnostic and Therapeutic Radiopharmaceuticals	No	None
A9575	Injection, gadoterate meglumine, 0.1 ml	Administrative, Miscellaneous, and Investigational	Diagnostic and Therapeutic Radiopharmaceuticals	No	None
A9576	Injection, gadoteridol, (prohance multipack), per ml	Administrative, Miscellaneous, and Investigational	Diagnostic and Therapeutic Radiopharmaceuticals	No	None
A9577	Injection, gadobenate dimeglumine (multihance), per ml	Administrative, Miscellaneous, and Investigational	Diagnostic and Therapeutic Radiopharmaceuticals	No	None
A9578	Injection, gadobenate dimeglumine (multihance multipack), per ml	Administrative, Miscellaneous, and Investigational	Diagnostic and Therapeutic Radiopharmaceuticals	No	None
A9579	Injection, gadolinium-based magnetic resonance contrast agent, not otherwise specified (NOS), per ml	Administrative, Miscellaneous, and Investigational	Diagnostic and Therapeutic Radiopharmaceuticals	No	None
A9580	Sodium fluoride F-18, diagnostic, per study dose, up to 30 millicuries	Administrative, Miscellaneous, and Investigational	Diagnostic and Therapeutic Radiopharmaceuticals	No	None
A9581	Injection, gadoxetate disodium, 1 ml	Administrative, Miscellaneous, and Investigational	Diagnostic and Therapeutic Radiopharmaceuticals	No	None
A9582	Iodine I-123 iobenguane, diagnostic, per study dose, up to 15 millicuries	Administrative, Miscellaneous, and Investigational	Diagnostic and Therapeutic Radiopharmaceuticals	No	None
A9583	Injection, gadofosveset trisodium, 1 ml	Administrative, Miscellaneous, and Investigational	Diagnostic and Therapeutic Radiopharmaceuticals	No	None
A9584	Iodine 1-123 ioflupane, diagnostic, per study dose, up to 5 millicuries	Administrative, Miscellaneous, and Investigational	Diagnostic and Therapeutic Radiopharmaceuticals	No	None

A9585	Injection, gadobutrol, 0.1 ml	Administrative, Miscellaneous, and Investigational	Diagnostic and Therapeutic Radiopharmaceuticals	No	None
A9586	Florbetapir F18, diagnostic, per study dose, up to 10 millicuries	Administrative, Miscellaneous, and Investigational	Diagnostic and Therapeutic Radiopharmaceuticals	No	None
A9587	Gallium Ga-68, dotatate, diagnostic, 0.1 millicurie	Administrative, Miscellaneous, and Investigational	Diagnostic and Therapeutic Radiopharmaceuticals	No	None
A9588	Fluciclovine F-18, diagnostic, 1 millicurie	Administrative, Miscellaneous, and Investigational	Diagnostic and Therapeutic Radiopharmaceuticals	No	None
A9589	Instillation, hexaminolevulinate hydrochloride, 100 mg	Administrative, Misc, and Investigational	Diagnostic and Therapeutic RadioPharmaceuticals	No	None
A9597	Positron emission tomography radiopharmaceutical, diagnostic, for tumor identification, not otherwise classified	Administrative, Miscellaneous, and Investigational	Diagnostic and Therapeutic Radiopharmaceuticals	No	None
A9598	Positron emission tomography radiopharmaceutical, diagnostic, for non-tumor identification, not otherwise classified	Administrative, Miscellaneous, and Investigational	Diagnostic and Therapeutic Radiopharmaceuticals	No	None
A9599	Radiopharmaceutical, diagnostic, for beta-amyloid positron emission tomography (PET) imaging, per study dose, not otherwise specified	Administrative, Miscellaneous, and Investigational	Diagnostic and Therapeutic Radiopharmaceuticals	No	AMA Deleted Code Code invalid as of 1/1/2018 Check for replacement code
A9600	Strontium Sr-89 chloride, therapeutic, per millicurie	Administrative, Miscellaneous, and Investigational	Diagnostic and Therapeutic Radiopharmaceuticals	No	None
A9604	Samarium Sm-153 lexidronam, therapeutic, per treatment dose, up to 150 millicuries	Administrative, Miscellaneous, and Investigational	Diagnostic and Therapeutic Radiopharmaceuticals	No	None
A9606	Radium RA-223 dichloride, therapeutic, per UCI	Administrative, Miscellaneous, and Investigational	Diagnostic and Therapeutic Radiopharmaceuticals	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
A9698	Non-radioactive contrast imaging material, not otherwise classified, per study	Administrative, Miscellaneous, and Investigational	Diagnostic and Therapeutic Radiopharmaceuticals	No	None

A9699	Radiopharmaceutical, therapeutic, not otherwise classified	Administrative, Miscellaneous, and Investigational	Diagnostic and Therapeutic Radiopharmaceuticals	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
A9700	Supply of injectable contrast material for use in echocardiography, per study	Administrative, Miscellaneous, and Investigational	Diagnostic and Therapeutic Radiopharmaceuticals	No	None
A9900	Miscellaneous DME supply, accessory, and/or service component of another HCPCS code	Administrative, Miscellaneous, and Investigational	Miscellaneous DME Supplies and Services	Yes	None
A9901	DME delivery, set up, and/or dispensing service component of another HCPCS code	Administrative, Miscellaneous, and Investigational	Miscellaneous DME Supplies and Services	No	None
A9999	Miscellaneous DME supply or accessory, not otherwise specified	Administrative, Miscellaneous, and Investigational	Miscellaneous DME Supplies and Services	Yes	None
B4034	Enteral feeding supply kit; syringe fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape	Enteral and Parenteral Therapy	Enteral Feeding Supplies and Equipment	No	Not covered in Long Term Care Setting
B4035	Enteral feeding supply kit; pump fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape	Enteral and Parenteral Therapy	Enteral Feeding Supplies and Equipment	No	Not covered in Long Term Care Setting
B4036	Enteral feeding supply kit; gravity fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape	Enteral and Parenteral Therapy	Enteral Feeding Supplies and Equipment	No	Not covered in Long Term Care Setting
B4081	Nasogastric tubing with stylet	Enteral and Parenteral Therapy	Enteral Feeding Supplies and Equipment	No	Not covered in Long Term Care Setting
B4082	Nasogastric tubing without stylet	Enteral and Parenteral Therapy	Enteral Feeding Supplies and Equipment	No	Not covered in Long Term Care Setting
B4083	Stomach tube - Levine type	Enteral and Parenteral Therapy	Enteral Feeding Supplies and Equipment	No	None
B4087	Gastrostomy/jejunostomy tube, standard, any material, any type, each	Enteral and Parenteral Therapy	Enteral Feeding Supplies and Equipment	No	Not covered in Long Term Care Setting
B4088	Gastrostomy/jejunostomy tube, low-profile, any material, any type, each	Enteral and Parenteral Therapy	Enteral Feeding Supplies and Equipment	No	Not covered in Long Term Care Setting

B4100	Food thickener, administered orally, per ounce	Enteral and Parenteral Therapy	Enteral Formula and Additives	No	Not covered in Long Term Care Setting
B4102	Enteral formula, for adults, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit	Enteral and Parenteral Therapy	Enteral Formula and Additives	No	None
B4103	Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit	Enteral and Parenteral Therapy	Enteral Formula and Additives	No	None
B4104	Additive for enteral formula (e.g., fiber)	Enteral and Parenteral Therapy	Enteral Formula and Additives	No	None
B4105	In-line cartridge containing digestive enzyme(s) for enteral feeding, each	Enteral and Parenteral Therapy	Enteral Formulas and Additives	No	None
B4149	Enteral formula, manufactured blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Enteral and Parenteral Therapy	Enteral Formula and Additives	No	Not covered in Long Term Care Setting
B4150	Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Enteral and Parenteral Therapy	Enteral Formula and Additives	No	Not covered in Long Term Care Setting
B4152	Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Enteral and Parenteral Therapy	Enteral Formula and Additives	No	Not covered in Long Term Care Setting
B4153	Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Enteral and Parenteral Therapy	Enteral Formula and Additives	No	Not covered in Long Term Care Setting
B4154	Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Enteral and Parenteral Therapy	Enteral Formula and Additives	No	Not covered in Long Term Care Setting
B4155	Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g., glucose polymers), proteins/amino acids (e.g., glutamine, arginine), fat (e.g., medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit	Enteral and Parenteral Therapy	Enteral Formula and Additives	No	Not covered in Long Term Care Setting

B4157	Enteral formula, nutritionally complete, for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Enteral and Parenteral Therapy	Enteral Formula and Additives	No	Not covered in Long Term Care Setting
B4158	Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit	Enteral and Parenteral Therapy	Enteral Formula and Additives	No	Not covered in Long Term Care Setting
B4159	Enteral formula, for pediatrics, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit	Enteral and Parenteral Therapy	Enteral Formula and Additives	No	Not covered in Long Term Care Setting
B4160	Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Enteral and Parenteral Therapy	Enteral Formula and Additives	No	Not covered in Long Term Care Setting
B4161	Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Enteral and Parenteral Therapy	Enteral Formula and Additives	No	Not covered in Long Term Care Setting
B4162	Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Enteral and Parenteral Therapy	Enteral Formula and Additives	No	Not covered in Long Term Care Setting
B4164	Parenteral nutrition solution; carbohydrates (dextrose), 50% or less (500 ml = 1 unit) - home mix	Enteral and Parenteral Therapy	Parenteral Solutions and Supplies	No	None
B4168	Parenteral nutrition solution; amino acid, 3.5%, (500 ml = 1 unit) - home mix	Enteral and Parenteral Therapy	Parenteral Solutions and Supplies	No	None
B4172	Parenteral nutrition solution; amino acid, 5.5% through 7%, (500 ml = 1 unit) - home mix	Enteral and Parenteral Therapy	Parenteral Solutions and Supplies	No	None
B4176	Parenteral nutrition solution; amino acid, 7% through 8.5%, (500 ml = 1 unit) - home mix	Enteral and Parenteral Therapy	Parenteral Solutions and Supplies	No	None
B4178	Parenteral nutrition solution; amino acid, greater than 8.5% (500 ml = 1 unit) - home mix	Enteral and Parenteral Therapy	Parenteral Solutions and Supplies	No	None
B4180	Parenteral nutrition solution; carbohydrates (dextrose), greater than 50% (500 ml = 1 unit) - home mix	Enteral and Parenteral Therapy	Parenteral Solutions and Supplies	No	None

B4185	Parenteral nutrition solution, per 10 grams lipids	Enteral and Parenteral Therapy	Parenteral Solutions and Supplies	No	None
B4189	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 10 to 51 grams of protein - premix	Enteral and Parenteral Therapy	Parenteral Solutions and Supplies	No	None
B4193	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 52 to 73 grams of protein - premix	Enteral and Parenteral Therapy	Parenteral Solutions and Supplies	No	None
B4197	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, 74 to 100 grams of protein - premix	Enteral and Parenteral Therapy	Parenteral Solutions and Supplies	No	None
B4199	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, over 100 grams of protein - premix	Enteral and Parenteral Therapy	Parenteral Solutions and Supplies	No	None
B4216	Parenteral nutrition; additives (vitamins, trace elements, Heparin, electrolytes), home mix, per day	Enteral and Parenteral Therapy	Parenteral Solutions and Supplies	No	None
B4220	Parenteral nutrition supply kit; premix, per day	Enteral and Parenteral Therapy	Parenteral Solutions and Supplies	No	None
B4222	Parenteral nutrition supply kit; home mix, per day	Enteral and Parenteral Therapy	Parenteral Solutions and Supplies	No	None
B4224	Parenteral nutrition administration kit, per day	Enteral and Parenteral Therapy	Parenteral Solutions and Supplies	No	None
B5000	Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, renal-aminosyn-RF, Nephramine, Renamine-premix	Enteral and Parenteral Therapy	Parenteral Solutions and Supplies	No	None
B5100	Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, hepatic, HepatAmine-premix	Enteral and Parenteral Therapy	Parenteral Solutions and Supplies	No	None
B5200	Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, stress-branch chain amino acids-FreAmine-HBC-premix	Enteral and Parenteral Therapy	Parenteral Solutions and Supplies	No	None
B9000	ENTER INFUSION PUMP W/O ALRM	None	None	No	None

B9002	Enteral nutrition infusion pump, any type	Enteral and Parenteral Therapy	Nutrition Infusion Pumps and Supplies Not Otherwise Classified, NOC	No	Not covered in Long Term Care Setting,
B9004	Parenteral nutrition infusion pump, portable	Enteral and Parenteral Therapy	Nutrition Infusion Pumps and Supplies Not Otherwise Classified, NOC	No	None
B9006	Parenteral nutrition infusion pump, stationary	Enteral and Parenteral Therapy	Nutrition Infusion Pumps and Supplies Not Otherwise Classified, NOC	No	None
B9998	NOC for enteral supplies	Enteral and Parenteral Therapy	Nutrition Infusion Pumps and Supplies Not Otherwise Classified, NOC	Yes	Not covered in Long Term Care Setting
B9999	NOC for parenteral supplies	Enteral and Parenteral Therapy	Nutrition Infusion Pumps and Supplies Not Otherwise Classified, NOC	Yes	None
C1713	Anchor/screw for opposing bone-to-bone or soft tissue-to-bone (implantable)	Outpatient PPS	Assorted Devices and Supplies	No	None
C1714	Catheter, transluminal atherectomy, directional	Outpatient PPS	Assorted Devices and Supplies	No	None
C1715	Brachytherapy needle	Outpatient PPS	Assorted Devices and Supplies	No	None
C1716	Brachytherapy source, non-stranded, gold-198, per source	Outpatient PPS	Brachytherapy Sources	No	None
C1717	Brachytherapy source, non-stranded, high dose rate iridium-192, per source	Outpatient PPS	Brachytherapy Sources	No	None
C1719	Brachytherapy source, non-stranded, non-high dose rate iridium-192, per source	Outpatient PPS	Brachytherapy Sources	No	None
C1721	Cardioverter-defibrillator, dual chamber (implantable)	Outpatient PPS	Cardioverter-defibrillators	No	None
C1722	Cardioverter-defibrillator, single chamber (implantable)	Outpatient PPS	Cardioverter-defibrillators	No	None
C1724	Catheter, transluminal atherectomy, rotational	Outpatient PPS	Catheters for Multiple Applications	No	None
C1725	Catheter, transluminal angioplasty, non-laser (may include guidance, infusion/perfusion capability)	Outpatient PPS	Catheters for Multiple Applications	No	None

C1726	Catheter, balloon dilatation, non-vascular	Outpatient PPS	Catheters for Multiple Applications	No	None
C1727	Catheter, balloon tissue dissector, non-vascular (insertable)	Outpatient PPS	Catheters for Multiple Applications	No	None
C1728	Catheter, brachytherapy seed administration	Outpatient PPS	Catheters for Multiple Applications	No	None
C1729	Catheter, drainage	Outpatient PPS	Catheters for Multiple Applications	No	None
C1730	Catheter, electrophysiology, diagnostic, other than 3D mapping (19 or fewer electrodes)	Outpatient PPS	Catheters for Multiple Applications	No	None
C1731	Catheter, electrophysiology, diagnostic, other than 3D mapping (20 or more electrodes)	Outpatient PPS	Catheters for Multiple Applications	No	None
C1732	Catheter, electrophysiology, diagnostic/ablation, 3D or vector mapping	Outpatient PPS	Catheters for Multiple Applications	No	None
C1733	Catheter, electrophysiology, diagnostic/ablation, other than 3D or vector mapping, other than cool-tip	Outpatient PPS	Catheters for Multiple Applications	No	None
C1749	Endoscope, retrograde imaging/illumination colonoscope device (implantable)	Outpatient PPS	Catheters for Multiple Applications	No	None
C1750	Catheter, hemodialysis/peritoneal, long-term	Outpatient PPS	Catheters for Multiple Applications	No	None
C1751	Catheter, infusion, inserted peripherally, centrally or midline (other than hemodialysis)	Outpatient PPS	Catheters for Multiple Applications	No	None
C1752	Catheter, hemodialysis/peritoneal, short-term	Outpatient PPS	Catheters for Multiple Applications	No	None
C1753	Catheter, intravascular ultrasound	Outpatient PPS	Catheters for Multiple Applications	No	None
C1754	Catheter, intradiscal	Outpatient PPS	Catheters for Multiple Applications	No	None
C1755	Catheter, intraspinal	Outpatient PPS	Catheters for Multiple Applications	No	None
C1756	Catheter, pacing, transesophageal	Outpatient PPS	Catheters for Multiple Applications	No	None
C1757	Catheter, thrombectomy/embolectomy	Outpatient PPS	Catheters for Multiple Applications	No	None
C1758	Catheter, ureteral	Outpatient PPS	Catheters for Multiple Applications	No	None
C1759	Catheter, intracardiac echocardiography	Outpatient PPS	Catheters for Multiple Applications	No	None
C1760	Closure device, vascular (implantable/insertable)	Outpatient PPS	Assorted Devices, Implants, and Systems	No	None

C1762	Connective tissue, human (includes fascia lata)	Outpatient PPS	Assorted Devices, Implants, and Systems	No	None
C1763	Connective tissue, non-human (includes synthetic)	Outpatient PPS	Assorted Devices, Implants, and Systems	No	None
C1764	Event recorder, cardiac (implantable)	Outpatient PPS	Assorted Devices, Implants, and Systems	No	None
C1765	Adhesion barrier	Outpatient PPS	Assorted Devices, Implants, and Systems	No	None
C1766	Introducer/sheath, guiding, intracardiac electrophysiological, steerable, other than peel-away	Outpatient PPS	Assorted Devices, Implants, and Systems	No	None
C1767	Generator, neurostimulator (implantable), non-rechargeable	Outpatient PPS	Assorted Devices, Implants, and Systems	No	As of 10/1/20 This Service is within the scope of TurningPoint delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates.
C1768	Graft, vascular	Outpatient PPS	Assorted Devices, Implants, and Systems	No	None
C1769	Guide wire	Outpatient PPS	Assorted Devices, Implants, and Systems	No	None
C1770	Imaging coil, magnetic resonance (insertable)	Outpatient PPS	Assorted Devices, Implants, and Systems	No	None
C1771	Repair device, urinary, incontinence, with sling graft	Outpatient PPS	Assorted Devices, Implants, and Systems	No	None
C1772	Infusion pump, programmable (implantable)	Outpatient PPS	Assorted Devices, Implants, and Systems	No	None
C1773	Retrieval device, insertable (used to retrieve fractured medical devices)	Outpatient PPS	Assorted Devices, Implants, and Systems	No	None
C1776	Joint device (implantable)	Outpatient PPS	Assorted Devices, Implants, and Systems	No	None
C1777	Lead, cardioverter-defibrillator, endocardial single coil (implantable)	Outpatient PPS	Assorted Devices, Implants, and Systems	No	None

C1778	Lead, neurostimulator (implantable)	Outpatient PPS	Assorted Devices, Implants, and Systems	No	As of 10/1/20 This Service is within the scope of TurningPoint delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates.
C1779	Lead, pacemaker, transvenous VDD single pass	Outpatient PPS	Assorted Devices, Implants, and Systems	No	None
C1780	Lens, intraocular (new technology)	Outpatient PPS	Assorted Devices, Implants, and Systems	No	None
C1781	Mesh (implantable)	Outpatient PPS	Assorted Devices, Implants, and Systems	No	None
C1782	Morcellator	Outpatient PPS	Assorted Devices, Implants, and Systems	No	None
C1783	Ocular implant, aqueous drainage assist device	Outpatient PPS	Assorted Devices, Implants, and Systems	No	None
C1784	Ocular device, intraoperative, detached retina	Outpatient PPS	Assorted Devices, Implants, and Systems	No	None
C1785	Pacemaker, dual chamber, rate-responsive (implantable)	Outpatient PPS	Assorted Devices, Implants, and Systems	No	None
C1786	Pacemaker, single chamber, rate-responsive (implantable)	Outpatient PPS	Assorted Devices, Implants, and Systems	No	None
C1787	Patient programmer, neurostimulator	Outpatient PPS	Assorted Devices, Implants, and Systems	No	As of 10/1/20 This Service is within the scope of TurningPoint delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates.
C1788	Port, indwelling (implantable)	Outpatient PPS	Assorted Devices, Implants, and Systems	No	None
C1789	Prosthesis, breast (implantable)	Outpatient PPS	Assorted Devices, Implants, and Systems	No	None
C1813	Prosthesis, penile, inflatable	Outpatient PPS	Assorted Devices, Implants, and Systems	No	None

C1814	Retinal tamponade device, silicone oil	Outpatient PPS	Assorted Devices, Implants, and Systems	No	None
C1815	Prosthesis, urinary sphincter (implantable)	Outpatient PPS	Assorted Devices, Implants, and Systems	No	None
C1816	Receiver and/or transmitter, neurostimulator (implantable)	Outpatient PPS	Assorted Devices, Implants, and Systems	No	As of 10/1/20 This Service is within the scope of TurningPoint delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates.
C1817	Septal defect implant system, intracardiac	Outpatient PPS	Assorted Devices, Implants, and Systems	No	None
C1818	Integrated keratoprosthesis	Outpatient PPS	Assorted Devices, Implants, and Systems	No	None
C1819	Surgical tissue localization and excision device (implantable)	Outpatient PPS	Assorted Devices, Implants, and Systems	No	None
C1820	Generator, neurostimulator (implantable), with rechargeable battery and charging system	Outpatient PPS	Assorted Devices, Implants, and Systems	No	As of 10/1/20 This Service is within the scope of TurningPoint delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates.
C1821	Interspinous process distraction device (implantable)	Outpatient PPS	Assorted Devices, Implants, and Systems	No	None
C1822	Generator, neurostimulator (implantable), high frequency, with rechargeable battery and charging system	Outpatient PPS	Assorted Devices, Implants, and Systems	No	As of 10/1/20 This Service is within the scope of TurningPoint delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates.
C1823	Generator, neurostimulator (implantable), non-rechargeable, with transvenous sensing and stimulation leads	Outpatient PPS	Assorted Devices, Implants and Systems	No	None
C1830	Powered bone marrow biopsy needle	Outpatient PPS	Assorted Devices, Implants, and Systems	No	None
C1840	Lens, intraocular (telescopic)	Outpatient PPS	Assorted Devices, Implants, and Systems	No	None

C1841	Retinal prosthesis, includes all internal and external components	Outpatient PPS	Assorted Devices, Implants, and Systems	No	None
C1842	Retinal prosthesis, includes all internal and external components; add-on to C1841	Outpatient PPS	Assorted Devices, Implants, and Systems	No	None
C1874	Stent, coated/covered, with delivery system	Outpatient PPS	Assorted Devices, Implants, and Systems	No	None
C1875	Stent, coated/covered, without delivery system	Outpatient PPS	Assorted Devices, Implants, and Systems	No	None
C1876	Stent, non-coated/non-covered, with delivery system	Outpatient PPS	Assorted Devices, Implants, and Systems	No	None
C1877	Stent, non-coated/non-covered, without delivery system	Outpatient PPS	Assorted Devices, Implants, and Systems	No	None
C1878	Material for vocal cord medialization, synthetic (implantable)	Outpatient PPS	Assorted Devices, Implants, and Systems	No	None
C1880	Vena cava filter	Outpatient PPS	Assorted Devices, Implants, and Systems	No	None
C1881	Dialysis access system (implantable)	Outpatient PPS	Assorted Devices, Implants, and Systems	No	None
C1882	Cardioverter-defibrillator, other than single or dual chamber (implantable)	Outpatient PPS	Assorted Devices, Implants, and Systems	No	None
C1883	Adapter/extension, pacing lead or neurostimulator lead (implantable)	Outpatient PPS	Assorted Devices, Implants, and Systems	No	As of 10/1/20 This Service is within the scope of TurningPoint delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates.
C1884	Embolization protective system	Outpatient PPS	Assorted Devices, Implants, and Systems	No	None
C1885	Catheter, transluminal angioplasty, laser	Outpatient PPS	Assorted Devices, Implants, and Systems	No	None
C1886	Catheter, extravascular tissue ablation, any modality (insertable)	Outpatient PPS	Assorted Devices, Implants, and Systems	No	None

C1887	Catheter, guiding (may include infusion/perfusion capability)	Outpatient PPS	Assorted Devices, Implants, and Systems	No	None
C1888	Catheter, ablation, non-cardiac, endovascular (implantable)	Outpatient PPS	Assorted Devices, Implants, and Systems	No	None
C1889	Implantable/insertable device for device intensive procedure, not otherwise classified	Outpatient PPS	Assorted Devices, Implants, and Systems	No	None
C1891	Infusion pump, non-programmable, permanent (implantable)	Outpatient PPS	Assorted Devices, Implants, and Systems	No	None
C1892	Introducer/sheath, guiding, intracardiac electrophysiological, fixed-curve, peel-away	Outpatient PPS	Assorted Devices, Implants, and Systems	No	None
C1893	Introducer/sheath, guiding, intracardiac electrophysiological, fixed-curve, other than peel-away	Outpatient PPS	Assorted Devices, Implants, and Systems	No	None
C1894	Introducer/sheath, other than guiding, other than intracardiac electrophysiological, non-laser	Outpatient PPS	Assorted Devices, Implants, and Systems	No	None
C1895	Lead, cardioverter-defibrillator, endocardial dual coil (implantable)	Outpatient PPS	Assorted Devices, Implants, and Systems	No	None
C1896	Lead, cardioverter-defibrillator, other than endocardial single or dual coil (implantable)	Outpatient PPS	Assorted Devices, Implants, and Systems	No	None
C1897	Lead, neurostimulator test kit (implantable)	Outpatient PPS	Assorted Devices, Implants, and Systems	No	As of 10/1/20 This Service is within the scope of TurningPoint delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates.
C1898	Lead, pacemaker, other than transvenous VDD single pass	Outpatient PPS	Assorted Devices, Implants, and Systems	No	None
C1899	Lead, pacemaker/cardioverter-defibrillator combination (implantable)	Outpatient PPS	Assorted Devices, Implants, and Systems	No	None
C1900	Lead, left ventricular coronary venous system	Outpatient PPS	Assorted Devices, Implants, and Systems	No	None
C2613	Lung biopsy plug with delivery system	Outpatient PPS	Assorted Devices, Implants, and Systems	No	None

C2614	Probe, percutaneous lumbar discectomy	Outpatient PPS	Assorted Devices, Implants, and Systems	No	None
C2615	Sealant, pulmonary, liquid	Outpatient PPS	Assorted Devices, Implants, and Systems	No	None
C2616	Brachytherapy source, non-stranded, yttrium-90, per source	Outpatient PPS	Brachytherapy Sources	No	None
C2617	Stent, non-coronary, temporary, without delivery system	Outpatient PPS	Assorted Cardiovascular and Genitourinary Devices	No	None
C2618	Probe/needle, cryoablation	Outpatient PPS	Assorted Cardiovascular and Genitourinary Devices	No	None
C2619	Pacemaker, dual chamber, non rate-responsive (implantable)	Outpatient PPS	Assorted Cardiovascular and Genitourinary Devices	No	None
C2620	Pacemaker, single chamber, non rate-responsive (implantable)	Outpatient PPS	Assorted Cardiovascular and Genitourinary Devices	No	None
C2621	Pacemaker, other than single or dual chamber (implantable)	Outpatient PPS	Assorted Cardiovascular and Genitourinary Devices	No	None
C2622	Prosthesis, penile, non-inflatable	Outpatient PPS	Assorted Cardiovascular and Genitourinary Devices	No	None
C2623	Catheter, transluminal angioplasty, drug-coated, non-laser	Outpatient PPS	Assorted Cardiovascular and Genitourinary Devices	No	None
C2624	Implantable wireless pulmonary artery pressure sensor with delivery catheter, including all system components	Outpatient PPS	Assorted Cardiovascular and Genitourinary Devices	No	None
C2625	Stent, non-coronary, temporary, with delivery system	Outpatient PPS	Assorted Cardiovascular and Genitourinary Devices	No	None
C2626	Infusion pump, non-programmable, temporary (implantable)	Outpatient PPS	Assorted Cardiovascular and Genitourinary Devices	No	None

C2627	Catheter, suprapubic/cystoscopic	Outpatient PPS	Assorted Cardiovascular and Genitourinary Devices	No	None
C2628	Catheter, occlusion	Outpatient PPS	Assorted Cardiovascular and Genitourinary Devices	No	None
C2629	Introducer/sheath, other than guiding, other than intracardiac electrophysiological, laser	Outpatient PPS	Assorted Cardiovascular and Genitourinary Devices	No	None
C2630	Catheter, electrophysiology, diagnostic/ablation, other than 3D or vector mapping, cool-tip	Outpatient PPS	Assorted Cardiovascular and Genitourinary Devices	No	None
C2631	Repair device, urinary, incontinence, without sling graft	Outpatient PPS	Assorted Cardiovascular and Genitourinary Devices	No	None
C2634	Brachytherapy source, non-stranded, high activity, Iodine-125, greater than 1.01 mCi (NIST), per source	Outpatient PPS	Brachytherapy Sources	No	None
C2635	Brachytherapy source, non-stranded, high activity, palladium-103, greater than 2.2 mCi (NIST), per source	Outpatient PPS	Brachytherapy Sources	No	None
C2636	Brachytherapy linear source, non-stranded, palladium-103, per 1 mm	Outpatient PPS	Brachytherapy Sources	No	None
C2637	Brachytherapy source, non-stranded, ytterbium-169, per source	Outpatient PPS	Brachytherapy Sources	No	None
C2638	Brachytherapy source, stranded, Iodine-125, per source	Outpatient PPS	Brachytherapy Sources	No	None
C2639	Brachytherapy source, non-stranded, Iodine-125, per source	Outpatient PPS	Brachytherapy Sources	No	None
C2640	Brachytherapy source, stranded, palladium-103, per source	Outpatient PPS	Brachytherapy Sources	No	None
C2641	Brachytherapy source, non-stranded, palladium-103, per source	Outpatient PPS	Brachytherapy Sources	No	None
C2642	Brachytherapy source, stranded, Cesium-131, per source	Outpatient PPS	Brachytherapy Sources	No	None
C2643	Brachytherapy source, non-stranded, Cesium-131, per source	Outpatient PPS	Brachytherapy Sources	No	None
C2644	Brachytherapy source, Cesium-131 chloride solution, per millicurie	Outpatient PPS	Brachytherapy Sources	No	None
C2645	Brachytherapy planar source, palladium-103, per square millimeter	Outpatient PPS	Brachytherapy Sources	No	None
C2698	Brachytherapy source, stranded, not otherwise specified, per source	Outpatient PPS	Brachytherapy Sources	No	None
C2699	Brachytherapy source, non-stranded, not otherwise specified, per source	Outpatient PPS	Brachytherapy Sources	No	None
C5271	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	Outpatient PPS	Skin Substitute Graft Application	No	None

C5272	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)	Outpatient PPS	Skin Substitute Graft Application	No	None
C5273	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	Outpatient PPS	Skin Substitute Graft Application	No	None
C5274	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)	Outpatient PPS	Skin Substitute Graft Application	No	None
C5275	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	Outpatient PPS	Skin Substitute Graft Application	No	None
C5276	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)	Outpatient PPS	Skin Substitute Graft Application	No	None
C5277	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	Outpatient PPS	Skin Substitute Graft Application	No	None
C5278	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)	Outpatient PPS	Skin Substitute Graft Application	No	None
C8900	Magnetic resonance angiography with contrast, abdomen	Outpatient PPS	Magnetic Resonance Angiography, Trunk and Lower Extremities	No	Service is within the scope of NIA delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/rates

C8901	Magnetic resonance angiography without contrast, abdomen	Outpatient PPS	Magnetic Resonance Angiography, Trunk and Lower Extremities	No	Service is within the scope of NIA delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/rates
C8902	Magnetic resonance angiography without contrast followed by with contrast, abdomen	Outpatient PPS	Magnetic Resonance Angiography, Trunk and Lower Extremities	No	Service is within the scope of NIA delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/rates
C8903	Magnetic resonance imaging with contrast, breast; unilateral	Outpatient PPS	Magnetic Resonance Angiography, Trunk and Lower Extremities	No	Service is within the scope of NIA delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/rates
C8904	Magnetic resonance imaging without contrast, breast; unilateral	Outpatient PPS	Magnetic Resonance Angiography, Trunk and Lower Extremities	No	AMA CodeTermed 01/01/2019 To report see 77046
C8905	Magnetic resonance imaging without contrast followed by with contrast, breast; unilateral	Outpatient PPS	Magnetic Resonance Angiography, Trunk and Lower Extremities	No	Service is within the scope of NIA delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/rates
C8906	Magnetic resonance imaging with contrast, breast; bilateral	Outpatient PPS	Magnetic Resonance Angiography, Trunk and Lower Extremities	No	Service is within the scope of NIA delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/rates
C8907	Magnetic resonance imaging without contrast, breast; bilateral	Outpatient PPS	Magnetic Resonance Angiography, Trunk and Lower Extremities	No	AMA CodeTermed 01/01/2019 To report see 77047
C8908	Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral	Outpatient PPS	Magnetic Resonance Angiography, Trunk and Lower Extremities	No	Service is within the scope of NIA delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/rates

C8909	Magnetic resonance angiography with contrast, chest (excluding myocardium)	Outpatient PPS	Magnetic Resonance Angiography, Trunk and Lower Extremities	No	Service is within the scope of NIA delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/rates
C8910	Magnetic resonance angiography without contrast, chest (excluding myocardium)	Outpatient PPS	Magnetic Resonance Angiography, Trunk and Lower Extremities	No	Service is within the scope of NIA delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/rates
C8911	Magnetic resonance angiography without contrast followed by with contrast, chest (excluding myocardium)	Outpatient PPS	Magnetic Resonance Angiography, Trunk and Lower Extremities	No	Service is within the scope of NIA delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/rates
C8912	Magnetic resonance angiography with contrast, lower extremity	Outpatient PPS	Magnetic Resonance Angiography, Trunk and Lower Extremities	No	Service is within the scope of NIA delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/rates
C8913	Magnetic resonance angiography without contrast, lower extremity	Outpatient PPS	Magnetic Resonance Angiography, Trunk and Lower Extremities	No	Service is within the scope of NIA delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/rates
C8914	Magnetic resonance angiography without contrast followed by with contrast, lower extremity	Outpatient PPS	Magnetic Resonance Angiography, Trunk and Lower Extremities	No	Service is within the scope of NIA delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/rates
C8918	Magnetic resonance angiography with contrast, pelvis	Outpatient PPS	Magnetic Resonance Angiography, Trunk and Lower Extremities	No	Service is within the scope of NIA delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/rates

C8919	Magnetic resonance angiography without contrast, pelvis	Outpatient PPS	Magnetic Resonance Angiography, Trunk and Lower Extremities	No	Service is within the scope of NIA delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/rates
C8920	Magnetic resonance angiography without contrast followed by with contrast, pelvis	Outpatient PPS	Magnetic Resonance Angiography, Trunk and Lower Extremities	No	Service is within the scope of NIA delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/rates
C8921	Transthoracic echocardiography with contrast, or without contrast followed by with contrast, for congenital cardiac anomalies; complete	Outpatient PPS	Transesophageal/ Transthoracic Echocardiography	No	Service is within the scope of NIA delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/rates
C8922	Transthoracic echocardiography with contrast, or without contrast followed by with contrast, for congenital cardiac anomalies; follow-up or limited study	Outpatient PPS	Transesophageal/ Transthoracic Echocardiography	No	Service is within the scope of NIA delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/rates
C8923	Transthoracic echocardiography with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-Mode recording, when performed, complete, without spectral or color doppler echocardiography	Outpatient PPS	Transesophageal/ Transthoracic Echocardiography	No	Service is within the scope of NIA delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/rates
C8924	Transthoracic echocardiography with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-Mode recording, when performed, follow-up or limited study	Outpatient PPS	Transesophageal/ Transthoracic Echocardiography	No	Service is within the scope of NIA delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/rates
C8925	Transesophageal echocardiography (TEE) with contrast, or without contrast followed by with contrast, real time with image documentation (2D) (with or without M-Mode recording); including probe placement, image acquisition, interpretation and report	Outpatient PPS	Transesophageal/ Transthoracic Echocardiography	No	Service is within the scope of NIA delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/rates

C8926	Transesophageal echocardiography (TEE) with contrast, or without contrast followed by with contrast, for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report	Outpatient PPS	Transesophageal/ Transthoracic Echocardiography	No	Service is within the scope of NIA delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/rates
C8927	Transesophageal echocardiography (TEE) with contrast, or without contrast followed by with contrast, for monitoring purposes, including probe placement, real time 2-dimensional image acquisition and interpretation leading to ongoing (continuous) assessment of (dynamically changing) cardiac pumping function and to therapeutic measures on an immediate time basis	Outpatient PPS	Transesophageal/ Transthoracic Echocardiography	No	Service is within the scope of NIA delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/rates
C8928	Transthoracic echocardiography with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-Mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report	Outpatient PPS	Transesophageal/ Transthoracic Echocardiography	No	Service is within the scope of NIA delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/rates
C8929	Transthoracic echocardiography with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-Mode recording, when performed, complete, with spectral doppler echocardiography, and with color flow doppler echocardiography	Outpatient PPS	Transesophageal/ Transthoracic Echocardiography	No	Service is within the scope of NIA delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/rates
C8930	Transthoracic echocardiography, with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-Mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with physician supervision	Outpatient PPS	Transesophageal/ Transthoracic Echocardiography	No	Service is within the scope of NIA delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/rates
C8931	Magnetic resonance angiography with contrast, spinal canal and contents	Outpatient PPS	Magnetic Resonance Angiography, Spine and Upper Extremities	No	Service is within the scope of NIA delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/rates

C8932	Magnetic resonance angiography without contrast, spinal canal and contents	Outpatient PPS	Magnetic Resonance Angiography, Spine and Upper Extremities	No	Service is within the scope of NIA delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/rates
C8933	Magnetic resonance angiography without contrast followed by with contrast, spinal canal and contents	Outpatient PPS	Magnetic Resonance Angiography, Spine and Upper Extremities	No	Service is within the scope of NIA delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/rates
C8934	Magnetic resonance angiography with contrast, upper extremity	Outpatient PPS	Magnetic Resonance Angiography, Spine and Upper Extremities	No	Service is within the scope of NIA delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/rates
C8935	Magnetic resonance angiography without contrast, upper extremity	Outpatient PPS	Magnetic Resonance Angiography, Spine and Upper Extremities	No	Service is within the scope of NIA delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/rates
C8936	Magnetic resonance angiography without contrast followed by with contrast, upper extremity	Outpatient PPS	Magnetic Resonance Angiography, Spine and Upper Extremities	No	Service is within the scope of NIA delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/rates
C8937	Computer-aided detection, including computer algorithm analysis of breast MRI image data for lesion detection/characterization, pharmacokinetic analysis, with further physician review for interpretation (list separately in addition to code for primary procedure)	Outpatient PPS	CAD for Breast MRI Image Data	No	None
C8957	Intravenous infusion for therapy/diagnosis; initiation of prolonged infusion (more than 8 hours), requiring use of portable or implantable pump	Outpatient PPS	Miscellaneous Drugs, Biologicals, and Supplies	No	None
C9014	Injection, cerliponase alfa, 1 mg	Outpatient PPS	Miscellaneous Drugs, Biologicals, and Supplies	No	AMA CodeTermed 01/01/2019 To report see J0567
C9015	Injection, C1 esterase inhibitor (human), Haegarda, 10 units	Outpatient PPS	Miscellaneous Drugs, Biologicals, and Supplies	No	AMA CodeTermed 01/01/2019 To report see J0559

C9016	Injection, triptorelin extended release, 3.75 mg	Outpatient PPS	Miscellaneous Drugs, Biologicals, and Supplies	No	AMA CodeTermed 01/01/2019 To report see J3316
C9024	Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine	Outpatient PPS	Miscellaneous Drugs, Biologicals, and Supplies	No	AMA CodeTermed 01/01/2019 To report see J9153
C9028	Injection, inotuzumab ozogamicin, 0.1 mg	Outpatient PPS	Miscellaneous Drugs, Biologicals, and Supplies	No	AMA CodeTermed 01/01/2019 To report see J9229
C9029	Injection, guselkumab, 1 mg	Outpatient PPS	Miscellaneous Drugs, Biologicals, and Supplies	No	AMA CodeTermed 01/01/2019 To report see J1628
C9035	Injection, aripiprazole lauroxil (Aristada Initio), 1 mg	Outpatient PPS	Miscellaneous Drugs, Radiopharmaceuticals and supplies	No	None
C9036	Injection, patisiran, 0.1 mg	Outpatient PPS	Miscellaneous Drugs, Radiopharmaceuticals and supplies	No	None
C9037	Injection, risperidone (Perseris), 0.5 mg	Outpatient PPS	Miscellaneous Drugs, Radiopharmaceuticals and supplies	No	None
C9038	Injection, mogamulizumab-kpkc, 1 mg	Outpatient PPS	Miscellaneous Drugs, Radiopharmaceuticals and supplies	No	None
C9039	Injection, plazomicin, 5 mg	Outpatient PPS	Miscellaneous Drugs, Radiopharmaceuticals and supplies	No	None
C9113	Injection, pantoprazole sodium, per vial	Outpatient PPS	Miscellaneous Drugs, Biologicals, and Supplies	No	None
C9121	INJECTION, ARGATROBAN	None	None	No	None
C9132	Prothrombin complex concentrate (human), Kcentra, per I.U. of Factor IX activity	Outpatient PPS	Miscellaneous Drugs, Biologicals, and Supplies	No	None
C9137	Adynovate Factor VIII recom	None	None	No	None
C9138	Nuwiq Factor VIII recomb	None	None	No	None
C9139	Idelvion, 1 i.u.	None	None	No	None
C9140	Injection, Factor VIII (antihemophilic factor, recombinant) (AFSTYLA), 1 I.U.	Outpatient PPS	Miscellaneous Drugs, Biologicals, and Supplies	No	AMA Deleted Code Code invalid as of 1/1/2018 Check for replacement code
C9248	Injection, clevidipine butyrate, 1 mg	Outpatient PPS	Miscellaneous Drugs, Biologicals, and Supplies	No	None

C9250	Human plasma fibrin sealant, vapor-heated, solvent-detergent (Artiss), 2 ml	Outpatient PPS	Miscellaneous Drugs, Biologicals, and Supplies	No	None
C9254	Injection, iacosamide, 1 mg	Outpatient PPS	Miscellaneous Drugs, Biologicals, and Supplies	No	None
C9257	Injection, bevacizumab, 0.25 mg	Outpatient PPS	Miscellaneous Drugs, Biologicals, and Supplies	Yes	None
C9275	Injection, hexaminolevulinate hydrochloride, 100 mg, per study dose	Outpatient PPS	Miscellaneous Drugs, Biologicals, and Supplies	No	AMA CodeTermed 01/01/2019 To report see A9589
C9285	Lidocaine 70 mg/tetracaine 70 mg, per patch	Outpatient PPS	Miscellaneous Drugs, Biologicals, and Supplies	No	None
C9290	Injection, bupivacaine liposome, 1 mg	Outpatient PPS	Miscellaneous Drugs, Biologicals, and Supplies	No	None
C9293	Injection, glucarpidase, 10 units	Outpatient PPS	Miscellaneous Drugs, Biologicals, and Supplies	No	None
C9349	PURAPLY, PURAPLY ANTIMIC	None	None	No	None
C9352	Microporous collagen implantable tube (neuragen nerve guide), per centimeter length	Outpatient PPS	Miscellaneous Drugs, Biologicals, and Supplies	No	None
C9353	Microporous collagen implantable slit tube (neurawrap nerve protector), per centimeter length	Outpatient PPS	Miscellaneous Drugs, Biologicals, and Supplies	No	None
C9354	Acellular pericardial tissue matrix of non-human origin (Veritas), per square centimeter	Outpatient PPS	Miscellaneous Drugs, Biologicals, and Supplies	No	None
C9355	Collagen nerve cuff (NeuroMatrix), per 0.5 centimeter length	Outpatient PPS	Miscellaneous Drugs, Biologicals, and Supplies	No	None
C9356	Tendon, porous matrix of cross-linked collagen and glycosaminoglycan matrix (TenoGlide tendon protector sheet), per square centimeter	Outpatient PPS	Miscellaneous Drugs, Biologicals, and Supplies	No	None
C9358	Dermal substitute, native, non-denatured collagen, fetal bovine origin (SurgiMend Collagen Matrix), per 0.5 square centimeters	Outpatient PPS	Miscellaneous Drugs, Biologicals, and Supplies	No	None
C9359	Porous purified collagen matrix bone void filler (Integra Mozaik Osteoconductive Scaffold Putty, Integra OS Osteoconductive Scaffold Putty), per 0.5 cc	Outpatient PPS	Miscellaneous Drugs, Biologicals, and Supplies	No	None

C9360	Dermal substitute, native, non-denatured collagen, neonatal bovine origin (SurgiMend Collagen Matrix), per 0.5 square centimeters	Outpatient PPS	Miscellaneous Drugs, Biologicals, and Supplies	No	None
C9361	Collagen matrix nerve wrap (neuromend collagen nerve wrap), per 0.5 centimeter length	Outpatient PPS	Miscellaneous Drugs, Biologicals, and Supplies	No	None
C9362	Porous purified collagen matrix bone void filler (integra mozaik osteoconductive scaffold strip), per 0.5 cc	Outpatient PPS	Miscellaneous Drugs, Biologicals, and Supplies	No	None
C9363	Skin substitute, integra meshed bilayer wound matrix, per square centimeter	Outpatient PPS	Miscellaneous Drugs, Biologicals, and Supplies	No	None
C9364	Porcine implant, permacol, per square centimeter	Outpatient PPS	Miscellaneous Drugs, Biologicals, and Supplies	No	None
C9399	Unclassified drugs or biologicals	Outpatient PPS	Miscellaneous Drugs, Biologicals, and Supplies	Yes	None
C9407	Iodine I-131 iobenguane, diagnostic, 1 mCi	Outpatient PPS	Miscellaneous Drugs, Radiopharmaceuticals and supplies	No	AMA CodeTermed 1/1/2020, to report see A9590
C9408	Iodine I-131 iobenguane, therapeutic, 1 mCi	Outpatient PPS	Miscellaneous Drugs, Radiopharmaceuticals and supplies	No	AMA CodeTermed 1/1/2020, to report see A9590
C9447	Injection, phenylephrine and ketorolac, 4 ml vial	Outpatient PPS	Miscellaneous Drugs, Biologicals, and Supplies	No	None
C9460	Injection, cangrelor, 1 mg	Outpatient PPS	Miscellaneous Drugs, Biologicals, and Supplies	No	None
C9461	Choline C 11, diagnostic	None	None	No	None
C9470	Aripiprazole lauroxil im	None	None	No	None
C9471	Hymovis, 1 mg	None	None	No	None
C9472	Inj talimogene laherparepvec	None	None	No	None
C9473	Injection, mepolizumab	None	None	No	None
C9474	Inj, irinotecan liposome	None	None	No	None
C9475	Injection, necitumumab	None	None	No	None
C9476	Injection, daratumumab	None	None	No	None
C9477	Injection, elotuzumab	None	None	No	None
C9478	Injection, sebelipase alfa	None	None	No	None
C9479	Instill, ciprofloxacin otic	None	None	No	None
C9480	Injection, trabectedin	None	None	No	None
C9481	Injection, reslizumab	None	None	No	None
C9482	Injection, sotalol hydrochloride, 1 mg	Outpatient PPS	Miscellaneous Drugs, Biologicals, and Supplies	No	None

C9483	Injection, atezolizumab, 10 mg	Outpatient PPS	Miscellaneous Drugs, Biologicals, and Supplies	No	AMA Deleted Code Code invalid as of 1/1/2018 Check for replacement code
C9492	Injection, durvalumab, 10 mg	Outpatient PPS	Miscellaneous Drugs, Biologicals, and Supplies	No	AMA CodeTermed 01/01/2019 To report see J9173
C9493	Injection, edaravone, 1 mg	Outpatient PPS	Miscellaneous Drugs, Biologicals, and Supplies	No	AMA CodeTermed 01/01/2019 To report see J1301
C9497	Loxapine, inhalation powder, 10 mg	Outpatient PPS	Miscellaneous Drugs, Biologicals, and Supplies	No	AMA CodeTermed 01/01/2019 To report see J2062
C9600	Percutaneous transcatheter placement of drug eluting intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	Outpatient PPS	Percutaneous Transcatheter/Transluminal Coronary Procedures	Yes	PA Effective 9/17/2019
C9601	Percutaneous transcatheter placement of drug-eluting intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)	Outpatient PPS	Percutaneous Transcatheter/Transluminal Coronary Procedures	Yes	PA Effective 9/17/2019
C9602	Percutaneous transluminal coronary atherectomy, with drug eluting intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	Outpatient PPS	Percutaneous Transcatheter/Transluminal Coronary Procedures	Yes	PA Effective 9/17/2019
C9603	Percutaneous transluminal coronary atherectomy, with drug-eluting intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)	Outpatient PPS	Percutaneous Transcatheter/Transluminal Coronary Procedures	No	None
C9604	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel	Outpatient PPS	Percutaneous Transcatheter/Transluminal Coronary Procedures	No	None
C9605	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (list separately in addition to code for primary procedure)	Outpatient PPS	Percutaneous Transcatheter/Transluminal Coronary Procedures	No	None

C9606	Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel	Outpatient PPS	Percutaneous Transcatheter/Transluminal Coronary Procedures	Yes	None
C9607	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; single vessel	Outpatient PPS	Percutaneous Transcatheter/Transluminal Coronary Procedures	No	None
C9608	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (list separately in addition to code for primary procedure)	Outpatient PPS	Percutaneous Transcatheter/Transluminal Coronary Procedures	No	None
C9725	Placement of endorectal intracavitary applicator for high intensity brachytherapy	Outpatient PPS	Other Therapeutic Services and Supplies	No	None
C9726	Placement and removal (if performed) of applicator into breast for intraoperative radiation therapy, add-on to primary breast procedure	Outpatient PPS	Other Therapeutic Services and Supplies	No	None
C9727	Insertion of implants into the soft palate; minimum of three implants	Outpatient PPS	Other Therapeutic Services and Supplies	No	None
C9728	Placement of interstitial device(s) for radiation therapy/surgery guidance (e.g., fiducial markers, dosimeter), for other than the following sites (any approach): abdomen, pelvis, prostate, retroperitoneum, thorax, single or multiple	Outpatient PPS	Other Therapeutic Services and Supplies	No	None
C9733	Non-ophthalmic fluorescent vascular angiography	Outpatient PPS	Other Therapeutic Services and Supplies	No	None
C9734	Focused ultrasound ablation/therapeutic intervention, other than uterine leiomyomata, with magnetic resonance (MR) guidance	Outpatient PPS	Other Therapeutic Services and Supplies	No	None
C9738	Adjunctive blue light cystoscopy with fluorescent imaging agent (list separately in addition to code for primary procedure)	Outpatient PPS	Other Therapeutic Services and Supplies	No	None
C9739	Cystourethroscopy, with insertion of transprostatic implant; 1 to 3 implants	Outpatient PPS	Other Therapeutic Services and Supplies	No	None

C9740	Cystourethroscopy, with insertion of transprostatic implant; 4 or more implants	Outpatient PPS	Other Therapeutic Services and Supplies	No	None
C9741	Right heart catheterization with implantation of wireless pressure sensor in the pulmonary artery, including any type of measurement, angiography, imaging supervision, interpretation, and report	Outpatient PPS	Other Therapeutic Services and Supplies	No	AMA Code Termed 01/01/2019 To report see 33289
C9742	LARYNGOSCOPY WITH INJECTION	None	None	No	None
C9744	Ultrasound, abdominal, with contrast	Outpatient PPS	Other Therapeutic Services and Supplies	No	AMA Code Termed 01/01/2019 To report see 76978-76979
C9748	Transurethral destruction of prostate tissue; by radiofrequency water vapor (steam) thermal therapy	Outpatient PPS	Other Therapeutic Services and Supplies	No	AMA Code Termed 01/01/2019 To report see 53854
C9751	Bronchoscopy, rigid or flexible, transbronchial ablation of lesion(s) by microwave energy, including fluoroscopic guidance, when performed, with computed tomography acquisition(s) and 3-D rendering, computer-assisted, image-guided navigation, and endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (e.g., aspiration[s]/biopsy[ies]) and all mediastinal and/or hilar lymph node stations or structures and therapeutic intervention(s)	Outpatient PPS	Other Therapeutic Services and Supplies	No	None
C9752	Destruction of intraosseous basivertebral nerve, first two vertebral bodies, including imaging guidance (e.g., fluoroscopy), lumbar/sacrum	Outpatient PPS	Other Therapeutic Services and Supplies	No	None
C9753	Destruction of intraosseous basivertebral nerve, each additional vertebral body, including imaging guidance (e.g., fluoroscopy), lumbar/sacrum (list separately in addition to code for primary procedure)	Outpatient PPS	Other Therapeutic Services and Supplies	No	None
C9754	Creation of arteriovenous fistula, percutaneous; direct, any site, including all imaging and radiologic supervision and interpretation, when performed and secondary procedures to redirect blood flow (e.g., transluminal balloon angioplasty, coil embolization, when performed)	Outpatient PPS	Other Therapeutic Services and Supplies	No	None
C9755	Creation of arteriovenous fistula, percutaneous using magnetic-guided arterial and venous catheters and radiofrequency energy, including flow-directing procedures (e.g., vascular coil embolization with radiologic supervision and interpretation, when performed) and fistulogram(s), angiography, venography, and/or ultrasound, with radiologic supervision and interpretation, when performed	Outpatient PPS	Other Therapeutic Services and Supplies	No	None

C9800	DERMAL FILLER INJ PX/SUPPL	None	None	No	None
C9898	Radiolabeled product provided during a hospital inpatient stay	Outpatient PPS	Other Therapeutic Services and Supplies	No	None
C9899	Implanted prosthetic device, payable only for inpatients who do not have inpatient coverage	Outpatient PPS	Other Therapeutic Services and Supplies	No	None
D1206	#N/A	None	None	No	Invalid Deleted Code Check for replacement code
E0100	Cane, includes canes of all materials, adjustable or fixed, with tip	Durable Medical Equipment	Walking Aids and Attachments	No	Not covered in Long Term Care Setting
E0105	Cane, quad or three prong, includes canes of all materials, adjustable or fixed, with tips	Durable Medical Equipment	Walking Aids and Attachments	No	Not covered in Long Term Care Setting
E0110	Crutches, forearm, includes crutches of various materials, adjustable or fixed, pair, complete with tips and handgrips	Durable Medical Equipment	Walking Aids and Attachments	No	Not covered in Long Term Care Setting
E0111	Crutch forearm, includes crutches of various materials, adjustable or fixed, each, with tip and handgrips	Durable Medical Equipment	Walking Aids and Attachments	No	Not covered in Long Term Care Setting
E0112	Crutches underarm, wood, adjustable or fixed, pair, with pads, tips and handgrips	Durable Medical Equipment	Walking Aids and Attachments	No	Not covered in Long Term Care Setting
E0113	Crutch underarm, wood, adjustable or fixed, each, with pad, tip and handgrip	Durable Medical Equipment	Walking Aids and Attachments	No	Not covered in Long Term Care Setting
E0114	Crutches underarm, other than wood, adjustable or fixed, pair, with pads, tips and handgrips	Durable Medical Equipment	Walking Aids and Attachments	No	Not covered in Long Term Care Setting
E0116	Crutch, underarm, other than wood, adjustable or fixed, with pad, tip, handgrip, with or without shock absorber, each	Durable Medical Equipment	Walking Aids and Attachments	No	Not covered in Long Term Care Setting
E0117	Crutch, underarm, articulating, spring assisted, each	Durable Medical Equipment	Walking Aids and Attachments	No	None
E0118	Crutch substitute, lower leg platform, with or without wheels, each	Durable Medical Equipment	Walking Aids and Attachments	No	None
E0130	Walker, rigid (pickup), adjustable or fixed height	Durable Medical Equipment	Walking Aids and Attachments	No	Not covered in Long Term Care Setting
E0135	Walker, folding (pickup), adjustable or fixed height	Durable Medical Equipment	Walking Aids and Attachments	No	Not covered in Long Term Care Setting
E0140	Walker, with trunk support, adjustable or fixed height, any type	Durable Medical Equipment	Walking Aids and Attachments	No	Not covered in Long Term Care Setting
E0141	Walker, rigid, wheeled, adjustable or fixed height	Durable Medical Equipment	Walking Aids and Attachments	No	Not covered in Long Term Care Setting
E0143	Walker, folding, wheeled, adjustable or fixed height	Durable Medical Equipment	Walking Aids and Attachments	No	Not covered in Long Term Care Setting
E0144	Walker, enclosed, four sided framed, rigid or folding, wheeled with posterior seat	Durable Medical Equipment	Walking Aids and Attachments	No	Not covered in Long Term Care Setting

E0147	Walker, heavy duty, multiple braking system, variable wheel resistance	Durable Medical Equipment	Walking Aids and Attachments	No	Not covered in Long Term Care Setting
E0148	Walker, heavy duty, without wheels, rigid or folding, any type, each	Durable Medical Equipment	Walking Aids and Attachments	No	Not covered in Long Term Care Setting
E0149	Walker, heavy duty, wheeled, rigid or folding, any type	Durable Medical Equipment	Walking Aids and Attachments	No	Not covered in Long Term Care Setting
E0153	Platform attachment, forearm crutch, each	Durable Medical Equipment	Walking Aids and Attachments	No	Not covered in Long Term Care Setting
E0154	Platform attachment, walker, each	Durable Medical Equipment	Walking Aids and Attachments	No	Not covered in Long Term Care Setting
E0155	Wheel attachment, rigid pick-up walker, per pair	Durable Medical Equipment	Walking Aids and Attachments	No	Not covered in Long Term Care Setting
E0156	Seat attachment, walker	Durable Medical Equipment	Walking Aids and Attachments	No	Not covered in Long Term Care Setting
E0157	Crutch attachment, walker, each	Durable Medical Equipment	Walking Aids and Attachments	No	Not covered in Long Term Care Setting
E0158	Leg extensions for walker, per set of four (4)	Durable Medical Equipment	Walking Aids and Attachments	No	Not covered in Long Term Care Setting
E0159	Brake attachment for wheeled walker, replacement, each	Durable Medical Equipment	Walking Aids and Attachments	No	Not covered in Long Term Care Setting
E0160	Sitz type bath or equipment, portable, used with or without commode	Durable Medical Equipment	Sitz Bath/Equipment	No	Not covered in Long Term Care Setting
E0161	Sitz type bath or equipment, portable, used with or without commode, with faucet attachment/s	Durable Medical Equipment	Sitz Bath/Equipment	No	Not covered in Long Term Care Setting
E0162	Sitz bath chair	Durable Medical Equipment	Sitz Bath/Equipment	No	None
E0163	Commode chair, mobile or stationary, with fixed arms	Durable Medical Equipment	Commode Chair and Supplies	No	Not covered in Long Term Care Setting
E0165	Commode chair, mobile or stationary, with detachable arms	Durable Medical Equipment	Commode Chair and Supplies	No	Not covered in Long Term Care Setting
E0167	Pail or pan for use with commode chair, replacement only	Durable Medical Equipment	Commode Chair and Supplies	No	Not covered in Long Term Care Setting
E0168	Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each	Durable Medical Equipment	Commode Chair and Supplies	No	Not covered in Long Term Care Setting
E0170	Commode chair with integrated seat lift mechanism, electric, any type	Durable Medical Equipment	Commode Chair and Supplies	No	None
E0171	Commode chair with integrated seat lift mechanism, non-electric, any type	Durable Medical Equipment	Commode Chair and Supplies	No	None
E0172	Seat lift mechanism placed over or on top of toilet, any type	Durable Medical Equipment	Commode Chair and Supplies	No	None

E0175	Foot rest, for use with commode chair, each	Durable Medical Equipment	Commode Chair and Supplies	No	Not covered in Long Term Care Setting
E0181	Powered pressure reducing mattress overlay/pad, alternating, with pump, includes heavy duty	Durable Medical Equipment	Pressure Mattresses, Pads, and Other Supplies	No	Not covered in Long Term Care Setting
E0182	Pump for alternating pressure pad, for replacement only	Durable Medical Equipment	Pressure Mattresses, Pads, and Other Supplies	No	Not covered in Long Term Care Setting
E0184	Dry pressure mattress	Durable Medical Equipment	Pressure Mattresses, Pads, and Other Supplies	No	Not covered in Long Term Care Setting
E0185	Gel or gel-like pressure pad for mattress, standard mattress length and width	Durable Medical Equipment	Pressure Mattresses, Pads, and Other Supplies	No	Not covered in Long Term Care Setting
E0186	Air pressure mattress	Durable Medical Equipment	Pressure Mattresses, Pads, and Other Supplies	No	Not covered in Long Term Care Setting
E0187	Water pressure mattress	Durable Medical Equipment	Pressure Mattresses, Pads, and Other Supplies	No	Not covered in Long Term Care Setting
E0188	Synthetic sheepskin pad	Durable Medical Equipment	Pressure Mattresses, Pads, and Other Supplies	No	Not covered in Long Term Care Setting
E0189	Lambswool sheepskin pad, any size	Durable Medical Equipment	Pressure Mattresses, Pads, and Other Supplies	No	Not covered in Long Term Care Setting
E0190	Positioning cushion/pillow/wedge, any shape or size, includes all components and accessories	Durable Medical Equipment	Pressure Mattresses, Pads, and Other Supplies	No	Not covered in Long Term Care Setting
E0191	Heel or elbow protector, each	Durable Medical Equipment	Pressure Mattresses, Pads, and Other Supplies	No	Not covered in Long Term Care Setting
E0193	Powered air flotation bed (low air loss therapy)	Durable Medical Equipment	Pressure Mattresses, Pads, and Other Supplies	Yes	Not covered in Long Term Care Setting
E0194	Air fluidized bed	Durable Medical Equipment	Pressure Mattresses, Pads, and Other Supplies	Yes	Not covered in Long Term Care Setting
E0196	Gel pressure mattress	Durable Medical Equipment	Pressure Mattresses, Pads, and Other Supplies	No	Not covered in Long Term Care Setting
E0197	Air pressure pad for mattress, standard mattress length and width	Durable Medical Equipment	Pressure Mattresses, Pads, and Other Supplies	No	Not covered in Long Term Care Setting

E0198	Water pressure pad for mattress, standard mattress length and width	Durable Medical Equipment	Pressure Mattresses, Pads, and Other Supplies	No	Not covered in Long Term Care Setting
E0199	Dry pressure pad for mattress, standard mattress length and width	Durable Medical Equipment	Pressure Mattresses, Pads, and Other Supplies	No	Not covered in Long Term Care Setting
E0200	Heat lamp, without stand (table model), includes bulb, or infrared element	Durable Medical Equipment	Heat, Cold, and Light Therapies	No	Not covered in Long Term Care Setting
E0202	Phototherapy (bilirubin) light with photometer	Durable Medical Equipment	Heat, Cold, and Light Therapies	No	Not covered in Long Term Care Setting
E0203	Therapeutic lightbox, minimum 10,000 lux, table top model	Durable Medical Equipment	Heat, Cold, and Light Therapies	No	None
E0205	Heat lamp, with stand, includes bulb, or infrared element	Durable Medical Equipment	Heat, Cold, and Light Therapies	No	Not covered in Long Term Care Setting
E0210	Electric heat pad, standard	Durable Medical Equipment	Heat, Cold, and Light Therapies	No	Not covered in Long Term Care Setting
E0215	Electric heat pad, moist	Durable Medical Equipment	Heat, Cold, and Light Therapies	No	Not covered in Long Term Care Setting
E0217	Water circulating heat pad with pump	Durable Medical Equipment	Heat, Cold, and Light Therapies	No	Not covered in Long Term Care Setting
E0218	Water circulating cold pad with pump	Durable Medical Equipment	Heat, Cold, and Light Therapies	No	Not covered in Long Term Care Setting
E0221	Infrared heating pad system	Durable Medical Equipment	Heat, Cold, and Light Therapies	No	None
E0225	Hydrocollator unit, includes pads	Durable Medical Equipment	Heat, Cold, and Light Therapies	No	None
E0231	Non-contact wound warming device (temperature control unit, AC adapter and power cord) for use with warming card and wound cover	Durable Medical Equipment	Heat, Cold, and Light Therapies	No	None
E0232	Warming card for use with the non contact wound warming device and non contact wound warming wound cover	Durable Medical Equipment	Heat, Cold, and Light Therapies	No	None
E0235	Paraffin bath unit, portable (see medical supply code A4265 for paraffin)	Durable Medical Equipment	Heat, Cold, and Light Therapies	No	Not covered in Long Term Care Setting
E0236	Pump for water circulating pad	Durable Medical Equipment	Heat, Cold, and Light Therapies	Yes	Not covered in Long Term Care Setting
E0239	Hydrocollator unit, portable	Durable Medical Equipment	Heat, Cold, and Light Therapies	No	None
E0240	Bath/shower chair, with or without wheels, any size	Durable Medical Equipment	Bathing Supplies	No	Not covered in Long Term Care Setting
E0241	Bath tub wall rail, each	Durable Medical Equipment	Bathing Supplies	No	Not covered in Long Term Care Setting
E0242	Bath tub rail, floor base	Durable Medical Equipment	Bathing Supplies	No	Not covered in Long Term Care Setting

E0243	Toilet rail, each	Durable Medical Equipment	Bathing Supplies	No	Not covered in Long Term Care Setting
E0244	Raised toilet seat	Durable Medical Equipment	Bathing Supplies	No	Not covered in Long Term Care Setting
E0245	Tub stool or bench	Durable Medical Equipment	Bathing Supplies	No	Not covered in Long Term Care Setting
E0246	Transfer tub rail attachment	Durable Medical Equipment	Bathing Supplies	No	Not covered in Long Term Care Setting
E0247	Transfer bench for tub or toilet with or without commode opening	Durable Medical Equipment	Bathing Supplies	No	Not covered in Long Term Care Setting
E0248	Transfer bench, heavy duty, for tub or toilet with or without commode opening	Durable Medical Equipment	Bathing Supplies	No	Not covered in Long Term Care Setting
E0249	Pad for water circulating heat unit, for replacement only	Durable Medical Equipment	Bathing Supplies	No	Not covered in Long Term Care Setting
E0250	Hospital bed, fixed height, with any type side rails, with mattress	Durable Medical Equipment	Hospital Beds and Associated Supplies	No	Not covered in Long Term Care Setting
E0251	Hospital bed, fixed height, with any type side rails, without mattress	Durable Medical Equipment	Hospital Beds and Associated Supplies	No	Not covered in Long Term Care Setting
E0255	Hospital bed, variable height, hi-lo, with any type side rails, with mattress	Durable Medical Equipment	Hospital Beds and Associated Supplies	No	Not covered in Long Term Care Setting
E0256	Hospital bed, variable height, hi-lo, with any type side rails, without mattress	Durable Medical Equipment	Hospital Beds and Associated Supplies	No	Not covered in Long Term Care Setting
E0260	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress	Durable Medical Equipment	Hospital Beds and Associated Supplies	No	Effective 3/01/2020, PA Requirement lifted during COVID-19 Crisis
E0261	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress	Durable Medical Equipment	Hospital Beds and Associated Supplies	Yes	Not covered in Long Term Care Setting
E0265	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress	Durable Medical Equipment	Hospital Beds and Associated Supplies	Yes	Not covered in Long Term Care Setting
E0266	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, without mattress	Durable Medical Equipment	Hospital Beds and Associated Supplies	Yes	Not covered in Long Term Care Setting
E0270	Hospital bed, institutional type includes: oscillating, circulating and stryker frame, with mattress	Durable Medical Equipment	Hospital Beds and Associated Supplies	No	None
E0271	Mattress, innerspring	Durable Medical Equipment	Hospital Beds and Associated Supplies	No	Not covered in Long Term Care Setting
E0272	Mattress, foam rubber	Durable Medical Equipment	Hospital Beds and Associated Supplies	No	Not covered in Long Term Care Setting

E0273	Bed board	Durable Medical Equipment	Hospital Beds and Associated Supplies	No	None
E0274	Over-bed table	Durable Medical Equipment	Hospital Beds and Associated Supplies	No	None
E0275	Bed pan, standard, metal or plastic	Durable Medical Equipment	Hospital Beds and Associated Supplies	No	Not covered in Long Term Care Setting
E0276	Bed pan, fracture, metal or plastic	Durable Medical Equipment	Hospital Beds and Associated Supplies	No	Not covered in Long Term Care Setting
E0277	Powered pressure-reducing air mattress	Durable Medical Equipment	Hospital Beds and Associated Supplies	Yes	Not covered in Long Term Care Setting
E0280	Bed cradle, any type	Durable Medical Equipment	Hospital Beds and Associated Supplies	No	Not covered in Long Term Care Setting
E0290	Hospital bed, fixed height, without side rails, with mattress	Durable Medical Equipment	Hospital Beds and Associated Supplies	No	None
E0291	Hospital bed, fixed height, without side rails, without mattress	Durable Medical Equipment	Hospital Beds and Associated Supplies	No	None
E0292	Hospital bed, variable height, hi-lo, without side rails, with mattress	Durable Medical Equipment	Hospital Beds and Associated Supplies	No	None
E0293	Hospital bed, variable height, hi-lo, without side rails, without mattress	Durable Medical Equipment	Hospital Beds and Associated Supplies	No	None
E0294	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress	Durable Medical Equipment	Hospital Beds and Associated Supplies	No	None
E0295	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress	Durable Medical Equipment	Hospital Beds and Associated Supplies	No	None
E0296	Hospital bed, total electric (head, foot and height adjustments), without side rails, with mattress	Durable Medical Equipment	Hospital Beds and Associated Supplies	No	None
E0297	Hospital bed, total electric (head, foot and height adjustments), without side rails, without mattress	Durable Medical Equipment	Hospital Beds and Associated Supplies	No	None
E0300	Pediatric crib, hospital grade, fully enclosed, with or without top enclosure	Durable Medical Equipment	Hospital Beds and Associated Supplies	No	Not covered in Long Term Care Setting

E0301	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, without mattress	Durable Medical Equipment	Hospital Beds and Associated Supplies	Yes	Not covered in Long Term Care Setting
E0302	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress	Durable Medical Equipment	Hospital Beds and Associated Supplies	No	None
E0303	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress	Durable Medical Equipment	Hospital Beds and Associated Supplies	Yes	Not covered in Long Term Care Setting
E0304	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress	Durable Medical Equipment	Hospital Beds and Associated Supplies	Yes	Not covered in Long Term Care Setting
E0305	Bed side rails, half length	Durable Medical Equipment	Hospital Beds and Associated Supplies	No	Not covered in Long Term Care Setting
E0310	Bed side rails, full length	Durable Medical Equipment	Hospital Beds and Associated Supplies	No	Not covered in Long Term Care Setting
E0315	Bed accessory: board, table, or support device, any type	Durable Medical Equipment	Hospital Beds and Associated Supplies	No	None
E0316	Safety enclosure frame/canopy for use with hospital bed, any type	Durable Medical Equipment	Hospital Beds and Associated Supplies	Yes	Not covered in Long Term Care Setting
E0325	Urinal; male, jug-type, any material	Durable Medical Equipment	Hospital Beds and Associated Supplies	No	Not covered in Long Term Care Setting
E0326	Urinal; female, jug-type, any material	Durable Medical Equipment	Hospital Beds and Associated Supplies	No	Not covered in Long Term Care Setting
E0328	Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress	Durable Medical Equipment	Hospital Beds and Associated Supplies	Yes	Not covered in Long Term Care Setting
E0329	Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress	Durable Medical Equipment	Hospital Beds and Associated Supplies	Yes	Not covered in Long Term Care Setting
E0350	Control unit for electronic bowel irrigation/evacuation system	Durable Medical Equipment	Hospital Beds and Associated Supplies	No	None
E0352	Disposable pack (water reservoir bag, speculum, valving mechanism and collection bag/box) for use with the electronic bowel irrigation/evacuation system	Durable Medical Equipment	Hospital Beds and Associated Supplies	No	None

E0370	Air pressure elevator for heel	Durable Medical Equipment	Hospital Beds and Associated Supplies	No	None
E0371	Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width	Durable Medical Equipment	Hospital Beds and Associated Supplies	Yes	Not covered in Long Term Care Setting
E0372	Powered air overlay for mattress, standard mattress length and width	Durable Medical Equipment	Hospital Beds and Associated Supplies	Yes	Not covered in Long Term Care Setting
E0373	Nonpowered advanced pressure reducing mattress	Durable Medical Equipment	Hospital Beds and Associated Supplies	Yes	Not covered in Long Term Care Setting
E0424	Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	Durable Medical Equipment	Oxygen Delivery Systems and Related Supplies	No	None
E0425	Stationary compressed gas system, purchase; includes regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	Durable Medical Equipment	Oxygen Delivery Systems and Related Supplies	No	Not covered in Long Term Care Setting
E0430	Portable gaseous oxygen system, purchase; includes regulator, flowmeter, humidifier, cannula or mask, and tubing	Durable Medical Equipment	Oxygen Delivery Systems and Related Supplies	No	None
E0431	Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing	Durable Medical Equipment	Oxygen Delivery Systems and Related Supplies	No	Effective 3/01/2020, PA Requirement lifted during COVID-19 Crisis
E0433	Portable liquid oxygen system, rental; home liquefier used to fill portable liquid oxygen containers, includes portable containers, regulator, flowmeter, humidifier, cannula or mask and tubing, with or without supply reservoir and contents gauge	Durable Medical Equipment	Oxygen Delivery Systems and Related Supplies	No	None
E0434	Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adapter, contents gauge, cannula or mask, and tubing	Durable Medical Equipment	Oxygen Delivery Systems and Related Supplies	No	Effective 3/01/2020, PA Requirement lifted during COVID-19 Crisis
E0435	Portable liquid oxygen system, purchase; includes portable container, supply reservoir, flowmeter, humidifier, contents gauge, cannula or mask, tubing and refill adapter	Durable Medical Equipment	Oxygen Delivery Systems and Related Supplies	No	None
E0439	Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing	Durable Medical Equipment	Oxygen Delivery Systems and Related Supplies	No	Effective 3/01/2020, PA Requirement lifted during COVID-19 Crisis

E0440	Stationary liquid oxygen system, purchase; includes use of reservoir, contents indicator, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing	Durable Medical Equipment	Oxygen Delivery Systems and Related Supplies	No	None
E0441	Stationary oxygen contents, gaseous, 1 month's supply = 1 unit	Durable Medical Equipment	Oxygen Delivery Systems and Related Supplies	No	Effective 3/01/2020, PA Requirement lifted during COVID-19 Crisis
E0442	Stationary oxygen contents, liquid, 1 month's supply = 1 unit	Durable Medical Equipment	Oxygen Delivery Systems and Related Supplies	No	Effective 3/01/2020, PA Requirement lifted during COVID-19 Crisis
E0443	Portable oxygen contents, gaseous, 1 month's supply = 1 unit	Durable Medical Equipment	Oxygen Delivery Systems and Related Supplies	No	Effective 3/01/2020, PA Requirement lifted during COVID-19 Crisis
E0444	Portable oxygen contents, liquid, 1 month's supply = 1 unit	Durable Medical Equipment	Oxygen Delivery Systems and Related Supplies	No	Effective 3/01/2020, PA Requirement lifted during COVID-19 Crisis
E0445	Oximeter device for measuring blood oxygen levels non-invasively	Durable Medical Equipment	Oxygen Delivery Systems and Related Supplies	No	Effective 3/01/2020, PA Requirement lifted during COVID-19 Crisis
E0446	Topical oxygen delivery system, not otherwise specified, includes all supplies and accessories	Durable Medical Equipment	Oxygen Delivery Systems and Related Supplies	No	None
E0447	Portable oxygen contents, liquid, 1 month's supply = 1 unit, prescribed amount at rest or nighttime exceeds 4 liters per minute (LPM)	Durable Medical Equipment	Oxygen Delivery Systems and Related Supplies	No	None
E0455	Oxygen tent, excluding croup or pediatric tents	Durable Medical Equipment	Oxygen Delivery Systems and Related Supplies	No	None
E0457	Chest shell (cuirass)	Durable Medical Equipment	Oxygen Delivery Systems and Related Supplies	No	None
E0459	Chest wrap	Durable Medical Equipment	Oxygen Delivery Systems and Related Supplies	No	None
E0462	Rocking bed with or without side rails	Durable Medical Equipment	Oxygen Delivery Systems and Related Supplies	No	None

E0465	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)	Durable Medical Equipment	Oxygen Delivery Systems and Related Supplies	No	Effective 3/01/2020, PA Requirement lifted during COVID-19 Crisis
E0466	Home ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell)	Durable Medical Equipment	Oxygen Delivery Systems and Related Supplies	No	Effective 3/01/2020, PA Requirement lifted during COVID-19 Crisis
E0467	Home ventilator, multi-function respiratory device, also performs any or all of the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stimulation, includes all accessories, components and supplies for all functions	Durable Medical Equipment	Oxygen Delivery Systems and Related Supplies	Yes	None
E0470	Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	Durable Medical Equipment	Oxygen Delivery Systems and Related Supplies	No	Effective 3/01/2020, PA Requirement lifted during COVID-19 Crisis
E0471	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	Durable Medical Equipment	Oxygen Delivery Systems and Related Supplies	No	Effective 3/01/2020, PA Requirement lifted during COVID-19 Crisis
E0472	Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device)	Durable Medical Equipment	Oxygen Delivery Systems and Related Supplies	No	Effective 3/01/2020, PA Requirement lifted during COVID-19 Crisis
E0480	Percussor, electric or pneumatic, home model	Durable Medical Equipment	Oxygen Delivery Systems and Related Supplies	No	Not covered in Long Term Care Setting
E0481	Intrapulmonary percussive ventilation system and related accessories	Durable Medical Equipment	Oxygen Delivery Systems and Related Supplies	No	Not covered in Long Term Care Setting
E0482	Cough stimulating device, alternating positive and negative airway pressure	Durable Medical Equipment	Oxygen Delivery Systems and Related Supplies	Yes	Not covered in Long Term Care Setting
E0483	High frequency chest wall oscillation air-pulse generator system, (includes hoses and vest), each	Durable Medical Equipment	Oxygen Delivery Systems and Related Supplies	Yes	None
E0484	Oscillatory positive expiratory pressure device, non-electric, any type, each	Durable Medical Equipment	Oxygen Delivery Systems and Related Supplies	No	Not covered in Long Term Care Setting

E0485	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, prefabricated, includes fitting and adjustment	Durable Medical Equipment	Oxygen Delivery Systems and Related Supplies	No	Not covered in Long Term Care Setting
E0486	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, includes fitting and adjustment	Durable Medical Equipment	Oxygen Delivery Systems and Related Supplies	Yes	Not covered in Long Term Care Setting
E0487	Spirometer, electronic, includes all accessories	Durable Medical Equipment	Oxygen Delivery Systems and Related Supplies	No	None
E0500	IPPB machine, all types, with built-in nebulization; manual or automatic valves; internal or external power source	Durable Medical Equipment	Intermittent Positive Pressure Breathing Devices	No	Not covered in Long Term Care Setting
E0550	Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery	Durable Medical Equipment	Humidifiers and Nebulizers with Related Equipment	No	Not covered in Long Term Care Setting
E0555	Humidifier, durable, glass or autoclavable plastic bottle type, for use with regulator or flowmeter	Durable Medical Equipment	Humidifiers and Nebulizers with Related Equipment	No	Not covered in Long Term Care Setting
E0560	Humidifier, durable for supplemental humidification during IPPB treatment or oxygen delivery	Durable Medical Equipment	Humidifiers and Nebulizers with Related Equipment	No	None
E0561	Humidifier, non-heated, used with positive airway pressure device	Durable Medical Equipment	Humidifiers and Nebulizers with Related Equipment	No	Not covered in Long Term Care Setting
E0562	Humidifier, heated, used with positive airway pressure device	Durable Medical Equipment	Humidifiers and Nebulizers with Related Equipment	No	Effective 3/01/2020, PA Requirement lifted during COVID-19 Crisis
E0565	Compressor, air power source for equipment which is not self-contained or cylinder driven	Durable Medical Equipment	Humidifiers and Nebulizers with Related Equipment	No	Effective 3/01/2020, PA Requirement lifted during COVID-19 Crisis
E0570	Nebulizer, with compressor	Durable Medical Equipment	Humidifiers and Nebulizers with Related Equipment	No	Not covered in Long Term Care Setting
E0572	Aerosol compressor, adjustable pressure, light duty for intermittent use	Durable Medical Equipment	Humidifiers and Nebulizers with Related Equipment	No	None
E0574	Ultrasonic/electronic aerosol generator with small volume nebulizer	Durable Medical Equipment	Humidifiers and Nebulizers with Related Equipment	No	Not covered in Long Term Care Setting
E0575	Nebulizer, ultrasonic, large volume	Durable Medical Equipment	Humidifiers and Nebulizers with Related Equipment	No	Not covered in Long Term Care Setting

E0580	Nebulizer, durable, glass or autoclavable plastic, bottle type, for use with regulator or flowmeter	Durable Medical Equipment	Humidifiers and Nebulizers with Related Equipment	No	Not covered in Long Term Care Setting
E0585	Nebulizer, with compressor and heater	Durable Medical Equipment	Humidifiers and Nebulizers with Related Equipment	No	None
E0600	Respiratory suction pump, home model, portable or stationary, electric	Durable Medical Equipment	Humidifiers and Nebulizers with Related Equipment	No	Effective 3/01/2020, PA Requirement lifted during COVID-19 Crisis
E0601	Continuous positive airway pressure (CPAP) device	Durable Medical Equipment	Humidifiers and Nebulizers with Related Equipment	No	Effective 3/01/2020, PA Requirement lifted during COVID-19 Crisis
E0602	Breast pump, manual, any type	Durable Medical Equipment	Breast Pumps	No	Not covered in Long Term Care Setting
E0603	Breast pump, electric (AC and/or DC), any type	Durable Medical Equipment	Breast Pumps	No	Not covered in Long Term Care Setting
E0604	Breast pump, hospital grade, electric (AC and / or DC), any type	Durable Medical Equipment	Breast Pumps	No	None
E0605	Vaporizer, room type	Durable Medical Equipment	Other Breathing Aids	No	Not covered in Long Term Care Setting
E0606	Postural drainage board	Durable Medical Equipment	Other Breathing Aids	No	Not covered in Long Term Care Setting
E0607	Home blood glucose monitor	Durable Medical Equipment	Monitoring Equipment	No	None
E0610	Pacemaker monitor, self-contained, (checks battery depletion, includes audible and visible check systems)	Durable Medical Equipment	Monitoring Equipment	No	Not covered in Long Term Care Setting
E0615	Pacemaker monitor, self contained, checks battery depletion and other pacemaker components, includes digital/visible check systems	Durable Medical Equipment	Monitoring Equipment	Yes	Not covered in Long Term Care Setting
E0616	Implantable cardiac event recorder with memory, activator and programmer	Durable Medical Equipment	Monitoring Equipment	No	None
E0617	External defibrillator with integrated electrocardiogram analysis	Durable Medical Equipment	Monitoring Equipment	Yes	Not covered in Long Term Care Setting
E0618	Apnea monitor, without recording feature	Durable Medical Equipment	Monitoring Equipment	No	None
E0619	Apnea monitor, with recording feature	Durable Medical Equipment	Monitoring Equipment	Yes	Not covered in Long Term Care Setting
E0620	Skin piercing device for collection of capillary blood, laser, each	Durable Medical Equipment	Monitoring Equipment	No	None
E0621	Sling or seat, patient lift, canvas or nylon	Durable Medical Equipment	Patient Lifts and Support Systems	No	Not covered in Long Term Care Setting
E0625	Patient lift, bathroom or toilet, not otherwise classified	Durable Medical Equipment	Patient Lifts and Support Systems	No	None
E0627	Seat lift mechanism, electric, any type	Durable Medical Equipment	Patient Lifts and Support Systems	No	Not covered in Long Term Care Setting
E0628	SEAT LIFT FOR PT FURN-ELECTR	None	None	No	None
E0629	Seat lift mechanism, non-electric, any type	Durable Medical Equipment	Patient Lifts and Support Systems	No	Not covered in Long Term Care Setting
E0630	Patient lift, hydraulic or mechanical, includes any seat, sling, strap(s) or pad(s)	Durable Medical Equipment	Patient Lifts and Support Systems	Yes	Not covered in Long Term Care Setting

E0635	Patient lift, electric with seat or sling	Durable Medical Equipment	Patient Lifts and Support Systems	No	None
E0636	Multipositional patient support system, with integrated lift, patient accessible controls	Durable Medical Equipment	Patient Lifts and Support Systems	No	None
E0637	Combination sit to stand frame/table system, any size including pediatric, with seat lift feature, with or without wheels	Durable Medical Equipment	Patient Lifts and Support Systems	Yes	Not covered in Long Term Care Setting
E0638	Standing frame/table system, one position (e.g., upright, supine or prone stander), any size including pediatric, with or without wheels	Durable Medical Equipment	Patient Lifts and Support Systems	Yes	Not covered in Long Term Care Setting
E0639	Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories	Durable Medical Equipment	Patient Lifts and Support Systems	No	None
E0640	Patient lift, fixed system, includes all components/accessories	Durable Medical Equipment	Patient Lifts and Support Systems	No	None
E0641	Standing frame/table system, multi-position (e.g., three-way stander), any size including pediatric, with or without wheels	Durable Medical Equipment	Patient Lifts and Support Systems	Yes	Not covered in Long Term Care Setting
E0642	Standing frame/table system, mobile (dynamic stander), any size including pediatric	Durable Medical Equipment	Patient Lifts and Support Systems	Yes	Not covered in Long Term Care Setting
E0650	Pneumatic compressor, non-segmental home model	Durable Medical Equipment	Pneumatic Compressors and Appliances	Yes	Not covered in Long Term Care Setting
E0651	Pneumatic compressor, segmental home model without calibrated gradient pressure	Durable Medical Equipment	Pneumatic Compressors and Appliances	Yes	Not covered in Long Term Care Setting
E0652	Pneumatic compressor, segmental home model with calibrated gradient pressure	Durable Medical Equipment	Pneumatic Compressors and Appliances	Yes	Not covered in Long Term Care Setting
E0655	Non-segmental pneumatic appliance for use with pneumatic compressor, half arm	Durable Medical Equipment	Pneumatic Compressors and Appliances	No	Not covered in Long Term Care Setting
E0656	Segmental pneumatic appliance for use with pneumatic compressor, trunk	Durable Medical Equipment	Pneumatic Compressors and Appliances	Yes	Not covered in Long Term Care Setting
E0657	Segmental pneumatic appliance for use with pneumatic compressor, chest	Durable Medical Equipment	Pneumatic Compressors and Appliances	Yes	Not covered in Long Term Care Setting
E0660	Non-segmental pneumatic appliance for use with pneumatic compressor, full leg	Durable Medical Equipment	Pneumatic Compressors and Appliances	No	Not covered in Long Term Care Setting
E0665	Non-segmental pneumatic appliance for use with pneumatic compressor, full arm	Durable Medical Equipment	Pneumatic Compressors and Appliances	No	Not covered in Long Term Care Setting

E0666	Non-segmental pneumatic appliance for use with pneumatic compressor, half leg	Durable Medical Equipment	Pneumatic Compressors and Appliances	No	Not covered in Long Term Care Setting
E0667	Segmental pneumatic appliance for use with pneumatic compressor, full leg	Durable Medical Equipment	Pneumatic Compressors and Appliances	No	Not covered in Long Term Care Setting
E0668	Segmental pneumatic appliance for use with pneumatic compressor, full arm	Durable Medical Equipment	Pneumatic Compressors and Appliances	No	Not covered in Long Term Care Setting
E0669	Segmental pneumatic appliance for use with pneumatic compressor, half leg	Durable Medical Equipment	Pneumatic Compressors and Appliances	No	Not covered in Long Term Care Setting
E0670	Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full legs and trunk	Durable Medical Equipment	Pneumatic Compressors and Appliances	No	None
E0671	Segmental gradient pressure pneumatic appliance, full leg	Durable Medical Equipment	Pneumatic Compressors and Appliances	No	Not covered in Long Term Care Setting
E0672	Segmental gradient pressure pneumatic appliance, full arm	Durable Medical Equipment	Pneumatic Compressors and Appliances	No	Not covered in Long Term Care Setting
E0673	Segmental gradient pressure pneumatic appliance, half leg	Durable Medical Equipment	Pneumatic Compressors and Appliances	No	Not covered in Long Term Care Setting
E0675	Pneumatic compression device, high pressure, rapid inflation/deflation cycle, for arterial insufficiency (unilateral or bilateral system)	Durable Medical Equipment	Pneumatic Compressors and Appliances	No	None
E0676	Intermittent limb compression device (includes all accessories), not otherwise specified	Durable Medical Equipment	Pneumatic Compressors and Appliances	No	None
E0691	Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; treatment area 2 square feet or less	Durable Medical Equipment	Ultraviolet Light Therapy Systems	No	None
E0692	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 4 foot panel	Durable Medical Equipment	Ultraviolet Light Therapy Systems	No	None
E0693	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 6 foot panel	Durable Medical Equipment	Ultraviolet Light Therapy Systems	No	None
E0694	Ultraviolet multidirectional light therapy system in 6 foot cabinet, includes bulbs/lamps, timer and eye protection	Durable Medical Equipment	Ultraviolet Light Therapy Systems	No	None
E0700	Safety equipment, device or accessory, any type	Durable Medical Equipment	Safety Devices	No	None
E0705	Transfer device, any type, each	Durable Medical Equipment	Safety Devices	No	Not covered in Long Term Care Setting
E0710	Restraints, any type (body, chest, wrist or ankle)	Durable Medical Equipment	Safety Devices	No	Not covered in Long Term Care Setting

E0720	Transcutaneous electrical nerve stimulation (TENS) device, two lead, localized stimulation	Durable Medical Equipment	Nerve Stimulation Devices	No	Not covered in Long Term Care Setting
E0730	Transcutaneous electrical nerve stimulation (TENS) device, four or more leads, for multiple nerve stimulation	Durable Medical Equipment	Nerve Stimulation Devices	No	Not covered in Long Term Care Setting
E0731	Form fitting conductive garment for delivery of TENS or NMES (with conductive fibers separated from the patient's skin by layers of fabric)	Durable Medical Equipment	Nerve Stimulation Devices	No	None
E0740	Non-implanted pelvic floor electrical stimulator, complete system	Durable Medical Equipment	Nerve Stimulation Devices	No	None
E0744	Neuromuscular stimulator for scoliosis	Durable Medical Equipment	Nerve Stimulation Devices	No	None
E0745	Neuromuscular stimulator, electronic shock unit	Durable Medical Equipment	Nerve Stimulation Devices	No	Not covered in Long Term Care Setting
E0746	Electromyography (EMG), biofeedback device	Durable Medical Equipment	Nerve Stimulation Devices	No	None
E0747	Osteogenesis stimulator, electrical, non-invasive, other than spinal applications	Durable Medical Equipment	Nerve Stimulation Devices	Yes	Not covered in Long Term Care Setting
E0748	Osteogenesis stimulator, electrical, non-invasive, spinal applications	Durable Medical Equipment	Nerve Stimulation Devices	Yes	Not covered in Long Term Care Setting
E0749	Osteogenesis stimulator, electrical, surgically implanted	Durable Medical Equipment	Nerve Stimulation Devices	Yes	None
E0755	Electronic salivary reflex stimulator (intra-oral/non-invasive)	Durable Medical Equipment	Nerve Stimulation Devices	No	None
E0760	Osteogenesis stimulator, low intensity ultrasound, non-invasive	Durable Medical Equipment	Nerve Stimulation Devices	Yes	Not covered in Long Term Care Setting
E0761	Non-thermal pulsed high frequency radiowaves, high peak power electromagnetic energy treatment device	Durable Medical Equipment	Nerve Stimulation Devices	No	None
E0762	Transcutaneous electrical joint stimulation device system, includes all accessories	Durable Medical Equipment	Nerve Stimulation Devices	No	None
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	Durable Medical Equipment	Nerve Stimulation Devices	No	None
E0765	FDA approved nerve stimulator, with replaceable batteries, for treatment of nausea and vomiting	Durable Medical Equipment	Nerve Stimulation Devices	No	Not covered in Long Term Care Setting
E0766	Electrical stimulation device used for cancer treatment, includes all accessories, any type	Durable Medical Equipment	Nerve Stimulation Devices	No	Not covered in Long Term Care Setting
E0769	Electrical stimulation or electromagnetic wound treatment device, not otherwise classified	Durable Medical Equipment	Nerve Stimulation Devices	No	None

E0770	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, not otherwise specified	Durable Medical Equipment	Nerve Stimulation Devices	No	None
E0776	IV pole	Durable Medical Equipment	Infusion Pumps and Supplies	No	Effective 3/01/2020, PA Requirement lifted during COVID-19 Crisis
E0779	Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater	Durable Medical Equipment	Infusion Pumps and Supplies	No	Effective 3/01/2020, PA Requirement lifted during COVID-19 Crisis
E0780	Ambulatory infusion pump, mechanical, reusable, for infusion less than 8 hours	Durable Medical Equipment	Infusion Pumps and Supplies	Yes	Not covered in Long Term Care Setting
E0781	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient	Durable Medical Equipment	Infusion Pumps and Supplies	No	Not covered in Long Term Care Setting
E0782	Infusion pump, implantable, non-programmable (includes all components, e.g., pump, catheter, connectors, etc.)	Durable Medical Equipment	Infusion Pumps and Supplies	No	Not covered in Long Term Care Setting
E0783	Infusion pump system, implantable, programmable (includes all components, e.g., pump, catheter, connectors, etc.)	Durable Medical Equipment	Infusion Pumps and Supplies	Yes	None
E0784	External ambulatory infusion pump, insulin	Durable Medical Equipment	Infusion Pumps and Supplies	Yes	Not covered in Long Term Care Setting
E0785	Implantable intraspinal (epidural/intrathecal) catheter used with implantable infusion pump, replacement	Durable Medical Equipment	Infusion Pumps and Supplies	No	None
E0786	Implantable programmable infusion pump, replacement (excludes implantable intraspinal catheter)	Durable Medical Equipment	Infusion Pumps and Supplies	Yes	None
E0791	Parenteral infusion pump, stationary, single or multi-channel	Durable Medical Equipment	Infusion Pumps and Supplies	No	Not covered in Long Term Care Setting
E0830	Ambulatory traction device, all types, each	Durable Medical Equipment	Traction and Other Orthopedic Devices	No	None
E0840	Traction frame, attached to headboard, cervical traction	Durable Medical Equipment	Traction and Other Orthopedic Devices	No	Not covered in Long Term Care Setting
E0849	Traction equipment, cervical, free-standing stand/frame, pneumatic, applying traction force to other than mandible	Durable Medical Equipment	Traction and Other Orthopedic Devices	No	None
E0850	Traction stand, free standing, cervical traction	Durable Medical Equipment	Traction and Other Orthopedic Devices	No	Not covered in Long Term Care Setting
E0855	Cervical traction equipment not requiring additional stand or frame	Durable Medical Equipment	Traction and Other Orthopedic Devices	No	None
E0856	Cervical traction device, with inflatable air bladder(s)	Durable Medical Equipment	Traction and Other Orthopedic Devices	No	None

E0860	Traction equipment, overdoor, cervical	Durable Medical Equipment	Traction and Other Orthopedic Devices	No	Not covered in Long Term Care Setting
E0870	Traction frame, attached to footboard, extremity traction, (e.g., Buck's)	Durable Medical Equipment	Traction and Other Orthopedic Devices	No	Not covered in Long Term Care Setting
E0880	Traction stand, free standing, extremity traction, (e.g., Buck's)	Durable Medical Equipment	Traction and Other Orthopedic Devices	No	Not covered in Long Term Care Setting
E0890	Traction frame, attached to footboard, pelvic traction	Durable Medical Equipment	Traction and Other Orthopedic Devices	No	Not covered in Long Term Care Setting
E0900	Traction stand, free standing, pelvic traction, (e.g., Buck's)	Durable Medical Equipment	Traction and Other Orthopedic Devices	No	Not covered in Long Term Care Setting
E0910	Trapeze bars, also known as Patient Helper, attached to bed, with grab bar	Durable Medical Equipment	Traction and Other Orthopedic Devices	No	Not covered in Long Term Care Setting
E0911	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed, with grab bar	Durable Medical Equipment	Traction and Other Orthopedic Devices	No	Not covered in Long Term Care Setting
E0912	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, free standing, complete with grab bar	Durable Medical Equipment	Traction and Other Orthopedic Devices	Yes	Not covered in Long Term Care Setting
E0920	Fracture frame, attached to bed, includes weights	Durable Medical Equipment	Traction and Other Orthopedic Devices	No	Not covered in Long Term Care Setting
E0930	Fracture frame, free standing, includes weights	Durable Medical Equipment	Traction and Other Orthopedic Devices	No	Not covered in Long Term Care Setting
E0935	Continuous passive motion exercise device for use on knee only	Durable Medical Equipment	Traction and Other Orthopedic Devices	No	PA Required if >21 days Not covered in Long Term Care Setting
E0936	Continuous passive motion exercise device for use other than knee	Durable Medical Equipment	Traction and Other Orthopedic Devices	No	Not covered in Long Term Care Setting
E0940	Trapeze bar, free standing, complete with grab bar	Durable Medical Equipment	Traction and Other Orthopedic Devices	No	Not covered in Long Term Care Setting
E0941	Gravity assisted traction device, any type	Durable Medical Equipment	Traction and Other Orthopedic Devices	No	None
E0942	Cervical head harness/halter	Durable Medical Equipment	Traction and Other Orthopedic Devices	No	Not covered in Long Term Care Setting

E0944	Pelvic belt/harness/boot	Durable Medical Equipment	Traction and Other Orthopedic Devices	No	Not covered in Long Term Care Setting
E0945	Extremity belt/harness	Durable Medical Equipment	Traction and Other Orthopedic Devices	No	None
E0946	Fracture, frame, dual with cross bars, attached to bed, (e.g., Balken, 4 poster)	Durable Medical Equipment	Traction and Other Orthopedic Devices	No	None
E0947	Fracture frame, attachments for complex pelvic traction	Durable Medical Equipment	Traction and Other Orthopedic Devices	No	Not covered in Long Term Care Setting
E0948	Fracture frame, attachments for complex cervical traction	Durable Medical Equipment	Traction and Other Orthopedic Devices	No	Not covered in Long Term Care Setting
E0950	Wheelchair accessory, tray, each	Durable Medical Equipment	Wheelchair Accessories	No	Not covered in Long Term Care Setting
E0951	Heel loop/holder, any type, with or without ankle strap, each	Durable Medical Equipment	Wheelchair Accessories	No	Not covered in Long Term Care Setting
E0952	Toe loop/holder, any type, each	Durable Medical Equipment	Wheelchair Accessories	No	Not covered in Long Term Care Setting
E0953	Wheelchair accessory, lateral thigh or knee support, any type including fixed mounting hardware, each	Durable Medical Equipment	Wheelchair accessories	No	None
E0954	Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot	Durable Medical Equipment	Wheelchair accessories	No	None
E0955	Wheelchair accessory, headrest, cushioned, any type, including fixed mounting hardware, each	Durable Medical Equipment	Wheelchair Accessories	No	Not covered in Long Term Care Setting
E0956	Wheelchair accessory, lateral trunk or hip support, any type, including fixed mounting hardware, each	Durable Medical Equipment	Wheelchair Accessories	No	Not covered in Long Term Care Setting
E0957	Wheelchair accessory, medial thigh support, any type, including fixed mounting hardware, each	Durable Medical Equipment	Wheelchair Accessories	No	Not covered in Long Term Care Setting
E0958	Manual wheelchair accessory, one-arm drive attachment, each	Durable Medical Equipment	Wheelchair Accessories	No	Not covered in Long Term Care Setting
E0959	Manual wheelchair accessory, adapter for amputee, each	Durable Medical Equipment	Wheelchair Accessories	No	Not covered in Long Term Care Setting
E0960	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware	Durable Medical Equipment	Wheelchair Accessories	No	Not covered in Long Term Care Setting
E0961	Manual wheelchair accessory, wheel lock brake extension (handle), each	Durable Medical Equipment	Wheelchair Accessories	No	Not covered in Long Term Care Setting
E0966	Manual wheelchair accessory, headrest extension, each	Durable Medical Equipment	Wheelchair Accessories	No	Not covered in Long Term Care Setting
E0967	Manual wheelchair accessory, hand rim with projections, any type, replacement only, each	Durable Medical Equipment	Wheelchair Accessories	No	Not covered in Long Term Care Setting
E0968	Commode seat, wheelchair	Durable Medical Equipment	Wheelchair Accessories	No	None
E0969	Narrowing device, wheelchair	Durable Medical Equipment	Wheelchair Accessories	No	Not covered in Long Term Care Setting
E0970	No. 2 footplates, except for elevating leg rest	Durable Medical Equipment	Wheelchair Accessories	No	None

E0971	Manual wheelchair accessory, anti-tipping device, each	Durable Medical Equipment	Wheelchair Accessories	No	Not covered in Long Term Care Setting
E0973	Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each	Durable Medical Equipment	Wheelchair Accessories	No	Not covered in Long Term Care Setting
E0974	Manual wheelchair accessory, anti-rollback device, each	Durable Medical Equipment	Wheelchair Accessories	No	Not covered in Long Term Care Setting
E0978	Wheelchair accessory, positioning belt/safety belt/pelvic strap, each	Durable Medical Equipment	Wheelchair Accessories	No	Not covered in Long Term Care Setting
E0980	Safety vest, wheelchair	Durable Medical Equipment	Wheelchair Accessories	No	Not covered in Long Term Care Setting
E0981	Wheelchair accessory, seat upholstery, replacement only, each	Durable Medical Equipment	Wheelchair Accessories	No	Not covered in Long Term Care Setting
E0982	Wheelchair accessory, back upholstery, replacement only, each	Durable Medical Equipment	Wheelchair Accessories	No	Not covered in Long Term Care Setting
E0983	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control	Durable Medical Equipment	Wheelchair Accessories	Yes	Not covered in Long Term Care Setting
E0984	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control	Durable Medical Equipment	Wheelchair Accessories	Yes	Not covered in Long Term Care Setting
E0985	Wheelchair accessory, seat lift mechanism	Durable Medical Equipment	Wheelchair Accessories	No	Not covered in Long Term Care Setting
E0986	Manual wheelchair accessory, push-rim activated power assist system	Durable Medical Equipment	Wheelchair Accessories	Yes	Not covered in Long Term Care Setting
E0988	Manual wheelchair accessory, lever-activated, wheel drive, pair	Durable Medical Equipment	Wheelchair Accessories	Yes	Not covered in Long Term Care Setting
E0990	Wheelchair accessory, elevating leg rest, complete assembly, each	Durable Medical Equipment	Wheelchair Accessories	No	Not covered in Long Term Care Setting
E0992	Manual wheelchair accessory, solid seat insert	Durable Medical Equipment	Wheelchair Accessories	No	Not covered in Long Term Care Setting
E0994	Arm rest, each	Durable Medical Equipment	Wheelchair Accessories	No	Not covered in Long Term Care Setting
E0995	Wheelchair accessory, calf rest/pad, replacement only, each	Durable Medical Equipment	Wheelchair Accessories	No	Not covered in Long Term Care Setting
E1002	Wheelchair accessory, power seating system, tilt only	Durable Medical Equipment	Wheelchair Accessories	Yes	Not covered in Long Term Care Setting
E1003	Wheelchair accessory, power seating system, recline only, without shear reduction	Durable Medical Equipment	Wheelchair Accessories	Yes	Not covered in Long Term Care Setting
E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction	Durable Medical Equipment	Wheelchair Accessories	Yes	Not covered in Long Term Care Setting
E1005	Wheelchair accessory, power seating system, recline only, with power shear reduction	Durable Medical Equipment	Wheelchair Accessories	Yes	Not covered in Long Term Care Setting
E1006	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction	Durable Medical Equipment	Wheelchair Accessories	Yes	Not covered in Long Term Care Setting
E1007	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction	Durable Medical Equipment	Wheelchair Accessories	Yes	Not covered in Long Term Care Setting
E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction	Durable Medical Equipment	Wheelchair Accessories	Yes	Not covered in Long Term Care Setting
E1009	Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and leg rest, each	Durable Medical Equipment	Wheelchair Accessories	No	Not covered in Long Term Care Setting

E1010	Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, pair	Durable Medical Equipment	Wheelchair Accessories	No	Not covered in Long Term Care Setting
E1011	Modification to pediatric size wheelchair, width adjustment package (not to be dispensed with initial chair)	Durable Medical Equipment	Wheelchair Accessories	No	Not covered in Long Term Care Setting
E1012	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each	Durable Medical Equipment	Wheelchair Accessories	No	Not covered in Long Term Care Setting
E1014	Reclining back, addition to pediatric size wheelchair	Durable Medical Equipment	Wheelchair Accessories	No	Not covered in Long Term Care Setting
E1015	Shock absorber for manual wheelchair, each	Durable Medical Equipment	Wheelchair Accessories	No	Not covered in Long Term Care Setting
E1016	Shock absorber for power wheelchair, each	Durable Medical Equipment	Wheelchair Accessories	No	Not covered in Long Term Care Setting
E1017	Heavy duty shock absorber for heavy duty or extra heavy duty manual wheelchair, each	Durable Medical Equipment	Wheelchair Accessories	No	Not covered in Long Term Care Setting
E1018	Heavy duty shock absorber for heavy duty or extra heavy duty power wheelchair, each	Durable Medical Equipment	Wheelchair Accessories	No	Not covered in Long Term Care Setting
E1020	Residual limb support system for wheelchair, any type	Durable Medical Equipment	Wheelchair Accessories	No	Not covered in Long Term Care Setting
E1028	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for joystick, other control interface or positioning accessory	Durable Medical Equipment	Wheelchair Accessories	No	Not covered in Long Term Care Setting
E1029	Wheelchair accessory, ventilator tray, fixed	Durable Medical Equipment	Wheelchair Accessories	No	Not covered in Long Term Care Setting
E1030	Wheelchair accessory, ventilator tray, gimbaled	Durable Medical Equipment	Wheelchair Accessories	No	Not covered in Long Term Care Setting
E1031	Rollabout chair, any and all types with casters 5" or greater	Durable Medical Equipment	Wheelchair Accessories	No	None
E1035	Multi-positional patient transfer system, with integrated seat, operated by care giver, patient weight capacity up to and including 300 lbs	Durable Medical Equipment	Wheelchair Accessories	No	None
E1036	Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity greater than 300 lbs	Durable Medical Equipment	Wheelchair Accessories	No	None
E1037	Transport chair, pediatric size	Durable Medical Equipment	Transport Chairs	Yes	Not covered in Long Term Care Setting
E1038	Transport chair, adult size, patient weight capacity up to and including 300 pounds	Durable Medical Equipment	Transport Chairs	No	None
E1039	Transport chair, adult size, heavy duty, patient weight capacity greater than 300 pounds	Durable Medical Equipment	Transport Chairs	No	None
E1050	Fully-reclining wheelchair, fixed full length arms, swing away detachable elevating leg rests	Durable Medical Equipment	Fully Reclining Wheelchairs	No	None
E1060	Fully-reclining wheelchair, detachable arms, desk or full length, swing away detachable elevating legrests	Durable Medical Equipment	Fully Reclining Wheelchairs	No	None
E1070	Fully-reclining wheelchair, detachable arms (desk or full length) swing away detachable footrest	Durable Medical Equipment	Fully Reclining Wheelchairs	No	None

E1083	Hemi-wheelchair, fixed full length arms, swing away detachable elevating leg rest	Durable Medical Equipment	Hemi-Wheelchairs	No	None
E1084	Hemi-wheelchair, detachable arms desk or full length arms, swing away detachable elevating leg rests	Durable Medical Equipment	Hemi-Wheelchairs	No	None
E1085	Hemi-wheelchair, fixed full length arms, swing away detachable foot rests	Durable Medical Equipment	Hemi-Wheelchairs	No	None
E1086	Hemi-wheelchair detachable arms desk or full length, swing away detachable footrests	Durable Medical Equipment	Hemi-Wheelchairs	No	None
E1087	High strength lightweight wheelchair, fixed full length arms, swing away detachable elevating leg rests	Durable Medical Equipment	Lightweight, High-strength Wheelchairs	No	None
E1088	High strength lightweight wheelchair, detachable arms desk or full length, swing away detachable elevating leg rests	Durable Medical Equipment	Lightweight, High-strength Wheelchairs	No	None
E1089	High strength lightweight wheelchair, fixed length arms, swing away detachable footrest	Durable Medical Equipment	Lightweight, High-strength Wheelchairs	No	None
E1090	High strength lightweight wheelchair, detachable arms desk or full length, swing away detachable foot rests	Durable Medical Equipment	Lightweight, High-strength Wheelchairs	No	None
E1092	Wide heavy duty wheel chair, detachable arms (desk or full length), swing away detachable elevating leg rests	Durable Medical Equipment	Heavy Duty, Wide Wheelchairs	No	None
E1093	Wide heavy duty wheelchair, detachable arms desk or full length arms, swing away detachable footrests	Durable Medical Equipment	Heavy Duty, Wide Wheelchairs	No	None
E1100	Semi-reclining wheelchair, fixed full length arms, swing away detachable elevating leg rests	Durable Medical Equipment	Semi-reclining Wheelchairs	No	None
E1110	Semi-reclining wheelchair, detachable arms (desk or full length) elevating leg rest	Durable Medical Equipment	Semi-reclining Wheelchairs	No	None
E1130	Standard wheelchair, fixed full length arms, fixed or swing away detachable footrests	Durable Medical Equipment	Standard Wheelchairs	No	None
E1140	Wheelchair, detachable arms, desk or full length, swing away detachable footrests	Durable Medical Equipment	Standard Wheelchairs	No	None
E1150	Wheelchair, detachable arms, desk or full length swing away detachable elevating legrests	Durable Medical Equipment	Standard Wheelchairs	No	None
E1160	Wheelchair, fixed full length arms, swing away detachable elevating legrests	Durable Medical Equipment	Standard Wheelchairs	No	None
E1161	Manual adult size wheelchair, includes tilt in space	Durable Medical Equipment	Standard Wheelchairs	Yes	Not covered in Long Term Care Setting
E1170	Amputee wheelchair, fixed full length arms, swing away detachable elevating legrests	Durable Medical Equipment	Amputee Wheelchairs	No	None
E1171	Amputee wheelchair, fixed full length arms, without footrests or legrest	Durable Medical Equipment	Amputee Wheelchairs	No	None
E1172	Amputee wheelchair, detachable arms (desk or full length) without footrests or legrest	Durable Medical Equipment	Amputee Wheelchairs	No	None
E1180	Amputee wheelchair, detachable arms (desk or full length) swing away detachable footrests	Durable Medical Equipment	Amputee Wheelchairs	No	None

E1190	Amputee wheelchair, detachable arms (desk or full length) swing away detachable elevating legrests	Durable Medical Equipment	Amputee Wheelchairs	No	None
E1195	Heavy duty wheelchair, fixed full length arms, swing away detachable elevating legrests	Durable Medical Equipment	Amputee Wheelchairs	No	None
E1200	Amputee wheelchair, fixed full length arms, swing away detachable footrest	Durable Medical Equipment	Amputee Wheelchairs	No	None
E1220	Wheelchair; specially sized or constructed, (indicate brand name, model number, if any) and justification	Durable Medical Equipment	Other Wheelchairs and Accessories	No	None
E1221	Wheelchair with fixed arm, footrests	Durable Medical Equipment	Other Wheelchairs and Accessories	No	None
E1222	Wheelchair with fixed arm, elevating legrests	Durable Medical Equipment	Other Wheelchairs and Accessories	No	None
E1223	Wheelchair with detachable arms, footrests	Durable Medical Equipment	Other Wheelchairs and Accessories	No	None
E1224	Wheelchair with detachable arms, elevating legrests	Durable Medical Equipment	Other Wheelchairs and Accessories	No	None
E1225	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each	Durable Medical Equipment	Other Wheelchairs and Accessories	No	Not covered in Long Term Care Setting
E1226	Wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each	Durable Medical Equipment	Other Wheelchairs and Accessories	No	Not covered in Long Term Care Setting
E1227	Special height arms for wheelchair	Durable Medical Equipment	Other Wheelchairs and Accessories	No	None
E1228	Special back height for wheelchair	Durable Medical Equipment	Other Wheelchairs and Accessories	No	Not covered in Long Term Care Setting
E1229	Wheelchair, pediatric size, not otherwise specified	Durable Medical Equipment	Pediatric Wheelchairs	Yes	Not covered in Long Term Care Setting
E1230	Power operated vehicle (three or four wheel nonhighway) specify brand name and model number	Durable Medical Equipment	Pediatric Wheelchairs	Yes	Not covered in Long Term Care Setting
E1231	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system	Durable Medical Equipment	Pediatric Wheelchairs	Yes	Not covered in Long Term Care Setting
E1232	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system	Durable Medical Equipment	Pediatric Wheelchairs	Yes	Not covered in Long Term Care Setting
E1233	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system	Durable Medical Equipment	Pediatric Wheelchairs	Yes	Not covered in Long Term Care Setting
E1234	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system	Durable Medical Equipment	Pediatric Wheelchairs	Yes	Not covered in Long Term Care Setting
E1235	Wheelchair, pediatric size, rigid, adjustable, with seating system	Durable Medical Equipment	Pediatric Wheelchairs	Yes	Not covered in Long Term Care Setting

E1236	Wheelchair, pediatric size, folding, adjustable, with seating system	Durable Medical Equipment	Pediatric Wheelchairs	Yes	Not covered in Long Term Care Setting
E1237	Wheelchair, pediatric size, rigid, adjustable, without seating system	Durable Medical Equipment	Pediatric Wheelchairs	Yes	Not covered in Long Term Care Setting
E1238	Wheelchair, pediatric size, folding, adjustable, without seating system	Durable Medical Equipment	Pediatric Wheelchairs	Yes	Not covered in Long Term Care Setting
E1239	Power wheelchair, pediatric size, not otherwise specified	Durable Medical Equipment	Pediatric Wheelchairs	No	None
E1240	Lightweight wheelchair, detachable arms, (desk or full length) swing away detachable, elevating legrest	Durable Medical Equipment	Lightweight Wheelchairs	No	None
E1250	Lightweight wheelchair, fixed full length arms, swing away detachable footrest	Durable Medical Equipment	Lightweight Wheelchairs	No	None
E1260	Lightweight wheelchair, detachable arms (desk or full length) swing away detachable footrest	Durable Medical Equipment	Lightweight Wheelchairs	No	None
E1270	Lightweight wheelchair, fixed full length arms, swing away detachable elevating legrests	Durable Medical Equipment	Lightweight Wheelchairs	No	None
E1280	Heavy duty wheelchair, detachable arms (desk or full length) elevating legrests	Durable Medical Equipment	Heavy Duty and Special Wheelchairs	No	None
E1285	Heavy duty wheelchair, fixed full length arms, swing away detachable footrest	Durable Medical Equipment	Heavy Duty and Special Wheelchairs	No	None
E1290	Heavy duty wheelchair, detachable arms (desk or full length) swing away detachable footrest	Durable Medical Equipment	Heavy Duty and Special Wheelchairs	No	None
E1295	Heavy duty wheelchair, fixed full length arms, elevating legrest	Durable Medical Equipment	Heavy Duty and Special Wheelchairs	No	None
E1296	Special wheelchair seat height from floor	Durable Medical Equipment	Heavy Duty and Special Wheelchairs	No	None
E1297	Special wheelchair seat depth, by upholstery	Durable Medical Equipment	Heavy Duty and Special Wheelchairs	No	None
E1298	Special wheelchair seat depth and/or width, by construction	Durable Medical Equipment	Heavy Duty and Special Wheelchairs	No	None
E1300	Whirlpool, portable (overtub type)	Durable Medical Equipment	Whirlpool Baths	No	Not covered in Long Term Care Setting
E1310	Whirlpool, non-portable (built-in type)	Durable Medical Equipment	Whirlpool Baths	No	None
E1352	Oxygen accessory, flow regulator capable of positive inspiratory pressure	Durable Medical Equipment	Accessories for Oxygen Delivery Devices	No	Not covered in Long Term Care Setting
E1353	Regulator	Durable Medical Equipment	Accessories for Oxygen Delivery Devices	No	Not covered in Long Term Care Setting
E1354	Oxygen accessory, wheeled cart for portable cylinder or portable concentrator, any type, replacement only, each	Durable Medical Equipment	Accessories for Oxygen Delivery Devices	No	None
E1355	Stand/rack	Durable Medical Equipment	Accessories for Oxygen Delivery Devices	No	None

E1356	Oxygen accessory, battery pack/cartridge for portable concentrator, any type, replacement only, each	Durable Medical Equipment	Accessories for Oxygen Delivery Devices	No	None
E1357	Oxygen accessory, battery charger for portable concentrator, any type, replacement only, each	Durable Medical Equipment	Accessories for Oxygen Delivery Devices	No	None
E1358	Oxygen accessory, DC power adapter for portable concentrator, any type, replacement only, each	Durable Medical Equipment	Accessories for Oxygen Delivery Devices	No	None
E1372	Immersion external heater for nebulizer	Durable Medical Equipment	Accessories for Oxygen Delivery Devices	No	Not covered in Long Term Care Setting
E1390	Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate	Durable Medical Equipment	Accessories for Oxygen Delivery Devices	No	Effective 3/01/2020, PA Requirement lifted during COVID-19 Crisis
E1391	Oxygen concentrator, dual delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate, each	Durable Medical Equipment	Accessories for Oxygen Delivery Devices	No	None
E1392	Portable oxygen concentrator, rental	Durable Medical Equipment	Accessories for Oxygen Delivery Devices	No	Effective 3/01/2020, PA Requirement lifted during COVID-19 Crisis
E1399	Durable medical equipment, miscellaneous	Durable Medical Equipment	Accessories for Oxygen Delivery Devices	Yes	None
E1405	Oxygen and water vapor enriching system with heated delivery	Durable Medical Equipment	Accessories for Oxygen Delivery Devices	No	None
E1406	Oxygen and water vapor enriching system without heated delivery	Durable Medical Equipment	Accessories for Oxygen Delivery Devices	No	None
E1500	Centrifuge, for dialysis	Durable Medical Equipment	Dialysis Systems and Accessories	No	None
E1510	Kidney, dialysate delivery syst kidney machine, pump recirculating, air removal syst, flowrate meter, power off, heater and temperature control with alarm, I.V. poles, pressure gauge, concentrate container	Durable Medical Equipment	Dialysis Systems and Accessories	No	None
E1520	Heparin infusion pump for hemodialysis	Durable Medical Equipment	Dialysis Systems and Accessories	No	None
E1530	Air bubble detector for hemodialysis, each, replacement	Durable Medical Equipment	Dialysis Systems and Accessories	No	None
E1540	Pressure alarm for hemodialysis, each, replacement	Durable Medical Equipment	Dialysis Systems and Accessories	No	None
E1550	Bath conductivity meter for hemodialysis, each	Durable Medical Equipment	Dialysis Systems and Accessories	No	None

E1560	Blood leak detector for hemodialysis, each, replacement	Durable Medical Equipment	Dialysis Systems and Accessories	No	None
E1570	Adjustable chair, for ESRD patients	Durable Medical Equipment	Dialysis Systems and Accessories	No	None
E1575	Transducer protectors/fluid barriers, for hemodialysis, any size, per 10	Durable Medical Equipment	Dialysis Systems and Accessories	No	None
E1580	Unipuncture control system for hemodialysis	Durable Medical Equipment	Dialysis Systems and Accessories	No	None
E1590	Hemodialysis machine	Durable Medical Equipment	Dialysis Systems and Accessories	No	None
E1592	Automatic intermittent peritoneal dialysis system	Durable Medical Equipment	Dialysis Systems and Accessories	No	None
E1594	Cycler dialysis machine for peritoneal dialysis	Durable Medical Equipment	Dialysis Systems and Accessories	No	None
E1600	Delivery and/or installation charges for hemodialysis equipment	Durable Medical Equipment	Dialysis Systems and Accessories	No	None
E1610	Reverse osmosis water purification system, for hemodialysis	Durable Medical Equipment	Dialysis Systems and Accessories	No	None
E1615	Deionizer water purification system, for hemodialysis	Durable Medical Equipment	Dialysis Systems and Accessories	No	None
E1620	Blood pump for hemodialysis, replacement	Durable Medical Equipment	Dialysis Systems and Accessories	No	None
E1625	Water softening system, for hemodialysis	Durable Medical Equipment	Dialysis Systems and Accessories	No	None
E1630	Reciprocating peritoneal dialysis system	Durable Medical Equipment	Dialysis Systems and Accessories	No	None
E1632	Wearable artificial kidney, each	Durable Medical Equipment	Dialysis Systems and Accessories	No	None
E1634	Peritoneal dialysis clamps, each	Durable Medical Equipment	Dialysis Systems and Accessories	No	None
E1635	Compact (portable) travel hemodialyzer system	Durable Medical Equipment	Dialysis Systems and Accessories	No	None
E1636	Sorbent cartridges, for hemodialysis, per 10	Durable Medical Equipment	Dialysis Systems and Accessories	No	None
E1637	Hemostats, each	Durable Medical Equipment	Dialysis Systems and Accessories	No	None
E1639	Scale, each	Durable Medical Equipment	Dialysis Systems and Accessories	No	Not covered in Long Term Care Setting
E1699	Dialysis equipment, not otherwise specified	Durable Medical Equipment	Dialysis Systems and Accessories	No	None

E1700	Jaw motion rehabilitation system	Durable Medical Equipment	Jaw Motion Rehabilitation System and Accessories	No	Not covered in Long Term Care Setting
E1701	Replacement cushions for jaw motion rehabilitation system, pkg. of 6	Durable Medical Equipment	Jaw Motion Rehabilitation System and Accessories	No	None
E1702	Replacement measuring scales for jaw motion rehabilitation system, pkg. of 200	Durable Medical Equipment	Jaw Motion Rehabilitation System and Accessories	No	None
E1800	Dynamic adjustable elbow extension/flexion device, includes soft interface material	Durable Medical Equipment	Extension/Flexion Rehabilitation Devices	Yes	None
E1801	Static progressive stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	Durable Medical Equipment	Extension/Flexion Rehabilitation Devices	No	None
E1802	Dynamic adjustable forearm pronation/supination device, includes soft interface material	Durable Medical Equipment	Extension/Flexion Rehabilitation Devices	Yes	None
E1805	Dynamic adjustable wrist extension / flexion device, includes soft interface material	Durable Medical Equipment	Extension/Flexion Rehabilitation Devices	Yes	None
E1806	Static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories	Durable Medical Equipment	Extension/Flexion Rehabilitation Devices	No	Not covered in Long Term Care Setting
E1810	Dynamic adjustable knee extension / flexion device, includes soft interface material	Durable Medical Equipment	Extension/Flexion Rehabilitation Devices	Yes	None
E1811	Static progressive stretch knee device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	Durable Medical Equipment	Extension/Flexion Rehabilitation Devices	No	Not covered in Long Term Care Setting
E1812	Dynamic knee, extension/flexion device with active resistance control	Durable Medical Equipment	Extension/Flexion Rehabilitation Devices	No	None
E1815	Dynamic adjustable ankle extension/flexion device, includes soft interface material	Durable Medical Equipment	Extension/Flexion Rehabilitation Devices	Yes	None
E1816	Static progressive stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories	Durable Medical Equipment	Extension/Flexion Rehabilitation Devices	No	None
E1818	Static progressive stretch forearm pronation / supination device, with or without range of motion adjustment, includes all components and accessories	Durable Medical Equipment	Extension/Flexion Rehabilitation Devices	Yes	Not covered in Long Term Care Setting
E1820	Replacement soft interface material, dynamic adjustable extension/flexion device	Durable Medical Equipment	Extension/Flexion Rehabilitation Devices	No	None

E1821	Replacement soft interface material/cuffs for bi-directional static progressive stretch device	Durable Medical Equipment	Extension/Flexion Rehabilitation Devices	No	None
E1825	Dynamic adjustable finger extension/flexion device, includes soft interface material	Durable Medical Equipment	Extension/Flexion Rehabilitation Devices	Yes	None
E1830	Dynamic adjustable toe extension/flexion device, includes soft interface material	Durable Medical Equipment	Extension/Flexion Rehabilitation Devices	No	None
E1831	Static progressive stretch toe device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	Durable Medical Equipment	Extension/Flexion Rehabilitation Devices	No	None
E1840	Dynamic adjustable shoulder flexion / abduction / rotation device, includes soft interface material	Durable Medical Equipment	Extension/Flexion Rehabilitation Devices	Yes	None
E1841	Static progressive stretch shoulder device, with or without range of motion adjustment, includes all components and accessories	Durable Medical Equipment	Extension/Flexion Rehabilitation Devices	Yes	None
E1902	Communication board, non-electronic augmentative or alternative communication device	Durable Medical Equipment	Communication Boards	No	None
E2000	Gastric suction pump, home model, portable or stationary, electric	Durable Medical Equipment	Miscellaneous Pumps and Monitors	No	Not covered in Long Term Care Setting
E2100	Blood glucose monitor with integrated voice synthesizer	Durable Medical Equipment	Miscellaneous Pumps and Monitors	No	None
E2101	Blood glucose monitor with integrated lancing/blood sample	Durable Medical Equipment	Miscellaneous Pumps and Monitors	No	None
E2120	Pulse generator system for tympanic treatment of inner ear endolymphatic fluid	Durable Medical Equipment	Miscellaneous Pumps and Monitors	No	None
E2201	Manual wheelchair accessory, nonstandard seat frame, width greater than or equal to 20 inches and less than 24 inches	Durable Medical Equipment	Manual Wheelchair Accessories	No	Not covered in Long Term Care Setting
E2202	Manual wheelchair accessory, nonstandard seat frame width, 24-27 inches	Durable Medical Equipment	Manual Wheelchair Accessories	No	Not covered in Long Term Care Setting
E2203	Manual wheelchair accessory, nonstandard seat frame depth, 20 to less than 22 inches	Durable Medical Equipment	Manual Wheelchair Accessories	No	Not covered in Long Term Care Setting
E2204	Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 inches	Durable Medical Equipment	Manual Wheelchair Accessories	No	Not covered in Long Term Care Setting
E2205	Manual wheelchair accessory, handrim without projections (includes ergonomic or contoured), any type, replacement only, each	Durable Medical Equipment	Manual Wheelchair Accessories	No	Not covered in Long Term Care Setting
E2206	Manual wheelchair accessory, wheel lock assembly, complete, replacement only, each	Durable Medical Equipment	Manual Wheelchair Accessories	No	Not covered in Long Term Care Setting

E2207	Wheelchair accessory, crutch and cane holder, each	Durable Medical Equipment	Manual Wheelchair Accessories	No	Not covered in Long Term Care Setting
E2208	Wheelchair accessory, cylinder tank carrier, each	Durable Medical Equipment	Manual Wheelchair Accessories	No	Not covered in Long Term Care Setting
E2209	Accessory, arm trough, with or without hand support, each	Durable Medical Equipment	Manual Wheelchair Accessories	No	Not covered in Long Term Care Setting
E2210	Wheelchair accessory, bearings, any type, replacement only, each	Durable Medical Equipment	Manual Wheelchair Accessories	No	Not covered in Long Term Care Setting
E2211	Manual wheelchair accessory, pneumatic propulsion tire, any size, each	Durable Medical Equipment	Manual Wheelchair Accessories	No	Not covered in Long Term Care Setting
E2212	Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each	Durable Medical Equipment	Manual Wheelchair Accessories	No	Not covered in Long Term Care Setting
E2213	Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each	Durable Medical Equipment	Manual Wheelchair Accessories	No	Not covered in Long Term Care Setting
E2214	Manual wheelchair accessory, pneumatic caster tire, any size, each	Durable Medical Equipment	Manual Wheelchair Accessories	No	Not covered in Long Term Care Setting
E2215	Manual wheelchair accessory, tube for pneumatic caster tire, any size, each	Durable Medical Equipment	Manual Wheelchair Accessories	No	Not covered in Long Term Care Setting
E2216	Manual wheelchair accessory, foam filled propulsion tire, any size, each	Durable Medical Equipment	Manual Wheelchair Accessories	No	Not covered in Long Term Care Setting
E2217	Manual wheelchair accessory, foam filled caster tire, any size, each	Durable Medical Equipment	Manual Wheelchair Accessories	No	Not covered in Long Term Care Setting
E2218	Manual wheelchair accessory, foam propulsion tire, any size, each	Durable Medical Equipment	Manual Wheelchair Accessories	No	Not covered in Long Term Care Setting
E2219	Manual wheelchair accessory, foam caster tire, any size, each	Durable Medical Equipment	Manual Wheelchair Accessories	No	Not covered in Long Term Care Setting
E2220	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, replacement only, each	Durable Medical Equipment	Manual Wheelchair Accessories	No	Not covered in Long Term Care Setting
E2221	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each	Durable Medical Equipment	Manual Wheelchair Accessories	No	Not covered in Long Term Care Setting
E2222	Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each	Durable Medical Equipment	Manual Wheelchair Accessories	No	Not covered in Long Term Care Setting
E2224	Manual wheelchair accessory, propulsion wheel excludes tire, any size, replacement only, each	Durable Medical Equipment	Manual Wheelchair Accessories	No	Not covered in Long Term Care Setting
E2225	Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each	Durable Medical Equipment	Manual Wheelchair Accessories	No	Not covered in Long Term Care Setting
E2226	Manual wheelchair accessory, caster fork, any size, replacement only, each	Durable Medical Equipment	Manual Wheelchair Accessories	No	Not covered in Long Term Care Setting
E2227	Manual wheelchair accessory, gear reduction drive wheel, each	Durable Medical Equipment	Manual Wheelchair Accessories	Yes	Not covered in Long Term Care Setting

E2228	Manual wheelchair accessory, wheel braking system and lock, complete, each	Durable Medical Equipment	Manual Wheelchair Accessories	No	Not covered in Long Term Care Setting
E2230	Manual wheelchair accessory, manual standing system	Durable Medical Equipment	Manual Wheelchair Accessories	Yes	Not covered in Long Term Care Setting
E2231	Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware	Durable Medical Equipment	Manual Wheelchair Accessories	No	Not covered in Long Term Care Setting
E2291	Back, planar, for pediatric size wheelchair including fixed attaching hardware	Durable Medical Equipment	Manual Wheelchair Accessories	No	Not covered in Long Term Care Setting
E2292	Seat, planar, for pediatric size wheelchair including fixed attaching hardware	Durable Medical Equipment	Manual Wheelchair Accessories	No	Not covered in Long Term Care Setting
E2293	Back, contoured, for pediatric size wheelchair including fixed attaching hardware	Durable Medical Equipment	Manual Wheelchair Accessories	No	Not covered in Long Term Care Setting
E2294	Seat, contoured, for pediatric size wheelchair including fixed attaching hardware	Durable Medical Equipment	Manual Wheelchair Accessories	No	Not covered in Long Term Care Setting
E2295	Manual wheelchair accessory, for pediatric size wheelchair, dynamic seating frame, allows coordinated movement of multiple positioning features	Durable Medical Equipment	Manual Wheelchair Accessories	No	Not covered in Long Term Care Setting
E2300	Wheelchair accessory, power seat elevation system, any type	Durable Medical Equipment	Power Wheelchair Accessories	Yes	Not covered in Long Term Care Setting
E2301	Wheelchair accessory, power standing system, any type	Durable Medical Equipment	Power Wheelchair Accessories	No	None
E2310	Power wheelchair accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	Durable Medical Equipment	Power Wheelchair Accessories	No	Not covered in Long Term Care Setting
E2311	Power wheelchair accessory, electronic connection between wheelchair controller and two or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	Durable Medical Equipment	Power Wheelchair Accessories	Yes	Not covered in Long Term Care Setting
E2312	Power wheelchair accessory, hand or chin control interface, mini-proportional remote joystick, proportional, including fixed mounting hardware	Durable Medical Equipment	Power Wheelchair Accessories	Yes	Not covered in Long Term Care Setting
E2313	Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each	Durable Medical Equipment	Power Wheelchair Accessories	No	Not covered in Long Term Care Setting
E2321	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware	Durable Medical Equipment	Power Wheelchair Accessories	Yes	Not covered in Long Term Care Setting

E2322	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware	Durable Medical Equipment	Power Wheelchair Accessories	Yes	Not covered in Long Term Care Setting
E2323	Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated	Durable Medical Equipment	Power Wheelchair Accessories	No	Not covered in Long Term Care Setting
E2324	Power wheelchair accessory, chin cup for chin control interface	Durable Medical Equipment	Power Wheelchair Accessories	No	Not covered in Long Term Care Setting
E2325	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware	Durable Medical Equipment	Power Wheelchair Accessories	Yes	Not covered in Long Term Care Setting
E2326	Power wheelchair accessory, breath tube kit for sip and puff interface	Durable Medical Equipment	Power Wheelchair Accessories	No	Not covered in Long Term Care Setting
E2327	Power wheelchair accessory, head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware	Durable Medical Equipment	Power Wheelchair Accessories	Yes	Not covered in Long Term Care Setting
E2328	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics and fixed mounting hardware	Durable Medical Equipment	Power Wheelchair Accessories	Yes	Not covered in Long Term Care Setting
E2329	Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware	Durable Medical Equipment	Power Wheelchair Accessories	Yes	Not covered in Long Term Care Setting
E2330	Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware	Durable Medical Equipment	Power Wheelchair Accessories	Yes	Not covered in Long Term Care Setting
E2331	Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware	Durable Medical Equipment	Power Wheelchair Accessories	No	Not covered in Long Term Care Setting
E2340	Power wheelchair accessory, nonstandard seat frame width, 20-23 inches	Durable Medical Equipment	Power Wheelchair Accessories	No	Not covered in Long Term Care Setting
E2341	Power wheelchair accessory, nonstandard seat frame width, 24-27 inches	Durable Medical Equipment	Power Wheelchair Accessories	No	Not covered in Long Term Care Setting
E2342	Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 inches	Durable Medical Equipment	Power Wheelchair Accessories	No	Not covered in Long Term Care Setting
E2343	Power wheelchair accessory, nonstandard seat frame depth, 22-25 inches	Durable Medical Equipment	Power Wheelchair Accessories	No	Not covered in Long Term Care Setting

E2351	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface	Durable Medical Equipment	Power Wheelchair Accessories	No	Not covered in Long Term Care Setting
E2358	Power wheelchair accessory, group 34 non-sealed lead acid battery, each	Durable Medical Equipment	Power Wheelchair Accessories	No	None
E2359	Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	Durable Medical Equipment	Power Wheelchair Accessories	No	Not covered in Long Term Care Setting
E2360	Power wheelchair accessory, 22 NF non-sealed lead acid battery, each	Durable Medical Equipment	Power Wheelchair Accessories	No	Not covered in Long Term Care Setting
E2361	Power wheelchair accessory, 22 NF sealed lead acid battery, each, (e.g., gel cell, absorbed glassmat)	Durable Medical Equipment	Power Wheelchair Accessories	No	Not covered in Long Term Care Setting
E2362	Power wheelchair accessory, group 24 non-sealed lead acid battery, each	Durable Medical Equipment	Power Wheelchair Accessories	No	Not covered in Long Term Care Setting
E2363	Power wheelchair accessory, group 24 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	Durable Medical Equipment	Power Wheelchair Accessories	No	Not covered in Long Term Care Setting
E2364	Power wheelchair accessory, U-1 non-sealed lead acid battery, each	Durable Medical Equipment	Power Wheelchair Accessories	No	Not covered in Long Term Care Setting
E2365	Power wheelchair accessory, U-1 sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	Durable Medical Equipment	Power Wheelchair Accessories	No	Not covered in Long Term Care Setting
E2366	Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or non-sealed, each	Durable Medical Equipment	Power Wheelchair Accessories	No	Not covered in Long Term Care Setting
E2367	Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or non-sealed, each	Durable Medical Equipment	Power Wheelchair Accessories	No	None
E2368	Power wheelchair component, drive wheel motor, replacement only	Durable Medical Equipment	Power Wheelchair Accessories	No	Not covered in Long Term Care Setting
E2369	Power wheelchair component, drive wheel gear box, replacement only	Durable Medical Equipment	Power Wheelchair Accessories	No	Not covered in Long Term Care Setting
E2370	Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only	Durable Medical Equipment	Power Wheelchair Accessories	No	Not covered in Long Term Care Setting
E2371	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g., gel cell, absorbed glassmat), each	Durable Medical Equipment	Power Wheelchair Accessories	No	Not covered in Long Term Care Setting
E2372	Power wheelchair accessory, group 27 non-sealed lead acid battery, each	Durable Medical Equipment	Power Wheelchair Accessories	No	Not covered in Long Term Care Setting
E2373	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware	Durable Medical Equipment	Power Wheelchair Accessories	Yes	Not covered in Long Term Care Setting
E2374	Power wheelchair accessory, hand or chin control interface, standard remote joystick (not including controller), proportional, including all related electronics and fixed mounting hardware, replacement only	Durable Medical Equipment	Power Wheelchair Accessories	No	Not covered in Long Term Care Setting

E2375	Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacement only	Durable Medical Equipment	Power Wheelchair Accessories	No	Not covered in Long Term Care Setting
E2376	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement only	Durable Medical Equipment	Power Wheelchair Accessories	Yes	Not covered in Long Term Care Setting
E2377	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade provided at initial issue	Durable Medical Equipment	Power Wheelchair Accessories	No	Not covered in Long Term Care Setting
E2378	Power wheelchair component, actuator, replacement only	Durable Medical Equipment	Power Wheelchair Accessories	No	Not covered in Long Term Care Setting
E2381	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each	Durable Medical Equipment	Power Wheelchair Accessories	No	Not covered in Long Term Care Setting
E2382	Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each	Durable Medical Equipment	Power Wheelchair Accessories	No	Not covered in Long Term Care Setting
E2383	Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each	Durable Medical Equipment	Power Wheelchair Accessories	No	Not covered in Long Term Care Setting
E2384	Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each	Durable Medical Equipment	Power Wheelchair Accessories	No	Not covered in Long Term Care Setting
E2385	Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each	Durable Medical Equipment	Power Wheelchair Accessories	No	Not covered in Long Term Care Setting
E2386	Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each	Durable Medical Equipment	Power Wheelchair Accessories	No	Not covered in Long Term Care Setting
E2387	Power wheelchair accessory, foam filled caster tire, any size, replacement only, each	Durable Medical Equipment	Power Wheelchair Accessories	No	Not covered in Long Term Care Setting
E2388	Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each	Durable Medical Equipment	Power Wheelchair Accessories	No	Not covered in Long Term Care Setting
E2389	Power wheelchair accessory, foam caster tire, any size, replacement only, each	Durable Medical Equipment	Power Wheelchair Accessories	No	Not covered in Long Term Care Setting
E2390	Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each	Durable Medical Equipment	Power Wheelchair Accessories	No	Not covered in Long Term Care Setting
E2391	Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each	Durable Medical Equipment	Power Wheelchair Accessories	No	Not covered in Long Term Care Setting
E2392	Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each	Durable Medical Equipment	Power Wheelchair Accessories	No	Not covered in Long Term Care Setting
E2394	Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each	Durable Medical Equipment	Power Wheelchair Accessories	No	Not covered in Long Term Care Setting
E2395	Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each	Durable Medical Equipment	Power Wheelchair Accessories	No	Not covered in Long Term Care Setting

E2396	Power wheelchair accessory, caster fork, any size, replacement only, each	Durable Medical Equipment	Power Wheelchair Accessories	No	Not covered in Long Term Care Setting
E2397	Power wheelchair accessory, lithium-based battery, each	Durable Medical Equipment	Power Wheelchair Accessories	No	Not covered in Long Term Care Setting
E2402	Negative pressure wound therapy electrical pump, stationary or portable	Durable Medical Equipment	Wound Therapy Pumps	Yes	None
E2500	Speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time	Durable Medical Equipment	Speech Generating Devices, Software, and Accessories	Yes	None
E2502	Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time	Durable Medical Equipment	Speech Generating Devices, Software, and Accessories	Yes	None
E2504	Speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time	Durable Medical Equipment	Speech Generating Devices, Software, and Accessories	Yes	None
E2506	Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time	Durable Medical Equipment	Speech Generating Devices, Software, and Accessories	Yes	None
E2508	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device	Durable Medical Equipment	Speech Generating Devices, Software, and Accessories	Yes	None
E2510	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access	Durable Medical Equipment	Speech Generating Devices, Software, and Accessories	Yes	None
E2511	Speech generating software program, for personal computer or personal digital assistant	Durable Medical Equipment	Speech Generating Devices, Software, and Accessories	Yes	None
E2512	Accessory for speech generating device, mounting system	Durable Medical Equipment	Speech Generating Devices, Software, and Accessories	Yes	None
E2599	Accessory for speech generating device, not otherwise classified	Durable Medical Equipment	Speech Generating Devices, Software, and Accessories	Yes	None
E2601	General use wheelchair seat cushion, width less than 22 inches, any depth	Durable Medical Equipment	Wheelchair Seat and Back Cushions	No	Not covered in Long Term Care Setting
E2602	General use wheelchair seat cushion, width 22 inches or greater, any depth	Durable Medical Equipment	Wheelchair Seat and Back Cushions	No	Not covered in Long Term Care Setting

E2603	Skin protection wheelchair seat cushion, width less than 22 inches, any depth	Durable Medical Equipment	Wheelchair Seat and Back Cushions	No	Not covered in Long Term Care Setting
E2604	Skin protection wheelchair seat cushion, width 22 inches or greater, any depth	Durable Medical Equipment	Wheelchair Seat and Back Cushions	No	Not covered in Long Term Care Setting
E2605	Positioning wheelchair seat cushion, width less than 22 inches, any depth	Durable Medical Equipment	Wheelchair Seat and Back Cushions	No	Not covered in Long Term Care Setting
E2606	Positioning wheelchair seat cushion, width 22 inches or greater, any depth	Durable Medical Equipment	Wheelchair Seat and Back Cushions	No	Not covered in Long Term Care Setting
E2607	Skin protection and positioning wheelchair seat cushion, width less than 22 inches, any depth	Durable Medical Equipment	Wheelchair Seat and Back Cushions	No	Not covered in Long Term Care Setting
E2608	Skin protection and positioning wheelchair seat cushion, width 22 inches or greater, any depth	Durable Medical Equipment	Wheelchair Seat and Back Cushions	No	Not covered in Long Term Care Setting
E2609	Custom fabricated wheelchair seat cushion, any size	Durable Medical Equipment	Wheelchair Seat and Back Cushions	No	None
E2610	Wheelchair seat cushion, powered	Durable Medical Equipment	Wheelchair Seat and Back Cushions	No	None
E2611	General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware	Durable Medical Equipment	Wheelchair Seat and Back Cushions	No	Not covered in Long Term Care Setting
E2612	General use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware	Durable Medical Equipment	Wheelchair Seat and Back Cushions	No	Not covered in Long Term Care Setting
E2613	Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware	Durable Medical Equipment	Wheelchair Seat and Back Cushions	No	Not covered in Long Term Care Setting
E2614	Positioning wheelchair back cushion, posterior, width 22 inches or greater, any height, including any type mounting hardware	Durable Medical Equipment	Wheelchair Seat and Back Cushions	No	Not covered in Long Term Care Setting
E2615	Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware	Durable Medical Equipment	Wheelchair Seat and Back Cushions	No	Not covered in Long Term Care Setting
E2616	Positioning wheelchair back cushion, posterior-lateral, width 22 inches or greater, any height, including any type mounting hardware	Durable Medical Equipment	Wheelchair Seat and Back Cushions	No	Not covered in Long Term Care Setting
E2617	Custom fabricated wheelchair back cushion, any size, including any type mounting hardware	Durable Medical Equipment	Wheelchair Seat and Back Cushions	Yes	Not covered in Long Term Care Setting
E2619	Replacement cover for wheelchair seat cushion or back cushion, each	Durable Medical Equipment	Wheelchair Seat and Back Cushions	No	Not covered in Long Term Care Setting
E2620	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware	Durable Medical Equipment	Wheelchair Seat and Back Cushions	No	Not covered in Long Term Care Setting
E2621	Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height, including any type mounting hardware	Durable Medical Equipment	Wheelchair Seat and Back Cushions	No	Not covered in Long Term Care Setting

E2622	Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth	Durable Medical Equipment	Wheelchair Seat and Back Cushions	No	Not covered in Long Term Care Setting
E2623	Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth	Durable Medical Equipment	Wheelchair Seat and Back Cushions	No	Not covered in Long Term Care Setting
E2624	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth	Durable Medical Equipment	Wheelchair Seat and Back Cushions	No	Not covered in Long Term Care Setting
E2625	Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth	Durable Medical Equipment	Wheelchair Seat and Back Cushions	No	Not covered in Long Term Care Setting
E2626	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable	Durable Medical Equipment	Wheelchair Mobile Arm Supports	No	Not covered in Long Term Care Setting
E2627	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable Rancho type	Durable Medical Equipment	Wheelchair Mobile Arm Supports	No	Not covered in Long Term Care Setting
E2628	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining	Durable Medical Equipment	Wheelchair Mobile Arm Supports	No	Not covered in Long Term Care Setting
E2629	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints)	Durable Medical Equipment	Wheelchair Mobile Arm Supports	No	Not covered in Long Term Care Setting
E2630	Wheelchair accessory, shoulder elbow, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support	Durable Medical Equipment	Wheelchair Mobile Arm Supports	No	Not covered in Long Term Care Setting
E2631	Wheelchair accessory, addition to mobile arm support, elevating proximal arm	Durable Medical Equipment	Wheelchair Mobile Arm Supports	No	Not covered in Long Term Care Setting
E2632	Wheelchair accessory, addition to mobile arm support, offset or lateral rocker arm with elastic balance control	Durable Medical Equipment	Wheelchair Mobile Arm Supports	No	Not covered in Long Term Care Setting
E2633	Wheelchair accessory, addition to mobile arm support, supinator	Durable Medical Equipment	Wheelchair Mobile Arm Supports	No	Not covered in Long Term Care Setting
E8000	Gait trainer, pediatric size, posterior support, includes all accessories and components	Durable Medical Equipment	Pediatric Gait Trainers	Yes	None
E8001	Gait trainer, pediatric size, upright support, includes all accessories and components	Durable Medical Equipment	Pediatric Gait Trainers	Yes	None
E8002	Gait trainer, pediatric size, anterior support, includes all accessories and components	Durable Medical Equipment	Pediatric Gait Trainers	Yes	None
G0008	Administration of influenza virus vaccine	Procedures/Professional Services (Temporary)	Immunization/Vaccine Administration	No	None
G0009	Administration of pneumococcal vaccine	Procedures/Professional Services (Temporary)	Immunization Administration	No	None
G0010	Administration of hepatitis B vaccine	Procedures/Professional Services (Temporary)	Immunization Administration	No	None

G0027	Semen analysis; presence and/or motility of sperm excluding hühner	Procedures/Professional Services (Temporary)	Semen Analysis	No	None
G0068	Professional services for the administration of antiinfective, pain management, chelation, pulmonary hypertension, and/or inotropic infusion drug(s) for each infusion drug administration calendar day in the individual's home, each 15 minutes	Procedures/Professional Services	Other Services	No	None
G0069	Professional services for the administration of subcutaneous immunotherapy for each infusion drug administration calendar day in the individual's home, each 15 minutes	Procedures/Professional Services	Other Services	No	None
G0070	Professional services for the administration of chemotherapy for each infusion drug administration calendar day in the individual's home, each 15 minutes	Procedures/Professional Services	Other Services	No	None
G0071	Payment for communication technology-based services for 5 minutes or more of a virtual (non-face-to-face) communication between a rural health clinic (RHC) or federally qualified health center (FQHC) practitioner and RHC or FQHC patient, or 5 minutes or more of remote evaluation of recorded video and/or images by an RHC or FQHC practitioner, occurring in lieu of an office visit; RHC or FQHC only	Procedures/Professional Services	Other Services	No	None
G0076	Brief (20 minutes) care management home visit for a new patient. For use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	Procedures/Professional Services	Other Services	No	None
G0077	Limited (30 minutes) care management home visit for a new patient. For use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	Procedures/Professional Services	Other Services	No	None
G0078	Moderate (45 minutes) care management home visit for a new patient. For use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	Procedures/Professional Services	Other Services	No	None
G0079	Comprehensive (60 minutes) care management home visit for a new patient. For use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	Procedures/Professional Services	Other Services	No	None

G0080	Extensive (75 minutes) care management home visit for a new patient. For use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	Procedures/Professional Services	Other Services	No	None
G0081	Brief (20 minutes) care management home visit for an existing patient. For use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	Procedures/Professional Services	Other Services	No	None
G0082	Limited (30 minutes) care management home visit for an existing patient. For use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	Procedures/Professional Services	Other Services	No	None
G0083	Moderate (45 minutes) care management home visit for an existing patient. For use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	Procedures/Professional Services	Other Services	No	None
G0084	Comprehensive (60 minutes) care management home visit for an existing patient. For use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	Procedures/Professional Services	Other Services	No	None
G0085	Extensive (75 minutes) care management home visit for an existing patient. For use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	Procedures/Professional Services	Other Services	No	None
G0086	Limited (30 minutes) care management home care plan oversight. For use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	Procedures/Professional Services	Other Services	No	None
G0087	Comprehensive (60 minutes) care management home care plan oversight. For use only in a Medicare-approved CMMI model (services must be furnished within a beneficiary's home, domiciliary, rest home, assisted living and/or nursing facility)	Procedures/Professional Services	Other Services	No	None
G0101	Cervical or vaginal cancer screening; pelvic and clinical breast examination	Procedures/Professional Services (Temporary)	Screening Services	No	None
G0102	Prostate cancer screening; digital rectal examination	Procedures/Professional Services (Temporary)	Screening Services	No	None

G0103	Prostate cancer screening; prostate specific antigen test (PSA)	Procedures/Professional Services (Temporary)	Screening Services	No	None
G0104	Colorectal cancer screening; flexible sigmoidoscopy	Procedures/Professional Services (Temporary)	Screening Services	No	None
G0105	Colorectal cancer screening; colonoscopy on individual at high risk	Procedures/Professional Services (Temporary)	Screening Services	No	None
G0106	Colorectal cancer screening; alternative to G0104, screening sigmoidoscopy, barium enema	Procedures/Professional Services (Temporary)	Screening Services	No	None
G0108	Diabetes outpatient self-management training services, individual, per 30 minutes	Procedures/Professional Services (Temporary)	Screening Services	No	None
G0109	Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes	Procedures/Professional Services (Temporary)	Screening Services	No	None
G0111	#N/A	None	None	No	None
G0117	Glaucoma screening for high risk patients furnished by an optometrist or ophthalmologist	Procedures/Professional Services (Temporary)	Screening Services	No	None
G0118	Glaucoma screening for high risk patient furnished under the direct supervision of an optometrist or ophthalmologist	Procedures/Professional Services (Temporary)	Screening Services	No	None
G0120	Colorectal cancer screening; alternative to G0105, screening colonoscopy, barium enema.	Procedures/Professional Services (Temporary)	Screening Services	No	None
G0121	Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk	Procedures/Professional Services (Temporary)	Screening Services	No	None
G0122	Colorectal cancer screening; barium enema	Procedures/Professional Services (Temporary)	Screening Services	No	None
G0123	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, screening by cytotechnologist under physician supervision	Procedures/Professional Services (Temporary)	Screening Services	No	None
G0124	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, requiring interpretation by physician	Procedures/Professional Services (Temporary)	Screening Services	No	None
G0125	#N/A	None	None	No	Invalid Deleted Code Check for replacement code
G0127	Trimming of dystrophic nails, any number	Procedures/Professional Services (Temporary)	Miscellaneous Services	No	None
G0128	Direct (face-to-face with patient) skilled nursing services of a registered nurse provided in a comprehensive outpatient rehabilitation facility, each 10 minutes beyond the first 5 minutes	Procedures/Professional Services (Temporary)	Miscellaneous Services	No	Covered benefit only for Qualified Medicare Beneficiaries

G0129	Occupational therapy services requiring the skills of a qualified occupational therapist, furnished as a component of a partial hospitalization treatment program, per session (45 minutes or more)	Procedures/Professional Services (Temporary)	Miscellaneous Services	No	Service is within the scope of EviCore delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates
G0130	Single energy x-ray absorptiometry (SEXA) bone density study, one or more sites; appendicular skeleton (peripheral) (e.g., radius, wrist, heel)	Procedures/Professional Services (Temporary)	Miscellaneous Services	No	None
G0141	Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening, requiring interpretation by physician	Procedures/Professional Services (Temporary)	Miscellaneous Services	No	None
G0143	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with manual screening and rescreening by cytotechnologist under physician supervision	Procedures/Professional Services (Temporary)	Miscellaneous Services	No	None
G0144	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system, under physician supervision	Procedures/Professional Services (Temporary)	Miscellaneous Services	No	None
G0145	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system and manual rescreening under physician supervision	Procedures/Professional Services (Temporary)	Miscellaneous Services	No	None
G0147	Screening cytopathology smears, cervical or vaginal, performed by automated system under physician supervision	Procedures/Professional Services (Temporary)	Miscellaneous Services	No	None
G0148	Screening cytopathology smears, cervical or vaginal, performed by automated system with manual rescreening	Procedures/Professional Services (Temporary)	Miscellaneous Services	No	None
G0151	Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes	Procedures/Professional Services (Temporary)	Miscellaneous Services	No	Effective 3/01/2020, PA Requirement lifted during COVID-19 Crisis. Should PA requirements be reinstated, this service is within the scope of EviCore delegated services.
G0152	Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes	Procedures/Professional Services (Temporary)	Miscellaneous Services	No	Effective 3/01/2020, PA Requirement lifted during COVID-19 Crisis. Should PA requirements be reinstated, this service is within the scope of EviCore delegated services.
G0153	Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes	Procedures/Professional Services (Temporary)	Miscellaneous Services	No	Effective 3/01/2020, PA Requirement lifted during COVID-19 Crisis

G0155	Services of clinical social worker in home health or hospice settings, each 15 minutes	Procedures/Professional Services (Temporary)	Miscellaneous Services	No	None
G0156	Services of home health/hospice aide in home health or hospice settings, each 15 minutes	Procedures/Professional Services (Temporary)	Miscellaneous Services	No	Effective 3/01/2020, PA Requirement lifted during COVID-19 Crisis
G0157	Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 minutes	Procedures/Professional Services (Temporary)	Miscellaneous Services	No	Service is within the scope of EviCore delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates
G0158	Services performed by a qualified occupational therapist assistant in the home health or hospice setting, each 15 minutes	Procedures/Professional Services (Temporary)	Miscellaneous Services	No	Service is within the scope of EviCore delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates
G0159	Services performed by a qualified physical therapist, in the home health setting, in the establishment or delivery of a safe and effective physical therapy maintenance program, each 15 minutes	Procedures/Professional Services (Temporary)	Miscellaneous Services	No	Service is within the scope of EviCore delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates
G0160	Services performed by a qualified occupational therapist, in the home health setting, in the establishment or delivery of a safe and effective occupational therapy maintenance program, each 15 minutes	Procedures/Professional Services (Temporary)	Miscellaneous Services	No	Service is within the scope of EviCore delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates
G0161	Services performed by a qualified speech-language pathologist, in the home health setting, in the establishment or delivery of a safe and effective speech-language pathology maintenance program, each 15 minutes	Procedures/Professional Services (Temporary)	Miscellaneous Services	No	None
G0162	Skilled services by a registered nurse (RN) for management and evaluation of the plan of care; each 15 minutes (the patient's underlying condition or complication requires an RN to ensure that essential non-skilled care achieves its purpose in the home health or hospice setting)	Procedures/Professional Services (Temporary)	Miscellaneous Services	No	None
G0163	HHC LPN/RN OBS/ASSES EA 15	None	None	No	None
G0164	HHC LIS NURSE TRAIN EA 15	None	None	No	None
G0166	External counterpulsation, per treatment session	Procedures/Professional Services (Temporary)	Miscellaneous Services	No	None
G0168	Wound closure utilizing tissue adhesive(s) only	Procedures/Professional Services (Temporary)	Miscellaneous Services	No	None

G0175	Scheduled interdisciplinary team conference (minimum of three exclusive of patient care nursing staff) with patient present	Procedures/Professional Services (Temporary)	Miscellaneous Services	No	Covered benefit only for Qualified Medicare Beneficiaries
G0176	Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more)	Procedures/Professional Services (Temporary)	Miscellaneous Services	No	None
G0177	Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more)	Procedures/Professional Services (Temporary)	Miscellaneous Services	No	None
G0179	Physician re-certification for Medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians to affirm the initial implementation of the plan of care that meets patient's needs, per re-certification period	Procedures/Professional Services (Temporary)	Miscellaneous Services	No	None
G0180	Physician certification for Medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians to affirm the initial implementation of the plan of care that meets patient's needs, per certification period	Procedures/Professional Services (Temporary)	Miscellaneous Services	No	None
G0181	Physician supervision of a patient receiving Medicare-covered services provided by a participating home health agency (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of laboratory and other studies, communication (including telephone calls) with other health care professionals involved in the patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month, 30 minutes or more	Procedures/Professional Services (Temporary)	Miscellaneous Services	No	None

G0182	Physician supervision of a patient under a Medicare-approved hospice (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of laboratory and other studies, communication (including telephone calls) with other health care professionals involved in the patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month, 30 minutes or more	Procedures/Professional Services (Temporary)	Miscellaneous Services	No	None
G0186	Destruction of localized lesion of choroid (for example, choroidal neovascularization); photocoagulation, feeder vessel technique (one or more sessions)	Procedures/Professional Services (Temporary)	Miscellaneous Services	No	None
G0202	Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed	Procedures/Professional Services (Temporary)	Miscellaneous Services	No	AMA Termed Code 1/01/2018
G0204	Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral	Procedures/Professional Services (Temporary)	Miscellaneous Services	No	AMA Termed Code 1/01/2018
G0206	Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral	Procedures/Professional Services (Temporary)	Miscellaneous Services	No	AMA Termed Code 1/01/2018
G0219	PET imaging whole body; melanoma for non-covered indications	Procedures/Professional Services (Temporary)	Miscellaneous Services	No	None
G0235	PET imaging, any site, not otherwise specified	Procedures/Professional Services (Temporary)	Miscellaneous Services	No	None
G0237	Therapeutic procedures to increase strength or endurance of respiratory muscles, face to face, one on one, each 15 minutes (includes monitoring)	Procedures/Professional Services (Temporary)	Miscellaneous Services	No	None
G0238	Therapeutic procedures to improve respiratory function, other than described by G0237, one on one, face to face, per 15 minutes (includes monitoring)	Procedures/Professional Services (Temporary)	Miscellaneous Services	No	None
G0239	Therapeutic procedures to improve respiratory function or increase strength or endurance of respiratory muscles, two or more individuals (includes monitoring)	Procedures/Professional Services (Temporary)	Miscellaneous Services	No	None

G0245	Initial physician evaluation and management of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (LOPS) which must include: (1) the diagnosis of LOPS, (2) a patient history, (3) a physical examination that consists of at least the following elements: (a) visual inspection of the forefoot, hindfoot and toe web spaces, (b) evaluation of a protective sensation, (c) evaluation of foot structure and biomechanics, (d) evaluation of vascular status and skin integrity, and (e) evaluation and recommendation of footwear and (4) patient education	Procedures/Professional Services (Temporary)	Miscellaneous Services	No	None
G0246	Follow-up physician evaluation and management of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (LOPS) to include at least the following: (1) a patient history, (2) a physical examination that includes: (a) visual inspection of the forefoot, hindfoot and toe web spaces, (b) evaluation of protective sensation, (c) evaluation of foot structure and biomechanics, (d) evaluation of vascular status and skin integrity, and (e) evaluation and recommendation of footwear, and (3) patient education	Procedures/Professional Services (Temporary)	Miscellaneous Services	No	None
G0247	Routine foot care by a physician of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (LOPS) to include, the local care of superficial wounds (i.e. superficial to muscle and fascia) and at least the following if present: (1) local care of superficial wounds, (2) debridement of corns and calluses, and (3) trimming and debridement of nails	Procedures/Professional Services (Temporary)	Miscellaneous Services	No	None
G0248	Demonstration, prior to initiation of home INR monitoring, for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria, under the direction of a physician; includes: face-to-face demonstration of use and care of the INR monitor, obtaining at least one blood sample, provision of instructions for reporting home INR test results, and documentation of patient's ability to perform testing and report results	Procedures/Professional Services (Temporary)	Miscellaneous Services	No	Covered benefit only for Qualified Medicare Beneficiaries

G0249	Provision of test materials and equipment for home INR monitoring of patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria; includes: provision of materials for use in the home and reporting of test results to physician; testing not occurring more frequently than once a week; testing materials, billing units of service include 4 tests	Procedures/Professional Services (Temporary)	Miscellaneous Services	No	Covered benefit only for Qualified Medicare Beneficiaries
G0250	Physician review, interpretation, and patient management of home INR testing for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria; testing not occurring more frequently than once a week; billing units of service include 4 tests	Procedures/Professional Services (Temporary)	Miscellaneous Services	No	Covered benefit only for Qualified Medicare Beneficiaries
G0252	PET imaging, full and partial-ring PET scanners only, for initial diagnosis of breast cancer and/or surgical planning for breast cancer (e.g., initial staging of axillary lymph nodes)	Procedures/Professional Services (Temporary)	Miscellaneous Services	No	None
G0255	Current perception threshold/sensory nerve conduction test, (SNCT) per limb, any nerve	Procedures/Professional Services (Temporary)	Miscellaneous Services	No	None
G0257	Unscheduled or emergency dialysis treatment for an ESRD patient in a hospital outpatient department that is not certified as an ESRD facility	Procedures/Professional Services (Temporary)	Miscellaneous Services	No	None
G0259	Injection procedure for sacroiliac joint; arthrography	Procedures/Professional Services (Temporary)	Miscellaneous Services	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
G0260	Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography	Procedures/Professional Services (Temporary)	Miscellaneous Services	Yes	Effective 11/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406). G0260 and 27096 can be interchangeably. Authorization for 27096 also applies.
G0265	#N/A	None	None	No	Invalid Deleted Code Check for replacement code
G0266	#N/A	None	None	No	Invalid Deleted Code Check for replacement code
G0268	Removal of impacted cerumen (one or both ears) by physician on same date of service as audiologic function testing	Procedures/Professional Services (Temporary)	Miscellaneous Services	No	None

G0269	Placement of occlusive device into either a venous or arterial access site, post surgical or interventional procedure (e.g., angioseal plug, vascular plug)	Procedures/Professional Services (Temporary)	Miscellaneous Services	No	None
G0270	Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face to face with the patient, each 15 minutes	Procedures/Professional Services (Temporary)	Miscellaneous Services	No	Covered benefit only for Qualified Medicare Beneficiaries
G0271	Medical nutrition therapy, reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen (including additional hours needed for renal disease), group (2 or more individuals), each 30 minutes	Procedures/Professional Services (Temporary)	Miscellaneous Services	No	Covered benefit only for Qualified Medicare Beneficiaries
G0276	Blinded procedure for lumbar stenosis, percutaneous image-guided lumbar decompression (PILD) or placebo-control, performed in an approved coverage with evidence development (CED) clinical trial	Procedures/Professional Services (Temporary)	Miscellaneous Services	No	None
G0277	Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval	Procedures/Professional Services (Temporary)	Miscellaneous Services	Yes	None
G0278	Iliac and/or femoral artery angiography, non-selective, bilateral or ipsilateral to catheter insertion, performed at the same time as cardiac catheterization and/or coronary angiography, includes positioning or placement of the catheter in the distal aorta or ipsilateral femoral or iliac artery, injection of dye, production of permanent images, and radiologic supervision and interpretation (list separately in addition to primary procedure)	Procedures/Professional Services (Temporary)	Miscellaneous Services	No	None
G0279	Diagnostic digital breast tomosynthesis, unilateral or bilateral (list separately in addition to G0204 or G0206)	Procedures/Professional Services (Temporary)	Miscellaneous Services	No	None
G0281	Electrical stimulation, (unattended), to one or more areas, for chronic Stage III and Stage IV pressure ulcers, arterial ulcers, diabetic ulcers, and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care, as part of a therapy plan of care	Procedures/Professional Services (Temporary)	Miscellaneous Services	No	None
G0282	Electrical stimulation, (unattended), to one or more areas, for wound care other than described in G0281	Procedures/Professional Services (Temporary)	Miscellaneous Services	No	None
G0283	Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care	Procedures/Professional Services (Temporary)	Miscellaneous Services	No	Effective 3/01/2020, PA Requirement lifted during COVID-19 Crisis. Should PA requirements be reinstated, this service is within the scope of eviCore delegated services.

G0288	Reconstruction, computed tomographic angiography of aorta for surgical planning for vascular surgery	Procedures/Professional Services (Temporary)	Miscellaneous Services	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493).
G0289	Arthroscopy, knee, surgical, for removal of loose body, foreign body, debridement/shaving of articular cartilage (chondroplasty) at the time of other surgical knee arthroscopy in a different compartment of the same knee	Procedures/Professional Services (Temporary)	Miscellaneous Services	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
G0293	Noncovered surgical procedure(s) using conscious sedation, regional, general or spinal anesthesia in a Medicare qualifying clinical trial, per day	Procedures/Professional Services (Temporary)	Miscellaneous Services	No	Covered benefit only for Qualified Medicare Beneficiaries
G0294	Noncovered procedure(s) using either no anesthesia or local anesthesia only, in a Medicare qualifying clinical trial, per day	Procedures/Professional Services (Temporary)	Miscellaneous Services	No	Covered benefit only for Qualified Medicare Beneficiaries
G0295	Electromagnetic therapy, to one or more areas, for wound care other than described in G0329 or for other uses	Procedures/Professional Services (Temporary)	Miscellaneous Services	No	Covered benefit only for Qualified Medicare Beneficiaries
G0296	Counseling visit to discuss need for lung cancer screening using low dose CT scan (ldct) (service is for eligibility determination and shared decision making)	Procedures/Professional Services (Temporary)	Miscellaneous Services	No	None
G0297	Low dose CT scan (ldct) for lung cancer screening	Procedures/Professional Services (Temporary)	Miscellaneous Services	No	Code Termined 01/01/2021
G0299	Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 minutes	Procedures/Professional Services (Temporary)	Miscellaneous Services	No	Effective 3/01/2020, PA Requirement lifted during COVID-19 Crisis
G0300	Direct skilled nursing services of a licensed practical nurse (LPN) in the home health or hospice setting, each 15 minutes	Procedures/Professional Services (Temporary)	Miscellaneous Services	No	Effective 3/01/2020, PA Requirement lifted during COVID-19 Crisis
G0302	Pre-operative pulmonary surgery services for preparation for LVRS, complete course of services, to include a minimum of 16 days of services	Procedures/Professional Services (Temporary)	Miscellaneous Services	No	None
G0303	Pre-operative pulmonary surgery services for preparation for LVRS, 10 to 15 days of services	Procedures/Professional Services (Temporary)	Miscellaneous Services	No	None
G0304	Pre-operative pulmonary surgery services for preparation for LVRS, 1 to 9 days of services	Procedures/Professional Services (Temporary)	Miscellaneous Services	No	None
G0305	Post-discharge pulmonary surgery services after LVRS, minimum of 6 days of services	Procedures/Professional Services (Temporary)	Miscellaneous Services	No	None
G0306	Complete CBC, automated (Hgb, HCT, RBC, WBC, without platelet count) and automated WBC differential count	Procedures/Professional Services (Temporary)	Miscellaneous Services	No	None
G0307	Complete (CBC), automated (Hgb, HCT, RBC, WBC; without platelet count)	Procedures/Professional Services (Temporary)	Miscellaneous Services	No	None

G0328	Colorectal cancer screening; fecal occult blood test, immunoassay, 1-3 simultaneous	Procedures/Professional Services (Temporary)	Miscellaneous Services	No	None
G0329	Electromagnetic therapy, to one or more areas for chronic Stage III and Stage IV pressure ulcers, arterial ulcers, diabetic ulcers and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care as part of a therapy plan of care	Procedures/Professional Services (Temporary)	Miscellaneous Services	No	None
G0333	Pharmacy dispensing fee for inhalation drug(s); initial 30-day supply as a beneficiary	Procedures/Professional Services (Temporary)	Miscellaneous Services	No	None
G0337	Hospice evaluation and counseling services, pre-election	Procedures/Professional Services (Temporary)	Miscellaneous Services	No	None
G0339	Image-guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment	Procedures/Professional Services (Temporary)	Miscellaneous Services	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
G0340	Image-guided robotic linear accelerator-based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, second through fifth sessions, maximum five sessions per course of treatment	Procedures/Professional Services (Temporary)	Miscellaneous Services	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
G0341	Percutaneous islet cell transplant, includes portal vein catheterization and infusion	Procedures/Professional Services (Temporary)	Miscellaneous Services	No	None
G0342	Laparoscopy for islet cell transplant, includes portal vein catheterization and infusion	Procedures/Professional Services (Temporary)	Miscellaneous Services	No	None
G0343	Laparotomy for islet cell transplant, includes portal vein catheterization and infusion	Procedures/Professional Services (Temporary)	Miscellaneous Services	No	None
G0364	Bone marrow aspiration performed with bone marrow biopsy through the same incision on the same date of service	Procedures/Professional Services (Temporary)	Miscellaneous Services	No	AMA Deleted Code Code invalid as of 1/1/2018 Check for replacement code
G0365	Vessel mapping of vessels for hemodialysis access (services for preoperative vessel mapping prior to creation of hemodialysis access using an autogenous hemodialysis conduit, including arterial inflow and venous outflow)	Procedures/Professional Services (Temporary)	Miscellaneous Services	No	AMA Code Termed 1/1/2020

G0372	Physician service required to establish and document the need for a power mobility device	Procedures/Professional Services (Temporary)	Miscellaneous Services	No	None
G0377	#N/A	None	None	No	Invalid Deleted Code Check for replacement code
G0378	Hospital observation service, per hour	Procedures/Professional Services (Temporary)	Observation/Emergency Department Services	No	None
G0379	Direct admission of patient for hospital observation care	Procedures/Professional Services (Temporary)	Observation/Emergency Department Services	No	None
G0380	Level 1 hospital emergency department visit provided in a type B emergency department; (the ED must meet at least one of the following requirements: (1) it is licensed by the state in which it is located under applicable state law as an emergency room or emergency department; (2) it is held out to the public (by name, posted signs, advertising, or other means) as a place that provides care for emergency medical conditions on an urgent basis without requiring a previously scheduled appointment; or (3) during the calendar year immediately preceding the calendar year in which a determination under 42 CFR 489.24 is being made, based on a representative sample of patient visits that occurred during that calendar year, it provides at least one-third of all of its outpatient visits for the treatment of emergency medical conditions on an urgent basis without requiring a previously scheduled appointment)	Procedures/Professional Services (Temporary)	Observation/Emergency Department Services	No	None

G0381	<p>Level 2 hospital emergency department visit provided in a type B emergency department; (the ED must meet at least one of the following requirements: (1) it is licensed by the state in which it is located under applicable state law as an emergency room or emergency department; (2) it is held out to the public (by name, posted signs, advertising, or other means) as a place that provides care for emergency medical conditions on an urgent basis without requiring a previously scheduled appointment; or (3) during the calendar year immediately preceding the calendar year in which a determination under 42 CFR 489.24 is being made, based on a representative sample of patient visits that occurred during that calendar year, it provides at least one-third of all of its outpatient visits for the treatment of emergency medical conditions on an urgent basis without requiring a previously scheduled appointment)</p>	Procedures/Professional Services (Temporary)	Observation/Emergency Department Services	No	None
G0382	<p>Level 3 hospital emergency department visit provided in a type B emergency department; (the ED must meet at least one of the following requirements: (1) it is licensed by the state in which it is located under applicable state law as an emergency room or emergency department; (2) it is held out to the public (by name, posted signs, advertising, or other means) as a place that provides care for emergency medical conditions on an urgent basis without requiring a previously scheduled appointment; or (3) during the calendar year immediately preceding the calendar year in which a determination under 42 CFR 489.24 is being made, based on a representative sample of patient visits that occurred during that calendar year, it provides at least one-third of all of its outpatient visits for the treatment of emergency medical conditions on an urgent basis without requiring a previously scheduled appointment)</p>	Procedures/Professional Services (Temporary)	Observation/Emergency Department Services	No	None

G0383	Level 4 hospital emergency department visit provided in a type B emergency department; (the ED must meet at least one of the following requirements: (1) it is licensed by the state in which it is located under applicable state law as an emergency room or emergency department; (2) it is held out to the public (by name, posted signs, advertising, or other means) as a place that provides care for emergency medical conditions on an urgent basis without requiring a previously scheduled appointment; or (3) during the calendar year immediately preceding the calendar year in which a determination under 42 CFR 489.24 is being made, based on a representative sample of patient visits that occurred during that calendar year, it provides at least one-third of all of its outpatient visits for the treatment of emergency medical conditions on an urgent basis without requiring a previously scheduled appointment)	Procedures/Professional Services (Temporary)	Observation/Emergency Department Services	No	None
G0384	Level 5 hospital emergency department visit provided in a type B emergency department; (the ED must meet at least one of the following requirements: (1) it is licensed by the state in which it is located under applicable state law as an emergency room or emergency department; (2) it is held out to the public (by name, posted signs, advertising, or other means) as a place that provides care for emergency medical conditions on an urgent basis without requiring a previously scheduled appointment; or (3) during the calendar year immediately preceding the calendar year in which a determination under 42 CFR 489.24 is being made, based on a representative sample of patient visits that occurred during that calendar year, it provides at least one-third of all of its outpatient visits for the treatment of emergency medical conditions on an urgent basis without requiring a previously scheduled appointment)	Procedures/Professional Services (Temporary)	Observation/Emergency Department Services	No	None
G0389	ULTRASOUND EXAM AAA SCREEN	None	None	No	None
G0390	Trauma response team associated with hospital critical care service	Procedures/Professional Services (Temporary)	Other Services	No	None
G0394	#N/A	None	None	No	Invalid Deleted Code Check for replacement code
G0396	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., AUDIT, DAST), and brief intervention 15 to 30 minutes	Procedures/Professional Services (Temporary)	Alcohol and Substance Abuse	No	None

G0397	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., AUDIT, DAST), and intervention, greater than 30 minutes	Procedures/Professional Services (Temporary)	Alcohol and Substance Abuse	No	None
G0398	Home sleep study test (HST) with type II portable monitor, unattended; minimum of 7 channels: EEG, EOG, EMG, ECG/heart rate, airflow, respiratory effort and oxygen saturation	Procedures/Professional Services (Temporary)	Home Sleep Study	No	Service is within the scope of EviCore delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates
G0399	Home sleep test (HST) with type III portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ECG/heart rate and 1 oxygen saturation	Procedures/Professional Services (Temporary)	Home Sleep Study	No	Service is within the scope of EviCore delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates
G0400	Home sleep test (HST) with type IV portable monitor, unattended; minimum of 3 channels	Procedures/Professional Services (Temporary)	Home Sleep Study	No	Service is within the scope of EviCore delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates
G0402	Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment	Procedures/Professional Services (Temporary)	Initial Physical Exam	No	None
G0403	Electrocardiogram, routine ECG with 12 leads; performed as a screening for the initial preventive physical examination with interpretation and report	Procedures/Professional Services (Temporary)	Initial Physical Exam	No	None
G0404	Electrocardiogram, routine ECG with 12 leads; tracing only, without interpretation and report, performed as a screening for the initial preventive physical examination	Procedures/Professional Services (Temporary)	Initial Physical Exam	No	None
G0405	Electrocardiogram, routine ECG with 12 leads; interpretation and report only, performed as a screening for the initial preventive physical examination	Procedures/Professional Services (Temporary)	Initial Physical Exam	No	None
G0406	Follow-up inpatient consultation, limited, physicians typically spend 15 minutes communicating with the patient via telehealth	Procedures/Professional Services (Temporary)	Follow-Up Telehealth	No	None
G0407	Follow-up inpatient consultation, intermediate, physicians typically spend 25 minutes communicating with the patient via telehealth	Procedures/Professional Services (Temporary)	Follow-Up Telehealth	No	None
G0408	Follow-up inpatient consultation, complex, physicians typically spend 35 minutes communicating with the patient via telehealth	Procedures/Professional Services (Temporary)	Follow-Up Telehealth	No	None

G0409	Social work and psychological services, directly relating to and/or furthering the patient's rehabilitation goals, each 15 minutes, face-to-face; individual (services provided by a corf-qualified social worker or psychologist in a corf)	Procedures/Professional Services (Temporary)	Psychological Services	No	None
G0410	Group psychotherapy other than of a multiple-family group, in a partial hospitalization setting, approximately 45 to 50 minutes	Procedures/Professional Services (Temporary)	Psychological Services	No	None
G0411	Interactive group psychotherapy, in a partial hospitalization setting, approximately 45 to 50 minutes	Procedures/Professional Services (Temporary)	Psychological Services	No	None
G0412	Open treatment of iliac spine(s), tuberosity avulsion, or iliac wing fracture(s), unilateral or bilateral for pelvic bone fracture patterns which do not disrupt the pelvic ring includes internal fixation, when performed	Procedures/Professional Services (Temporary)	Fracture Care	Yes	None
G0413	Percutaneous skeletal fixation of posterior pelvic bone fracture and/or dislocation, for fracture patterns which disrupt the pelvic ring, unilateral or bilateral, (includes ilium, sacroiliac joint and/or sacrum)	Procedures/Professional Services (Temporary)	Fracture Care	No	None
G0414	Open treatment of anterior pelvic bone fracture and/or dislocation for fracture patterns which disrupt the pelvic ring, unilateral or bilateral, includes internal fixation when performed (includes pubic symphysis and/or superior/inferior rami)	Procedures/Professional Services (Temporary)	Fracture Care	Yes	None
G0415	Open treatment of posterior pelvic bone fracture and/or dislocation, for fracture patterns which disrupt the pelvic ring, unilateral or bilateral, includes internal fixation, when performed (includes ilium, sacroiliac joint and/or sacrum)	Procedures/Professional Services (Temporary)	Fracture Care	Yes	None
G0416	Surgical pathology, gross and microscopic examinations, for prostate needle biopsy, any method	Procedures/Professional Services (Temporary)	Surgical Pathology	No	None
G0420	Face-to-face educational services related to the care of chronic kidney disease; individual, per session, per one hour	Procedures/Professional Services (Temporary)	Educational Services	No	None
G0421	Face-to-face educational services related to the care of chronic kidney disease; group, per session, per one hour	Procedures/Professional Services (Temporary)	Educational Services	No	None
G0422	Intensive cardiac rehabilitation; with or without continuous ECG monitoring with exercise, per session	Procedures/Professional Services (Temporary)	Cardiac and Pulmonary Rehabilitation	Yes	PA Effective 9/17/2019
G0423	Intensive cardiac rehabilitation; with or without continuous ECG monitoring; without exercise, per session	Procedures/Professional Services (Temporary)	Cardiac and Pulmonary Rehabilitation	Yes	PA Effective 9/17/2019
G0424	Pulmonary rehabilitation, including exercise (includes monitoring), one hour, per session, up to two sessions per day	Procedures/Professional Services (Temporary)	Cardiac and Pulmonary Rehabilitation	Yes	PA Effective 9/17/2019
G0425	Telehealth consultation, emergency department or initial inpatient, typically 30 minutes communicating with the patient via telehealth	Procedures/Professional Services (Temporary)	Inpatient Telehealth	No	None

G0426	Telehealth consultation, emergency department or initial inpatient, typically 50 minutes communicating with the patient via telehealth	Procedures/Professional Services (Temporary)	Inpatient Telehealth	No	None
G0427	Telehealth consultation, emergency department or initial inpatient, typically 70 minutes or more communicating with the patient via telehealth	Procedures/Professional Services (Temporary)	Inpatient Telehealth	No	None
G0428	Collagen Meniscus Implant procedure for filling meniscal defects (e.g., CMI, collagen scaffold, Menaflex)	Procedures/Professional Services (Temporary)	Defect Fillers	No	None
G0429	Dermal filler injection(s) for the treatment of facial lipodystrophy syndrome (LDS) (e.g., as a result of highly active antiretroviral therapy)	Procedures/Professional Services (Temporary)	Defect Fillers	No	None
G0432	Infectious agent antibody detection by enzyme immunoassay (EIA) technique, HIV-1 and/or HIV-2, screening	Procedures/Professional Services (Temporary)	Laboratory Services	No	None
G0433	Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening	Procedures/Professional Services (Temporary)	Laboratory Services	No	None
G0435	Infectious agent antibody detection by rapid antibody test, HIV-1 and/or HIV-2, screening	Procedures/Professional Services (Temporary)	Laboratory Services	No	None
G0438	Annual wellness visit; includes a personalized prevention plan of service (PPS), initial visit	Procedures/Professional Services (Temporary)	Counseling and Wellness Visit	No	Covered benefit only for Qualified Medicare Beneficiaries
G0439	Annual wellness visit, includes a personalized prevention plan of service (PPS), subsequent visit	Procedures/Professional Services (Temporary)	Counseling and Wellness Visit	No	None
G0442	Annual alcohol misuse screening, 15 minutes	Procedures/Professional Services (Temporary)	Other Services	No	None
G0443	Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes	Procedures/Professional Services (Temporary)	Other Services	No	None
G0444	Annual depression screening, 15 minutes	Procedures/Professional Services (Temporary)	Other Services	No	None
G0445	High intensity behavioral counseling to prevent sexually transmitted infection; face-to-face, individual, includes: education, skills training and guidance on how to change sexual behavior; performed semi-annually, 30 minutes	Procedures/Professional Services (Temporary)	Other Services	No	None
G0446	Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes	Procedures/Professional Services (Temporary)	Other Services	No	None
G0447	Face-to-face behavioral counseling for obesity, 15 minutes	Procedures/Professional Services (Temporary)	Other Services	No	None
G0448	Insertion or replacement of a permanent pacing cardioverter-defibrillator system with transvenous lead(s), single or dual chamber with insertion of pacing electrode, cardiac venous system, for left ventricular pacing	Procedures/Professional Services (Temporary)	Other Services	No	None
G0451	Development testing, with interpretation and report, per standardized instrument form	Procedures/Professional Services (Temporary)	Other Services	No	None

G0452	Molecular pathology procedure; physician interpretation and report	Procedures/Professional Services (Temporary)	Molecular Pathology	No	None
G0453	Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby), per patient, (attention directed exclusively to one patient) each 15 minutes (list in addition to primary procedure)	Procedures/Professional Services (Temporary)	Neurophysiology Monitoring	No	None
G0454	Physician documentation of face-to-face visit for durable medical equipment determination performed by nurse practitioner, physician assistant or clinical nurse specialist	Procedures/Professional Services (Temporary)	Documentation and Preparation	No	None
G0455	Preparation with instillation of fecal microbiota by any method, including assessment of donor specimen	Procedures/Professional Services (Temporary)	Documentation and Preparation	No	None
G0458	Low dose rate (LDR) prostate brachytherapy services, composite rate	Procedures/Professional Services (Temporary)	Prostate Brachytherapy	No	None
G0459	Inpatient telehealth pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy	Procedures/Professional Services (Temporary)	Inpatient Telehealth Pharmacologic Management	No	None
G0460	Autologous platelet rich plasma for chronic wounds/ulcers, including phlebotomy, centrifugation, and all other preparatory procedures, administration and dressings, per treatment	Procedures/Professional Services (Temporary)	Other Wound/Ulcer Care	No	None
G0463	Hospital outpatient clinic visit for assessment and management of a patient	Procedures/Professional Services (Temporary)	Hospital Outpatient Visit	No	None
G0464	COLOREC CA SCR, STO BAS DNA	None	None	No	None
G0466	Federally qualified health center (FQHC) visit, new patient; a medically-necessary, face-to-face encounter (one-on-one) between a new patient and a FQHC practitioner during which time one or more FQHC services are rendered and includes a typical bundle of Medicare-covered services that would be furnished per diem to a patient receiving a FQHC visit	Procedures/Professional Services (Temporary)	Federally Qualified Health Center Visits	No	None
G0467	Federally qualified health center (FQHC) visit, established patient; a medically-necessary, face-to-face encounter (one-on-one) between an established patient and a FQHC practitioner during which time one or more FQHC services are rendered and includes a typical bundle of Medicare-covered services that would be furnished per diem to a patient receiving a FQHC visit	Procedures/Professional Services (Temporary)	Federally Qualified Health Center Visits	No	None

G0468	Federally qualified health center (FQHC) visit, ippe or awv; a FQHC visit that includes an initial preventive physical examination (ippe) or annual wellness visit (awv) and includes a typical bundle of Medicare-covered services that would be furnished per diem to a patient receiving an ippe or awv	Procedures/Professional Services (Temporary)	Federally Qualified Health Center Visits	No	None
G0469	Federally qualified health center (FQHC) visit, mental health, new patient; a medically-necessary, face-to-face mental health encounter (one-on-one) between a new patient and a FQHC practitioner during which time one or more FQHC services are rendered and includes a typical bundle of Medicare-covered services that would be furnished per diem to a patient receiving a mental health visit	Procedures/Professional Services (Temporary)	Federally Qualified Health Center Visits	No	None
G0470	Federally qualified health center (FQHC) visit, mental health, established patient; a medically-necessary, face-to-face mental health encounter (one-on-one) between an established patient and a FQHC practitioner during which time one or more FQHC services are rendered and includes a typical bundle of Medicare-covered services that would be furnished per diem to a patient receiving a mental health visit	Procedures/Professional Services (Temporary)	Federally Qualified Health Center Visits	No	None
G0471	Collection of venous blood by venipuncture or urine sample by catheterization from an individual in a skilled nursing facility (SNF) or by a laboratory on behalf of a home health agency (HHA)	Procedures/Professional Services (Temporary)	HHA and SNF Specimen Collection	No	None
G0472	Hepatitis C antibody screening, for individual at high risk and other covered indication(s)	Procedures/Professional Services (Temporary)	Hepatitis C Screening	No	None
G0473	Face-to-face behavioral counseling for obesity, group (2-10), 30 minutes	Procedures/Professional Services (Temporary)	Behavioral Counseling	No	None
G0475	HIV antigen/antibody, combination assay, screening	Procedures/Professional Services (Temporary)	Screening Measures	No	None
G0476	Infectious agent detection by nucleic acid (DNA or RNA); human papillomavirus (HPV), high-risk types (e.g., 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) for cervical cancer screening, must be performed in addition to Pap test	Procedures/Professional Services (Temporary)	Screening Measures	No	None
G0477	Drug test(s), presumptive, any number of drug classes; any number of devices or procedures, (e.g., immunoassay) capable of being read by direct optical observation only (e.g., dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service	Procedures/Professional Services (Temporary)	Drug Testing	No	AMA Deleted Code Code invalid as of 1/1/2018 Check for replacement code

G0478	Drug test(s), presumptive, any number of drug classes; any number of devices or procedures, (e.g., immunoassay) read by instrument-assisted direct optical observation (e.g., dipsticks, cups, cards, cartridges), includes sample validation when performed, per date of service	Procedures/Professional Services (Temporary)	Drug Testing	No	AMA Deleted Code Code invalid as of 1/1/2018 Check for replacement code
G0479	Drug test(s), presumptive, any number of drug classes; any number of devices or procedures by instrumented chemistry analyzers utilizing immunoassay, enzyme assay, tof, maldi, ldt, desi, dart, ghpc, gc mass spectrometry), includes sample validation when performed, per date of service	Procedures/Professional Services (Temporary)	Drug Testing	No	AMA Deleted Code Code invalid as of 1/1/2018 Check for replacement code
G0480	Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to gc/ms (any type, single or tandem) and lc/ms (any type, single or tandem and excluding immunoassays (e.g., ia, eia, ELISA, emit, fpia) and enzymatic methods (e.g., alcohol dehydrogenase)); qualitative or quantitative, all sources(s), includes specimen validity testing, per day, 1-7 drug class(es), including metabolite(s) if performed	Procedures/Professional Services (Temporary)	Drug Testing	No	None
G0481	Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to gc/ms (any type, single or tandem) and lc/ms (any type, single or tandem and excluding immunoassays (e.g., ia, eia, ELISA, emit, fpia) and enzymatic methods (e.g., alcohol dehydrogenase)); qualitative or quantitative, all sources(s), includes specimen validity testing, per day, 8-14 drug class(es), including metabolite(s) if performed	Procedures/Professional Services (Temporary)	Drug Testing	No	None
G0482	Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to gc/ms (any type, single or tandem) and lc/ms (any type, single or tandem and excluding immunoassays (e.g., ia, eia, ELISA, emit, fpia) and enzymatic methods (e.g., alcohol dehydrogenase)); qualitative or quantitative, all sources(s), includes specimen validity testing, per day, 15-21 drug class(es), including metabolite(s) if performed	Procedures/Professional Services (Temporary)	Drug Testing	No	None

G0483	Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to gc/ms (any type, single or tandem) and lc/ms (any type, single or tandem and excluding immunoassays (e.g., ia, eia, ELISA, emit, fpia) and enzymatic methods (e.g., alcohol dehydrogenase)); qualitative or quantitative, all sources(s), includes specimen validity testing, per day, 22 or more drug class(es), including metabolite(s) if performed	Procedures/Professional Services (Temporary)	Drug Testing	No	None
G0490	Face-to-face home health nursing visit by a rural health clinic (rhc) or federally qualified health center (FQHC) in an area with a shortage of home health agencies; (services limited to RN or LPN only)	Procedures/Professional Services (Temporary)	Home Health Nursing Visit	No	None
G0491	Dialysis procedure at a Medicare certified ESRD facility for acute kidney injury without ESRD	Procedures/Professional Services (Temporary)	Dialysis Procedures	No	None
G0492	Dialysis procedure with single evaluation by a physician or other qualified health care professional for acute kidney injury without ESRD	Procedures/Professional Services (Temporary)	Dialysis Procedures	No	None
G0493	Skilled services of a registered nurse (RN) for the observation and assessment of the patient's condition, each 15 minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment in the home health or hospice setting)	Procedures/Professional Services (Temporary)	Skilled Nursing Services	No	None
G0494	Skilled services of a licensed practical nurse (LPN) for the observation and assessment of the patient's condition, each 15 minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment in the home health or hospice setting)	Procedures/Professional Services (Temporary)	Skilled Nursing Services	No	None
G0495	Skilled services of a registered nurse (RN), in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 minutes	Procedures/Professional Services (Temporary)	Skilled Nursing Services	No	None
G0496	Skilled services of a licensed practical nurse (LPN), in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 minutes	Procedures/Professional Services (Temporary)	Skilled Nursing Services	No	None

G0498	Chemotherapy administration, intravenous infusion technique; initiation of infusion in the office/clinic setting using office/clinic pump/supplies, with continuation of the infusion in the community setting (e.g., home, domiciliary, rest home or assisted living) using a portable pump provided by the office/clinic, includes follow up office/clinic visit at the conclusion of the infusion	Procedures/Professional Services (Temporary)	Chemotherapy Infusion	No	None
G0499	Hepatitis B screening in non-pregnant, high risk individual includes hepatitis B surface antigen (HBsAg) followed by a neutralizing confirmatory test for initially reactive results, and antibodies to HBsAg (anti-HBs) and hepatitis B core antigen (anti-HBc)	Procedures/Professional Services (Temporary)	Hepatitis B Screening	No	None
G0500	Moderate sedation services provided by the same physician or other qualified health care professional performing a gastrointestinal endoscopic service that sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intra-service time; patient age 5 years or older (additional time may be reported with 99153, as appropriate)	Procedures/Professional Services (Temporary)	Moderate Sedation	No	None
G0501	Resource-intensive services for patients for whom the use of specialized mobility-assistive technology (such as adjustable height chairs or tables, patient lift, and adjustable padded leg supports) is medically necessary and used during the provision of an office/outpatient, Evaluation and Management visit (list separately in addition to primary service)	Procedures/Professional Services (Temporary)	Mobility-Assistive Technology	No	None

G0502	<p>Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: outreach to and engagement in treatment of a patient directed by the treating physician or other qualified health care professional; initial assessment of the patient, including administration of validated rating scales, with the development of an individualized treatment plan; review by the psychiatric consultant with modifications of the plan if recommended; entering patient in a registry and tracking patient follow-up and progress using the registry, with appropriate documentation, and participation in weekly caseload consultation with the psychiatric consultant; and provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies</p>	Procedures/Professional Services (Temporary)	Psychiatric Care Management	No	<p>AMA Deleted Code Code invalid as of 1/1/2018 Check for replacement code</p>
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G0503	Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: tracking patient follow-up and progress using the registry, with appropriate documentation; participation in weekly caseload consultation with the psychiatric consultant; ongoing collaboration with and coordination of the patient's mental health care with the treating physician or other qualified health care professional and any other treating mental health providers; additional review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations provided by the psychiatric consultant; provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies; monitoring of patient outcomes using validated rating scales; and relapse prevention planning with patients as they achieve remission of symptoms and/or other treatment goals and are prepared for discharge from active treatment	Procedures/Professional Services (Temporary)	Psychiatric Care Management	No	AMA Deleted Code Code invalid as of 1/1/2018 Check for replacement code
G0504	Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional (list separately in addition to code for primary procedure); (use G0504 in conjunction with G0502, G0503)	Procedures/Professional Services (Temporary)	Psychiatric Care Management	No	AMA Deleted Code Code invalid as of 1/1/2018 Check for replacement code
G0505	Cognition and functional assessment using standardized instruments with development of recorded care plan for the patient with cognitive impairment, history obtained from patient and/or caregiver, in office or other outpatient setting or home or domiciliary or rest home	Procedures/Professional Services (Temporary)	Cognitive Impairment	No	AMA Deleted Code Code invalid as of 1/1/2018 Check for replacement code
G0506	Comprehensive assessment of and care planning for patients requiring chronic care management services (list separately in addition to primary monthly care management service)	Procedures/Professional Services (Temporary)	Care Management Services	No	None

G0507	Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month, with the following required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales; behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes; facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation; and continuity of care with a designated member of the care team	Procedures/Professional Services (Temporary)	Care Management Services	No	AMA Deleted Code Code invalid as of 1/1/2018 Check for replacement code
G0508	Telehealth consultation, critical care, initial, physicians typically spend 60 minutes communicating with the patient and providers via telehealth	Procedures/Professional Services (Temporary)	Telehealth Consultation	No	None
G0509	Telehealth consultation, critical care, subsequent, physicians typically spend 50 minutes communicating with the patient and providers via telehealth	Procedures/Professional Services (Temporary)	Telehealth Consultation	No	None
G0511	Rural health clinic or federally qualified health center (RHC or FQHC) only, general care management, 20 minutes or more of clinical staff time for chronic care management services or behavioral health integration services directed by an RHC or FQHC practitioner (physician, NP, PA, or CNM), per calendar month	Procedures / Professional Services	Other Services	No	None
G0512	Rural health clinic or federally qualified health center (RHC/FQHC) only, psychiatric collaborative care model (psychiatric COCM), 60 minutes or more of clinical staff time for psychiatric COCM services directed by an RHC or FQHC practitioner (physician, NP, PA, or CNM) and including services furnished by a behavioral health care manager and consultation with a psychiatric consultant, per calendar month	Procedures / Professional Services	Other Services	No	None
G0513	Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service; first 30 minutes (list separately in addition to code for preventive service)	Procedures / Professional Services	Other Services	No	None

G0514	Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes (list separately in addition to code G0513 for additional 30 minutes of preventive service)	Procedures / Professional Services	Other Services	No	None
G0515	Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact, each 15 minutes	Procedures / Professional Services	Other Services	No	AMA CodeTermed 1/1/2020
G0516	Insertion of non-biodegradable drug delivery implants, 4 or more (services for subdermal rod implant)	Procedures / Professional Services	Other Services	No	None
G0517	Removal of non-biodegradable drug delivery implants, 4 or more (services for subdermal implants)	Procedures / Professional Services	Other Services	No	None
G0518	Removal with reinsertion, non-biodegradable drug delivery implants, 4 or more (services for subdermal implants)	Procedures / Professional Services	Other Services	No	None
G0659	Drug test(s), definitive, utilizing drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem), excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase), performed without method or drug-specific calibration, without matrix-matched quality control material, or without use of stable isotope or other universally recognized internal standard(s) for each drug, drug metabolite or drug class per specimen; qualitative or quantitative, all sources, includes specimen validity testing, per day, any number of drug classes	Procedures / Professional Services	Other Services	No	None
G0913	Improvement in visual function achieved within 90 days following cataract surgery	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G0914	Patient care survey was not completed by patient	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G0915	Improvement in visual function not achieved within 90 days following cataract surgery	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G0916	Satisfaction with care achieved within 90 days following cataract surgery	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G0917	Patient satisfaction survey was not completed by patient	Procedures/Professional Services (Temporary)	Quality Measures	No	None

G0918	Satisfaction with care not achieved within 90 days following cataract surgery	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G2000	Blinded administration of convulsive therapy procedure, either electroconvulsive therapy (ECT, current covered gold standard) or magnetic seizure therapy (MST, non-covered experimental therapy), performed in an approved IDE-based clinical trial, per treatment session	Procedures/Professional Services	Other Services	No	None
G2010	Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment	Procedures/Professional Services	Other Services	No	None
G2011	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., audit, DAST), and brief intervention, 5-14 minutes	Procedures/Professional Services	Other Services	No	None
G2012	Brief communication technology-based service, e.g., virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	Procedures/Professional Services	Other Services	No	None
G3001	ADMIN + SUPPLY, TOSITUMOMAB	None	None	No	None
G6001	Ultrasonic guidance for placement of radiation therapy fields	Procedures/Professional Services (Temporary)	Radiation Therapy	No	None
G6002	Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy	Procedures/Professional Services (Temporary)	Radiation Therapy	No	None
G6003	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: up to 5 mev	Procedures/Professional Services (Temporary)	Radiation Therapy	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.

G6004	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 6-10 mev	Procedures/Professional Services (Temporary)	Radiation Therapy	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
G6005	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 11-19 mev	Procedures/Professional Services (Temporary)	Radiation Therapy	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
G6006	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 20 mev or greater	Procedures/Professional Services (Temporary)	Radiation Therapy	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
G6007	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: up to 5 mev	Procedures/Professional Services (Temporary)	Radiation Therapy	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
G6008	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 6-10 mev	Procedures/Professional Services (Temporary)	Radiation Therapy	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.

G6009	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 11-19 mev	Procedures/Professional Services (Temporary)	Radiation Therapy	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
G6010	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 20 mev or greater	Procedures/Professional Services (Temporary)	Radiation Therapy	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
G6011	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5 mev	Procedures/Professional Services (Temporary)	Radiation Therapy	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
G6012	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 mev	Procedures/Professional Services (Temporary)	Radiation Therapy	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
G6013	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 mev	Procedures/Professional Services (Temporary)	Radiation Therapy	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.

G6014	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 mev or greater	Procedures/Professional Services (Temporary)	Radiation Therapy	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
G6015	Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session	Procedures/Professional Services (Temporary)	Radiation Therapy	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
G6016	Compensator-based beam modulation treatment delivery of inverse planned treatment using 3 or more high resolution (milled or cast) compensator, convergent beam modulated fields, per treatment session	Procedures/Professional Services (Temporary)	Radiation Therapy	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
G6017	Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (e.g., 3D positional tracking, gating, 3D surface tracking), each fraction of treatment	Procedures/Professional Services (Temporary)	Radiation Therapy	No	None
G8395	Left ventricular ejection fraction (LVEF) \geq 40% or documentation as normal or mildly depressed left ventricular systolic function	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8396	Left ventricular ejection fraction (LVEF) not performed or documented	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8397	Dilated macular or fundus exam performed, including documentation of the presence or absence of macular edema and level of severity of retinopathy	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8398	Dilated macular or fundus exam not performed	Procedures/Professional Services (Temporary)	Quality Measures	No	Code Termed 01/01/2021
G8399	Patient with documented results of a central dual-energy x-ray absorptiometry (DXA) ever being performed	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8400	Patient with central dual-energy x-ray absorptiometry (DXA) results not documented, reason not given	Procedures/Professional Services (Temporary)	Quality Measures	No	None

G8401	PT INELIG OSTEO SCREEN MEASU	None	None	No	None
G8404	Lower extremity neurological exam performed and documented	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8405	Lower extremity neurological exam not performed	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8410	Footwear evaluation performed and documented	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8415	Footwear evaluation was not performed	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8416	Clinician documented that patient was not an eligible candidate for footwear evaluation measure	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8417	BMI is documented above normal parameters and a follow-up plan is documented	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8418	BMI is documented below normal parameters and a follow-up plan is documented	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8419	BMI documented outside normal parameters, no follow-up plan documented, no reason given	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8420	BMI is documented within normal parameters and no follow-up plan is required	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8421	BMI not documented and no reason is given	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8422	BMI not documented, documentation the patient is not eligible for BMI calculation	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8427	Eligible clinician attests to documenting in the medical record they obtained, updated, or reviewed the patient's current medications	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8428	Current list of medications not documented as obtained, updated, or reviewed by the eligible clinician, reason not given	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8430	Eligible clinician attests to documenting in the medical record the patient is not eligible for a current list of medications being obtained, updated, or reviewed by the eligible clinician	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8431	Screening for depression is documented as being positive and a follow-up plan is documented	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8432	Depression screening not documented, reason not given	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8433	Screening for depression not completed, documented reason	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8442	Pain assessment not documented as being performed, documentation the patient is not eligible for a pain assessment using a standardized tool	Procedures/Professional Services (Temporary)	Quality Measures	No	Code Termed 01/01/2021

G8450	Beta-blocker therapy prescribed	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8451	Beta-blocker therapy for LVEF < 40% not prescribed for reasons documented by the clinician (e.g., low blood pressure, fluid overload, asthma, patients recently treated with an intravenous positive inotropic agent, allergy, intolerance, other medical reasons, patient declined, other patient reasons, or other reasons attributable to the healthcare system)	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8452	Beta-blocker therapy not prescribed	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8458	PT INELIG GENO NO ANTIVIR TX	None	None	No	None
G8460	PT INELIG RNA NO ANTIVIR TX	None	None	No	None
G8461	PT REC ANTIVIR TREAT HEP C	None	None	No	None
G8465	High or very high risk of recurrence of prostate cancer	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8473	Angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy prescribed	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8474	Angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy not prescribed for reasons documented by the clinician (e.g., allergy, intolerance, pregnancy, renal failure due to ACE inhibitor, diseases of the aortic or mitral valve, other medical reasons) or (e.g., patient declined, other patient reasons) or (e.g., lack of drug availability, other reasons attributable to the health care system)	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8475	Angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy not prescribed, reason not given	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8476	Most recent blood pressure has a systolic measurement of < 140 mm Hg and a diastolic measurement of < 90 mm Hg	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8477	Most recent blood pressure has a systolic measurement of >= 140 mm Hg and/or a diastolic measurement of >= 90 mm Hg	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8478	Blood pressure measurement not performed or documented, reason not given	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8482	Influenza immunization administered or previously received	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8483	Influenza immunization was not administered for reasons documented by clinician (e.g., patient allergy or other medical reasons, patient declined or other patient reasons, vaccine not available or other system reasons)	Procedures/Professional Services (Temporary)	Quality Measures	No	None

G8484	Influenza immunization was not administered, reason not given	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8485	REPORT, DIABETES MEASURES	None	None	No	None
G8486	REPORT, PREV CARE MEASURES	None	None	No	None
G8487	REPORT CKD MEASURES	None	None	No	None
G8489	CAD MEASURES GRP	None	None	No	None
G8490	RA MEASURES GRP	None	None	No	None
G8491	HIV/AIDS MEASURES GRP	None	None	No	None
G8494	DM MEAS QUAL ACT PERFORM	None	None	No	None
G8495	CKD MEAS QUAL ACT PERFORM	None	None	No	None
G8496	PREV CARE MG QUAL ACT PERFORM	None	None	No	None
G8497	CABG MEAS QUAL ACT PERFORM	None	None	No	None
G8498	CAD MEAS QUAL ACT PERFORM	None	None	No	None
G8499	RA MEAS QUAL ACT PERFORM	None	None	No	None
G8500	HIV MEAS QUAL ACT PERFORM	None	None	No	None
G8506	Patient receiving angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8509	Pain assessment documented as positive using a standardized tool, follow-up plan not documented, reason not given	Procedures/Professional Services (Temporary)	Quality Measures	No	Code Termined 01/01/2021
G8510	Screening for depression is documented as negative, a follow-up plan is not required	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8511	Screening for depression documented as positive, follow-up plan not documented, reason not given	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8535	Elder maltreatment screen not documented; documentation that patient not eligible for the elder maltreatment screen	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8536	No documentation of an elder maltreatment screen, reason not given	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8539	Functional outcome assessment documented as positive using a standardized tool and a care plan based on identified deficiencies on the date of functional outcome assessment, is documented	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8540	Functional outcome assessment not documented as being performed, documentation the patient is not eligible for a functional outcome assessment using a standardized tool	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8541	Functional outcome assessment using a standardized tool not documented, reason not given	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8542	Functional outcome assessment using a standardized tool is documented; no functional deficiencies identified, care plan not required	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8543	Documentation of a positive functional outcome assessment using a standardized tool; care plan not documented, reason not given	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8544	CABG MEASURES GRP	None	None	No	None
G8545	HEPC MEASURES GRP	None	None	No	None

G8548	HF MEASURES GRP	None	None	No	None
G8549	HEPC MG QUAL ACT PERFORM	None	None	No	None
G8551	HF MG QUAL ACT PERFORM	None	None	No	None
G8559	Patient referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evaluation	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8560	Patient has a history of active drainage from the ear within the previous 90 days	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8561	Patient is not eligible for the referral for otologic evaluation for patients with a history of active drainage measure	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8562	Patient does not have a history of active drainage from the ear within the previous 90 days	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8563	Patient not referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evaluation, reason not given	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8564	Patient was referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evaluation, reason not specified)	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8565	Verification and documentation of sudden or rapidly progressive hearing loss	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8566	Patient is not eligible for the "referral for otologic evaluation for sudden or rapidly progressive hearing loss" measure	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8567	Patient does not have verification and documentation of sudden or rapidly progressive hearing loss	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8568	Patient was not referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evaluation, reason not given	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8569	Prolonged postoperative intubation (> 24 hrs) required	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8570	Prolonged postoperative intubation (> 24 hrs) not required	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8571	Development of deep sternal wound infection/mediastinitis within 30 days postoperatively	Procedures/Professional Services (Temporary)	Quality Measures	No	Code Termined 01/01/2021
G8572	No deep sternal wound infection/mediastinitis	Procedures/Professional Services (Temporary)	Quality Measures	No	Code Termined 01/01/2021
G8573	Stroke following isolated CABG surgery	Procedures/Professional Services (Temporary)	Quality Measures	No	Code Termined 01/01/2021
G8574	No stroke following isolated CABG surgery	Procedures/Professional Services (Temporary)	Quality Measures	No	Code Termined 01/01/2021
G8575	Developed postoperative renal failure or required dialysis	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8576	No postoperative renal failure/dialysis not required	Procedures/Professional Services (Temporary)	Quality Measures	No	None

G8577	Re-exploration required due to mediastinal bleeding with or without tamponade, graft occlusion, valve dysfunction or other cardiac reason	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8578	Re-exploration not required due to mediastinal bleeding with or without tamponade, graft occlusion, valve dysfunction or other cardiac reason	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8598	Aspirin or another antiplatelet therapy used	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8599	Aspirin or another antiplatelet therapy not used, reason not given	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8600	IV t-PA initiated within three hours (\leq 180 minutes) of time last known well	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8601	IV t-PA not initiated within three hours (\leq 180 minutes) of time last known well for reasons documented by clinician	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8602	IV t-PA not initiated within three hours (\leq 180 minutes) of time last known well, reason not given	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8627	Surgical procedure performed within 30 days following cataract surgery for major complications (e.g., retained nuclear fragments, endophthalmitis, dislocated or wrong power IOL, retinal detachment, or wound dehiscence)	Procedures/Professional Services (Temporary)	Quality Measures	No	Code Termined 01/01/2021
G8628	Surgical procedure not performed within 30 days following cataract surgery for major complications (e.g., retained nuclear fragments, endophthalmitis, dislocated or wrong power IOL, retinal detachment, or wound dehiscence)	Procedures/Professional Services (Temporary)	Quality Measures	No	Code Termined 01/01/2021
G8633	Pharmacologic therapy (other than minerals/vitamins) for osteoporosis prescribed	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8634	PT NO ELG PHAR THER OSTEO	None	None	No	None
G8635	Pharmacologic therapy for osteoporosis was not prescribed, reason not given	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8645	ASTHMA MEASURES GRP	None	None	No	None
G8646	ASTHMA MG QUAL ACT PERFORM	None	None	No	None
G8647	Risk-adjusted functional status change residual score for the knee successfully calculated and the score was equal to zero (0) or greater than zero (>0)	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8648	Risk-adjusted functional status change residual score for the knee successfully calculated and the score was less than zero (<0)	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8649	Risk-adjusted functional status change residual scores for the knee not measured because the patient did not complete FOTO's status survey near discharge, not appropriate	Procedures/Professional Services (Temporary)	Quality Measures	No	AMA Code Termined 1/1/2020

G8650	Risk-adjusted functional status change residual scores for the knee not measured because the patient did not complete FOTO's functional intake on admission and/or follow up status survey near discharge, reason not given	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8651	Risk-adjusted functional status change residual score for the hip successfully calculated and the score was equal to zero (0) or greater than zero (>0)	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8652	Risk-adjusted functional status change residual score for the hip successfully calculated and the score was less than zero (<0)	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8653	Risk-adjusted functional status change residual scores for the hip not measured because the patient did not complete follow up status survey near discharge, patient not appropriate	Procedures/Professional Services (Temporary)	Quality Measures	No	AMA CodeTermed 1/1/2020
G8654	Risk-adjusted functional status change residual scores for the hip not measured because the patient did not complete FOTO's functional intake on admission and/or follow up status survey near discharge, reason not given	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8655	Risk-adjusted functional status change residual score for the foot or ankle successfully calculated and the score was equal to zero (0) or greater than zero (> 0)	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8656	Risk-adjusted functional status change residual score for the foot or ankle successfully calculated and the score was less than zero (< 0)	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8657	Risk-adjusted functional status change residual scores for the foot or ankle not measured because the patient did not complete FOTO's status survey near discharge, patient not appropriate	Procedures/Professional Services (Temporary)	Quality Measures	No	AMA CodeTermed 1/1/2020
G8658	Risk-adjusted functional status change residual scores for the foot or ankle not measured because the patient did not complete FOTO's functional intake on admission and/or follow up status survey near discharge, reason not given	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8659	Risk-adjusted functional status change residual score for the lumbar impairment successfully calculated and the score was equal to zero (0) or greater than zero (> 0)	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8660	Risk-adjusted functional status change residual score for the lumbar impairment successfully calculated and the score was less than zero (< 0)	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8661	Risk-adjusted functional status change residual scores for the lumbar impairment not measured because the patient did not complete FOTO's status survey near discharge, patient not appropriate	Procedures/Professional Services (Temporary)	Quality Measures	No	None

G8662	Risk-adjusted functional status change residual scores for the lumbar impairment not measured because the patient did not complete FOTO's functional intake on admission and/or follow up status survey near discharge, reason not given	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8663	Risk-adjusted functional status change residual score for the shoulder successfully calculated and the score was equal to zero (0) or greater than zero (>0)	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8664	Risk-adjusted functional status change residual score for the shoulder successfully calculated and the score was less than zero (<0)	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8665	Risk-adjusted functional status change residual scores for the shoulder not measured because the patient did not complete FOTO's functional status survey near discharge, patient not appropriate	Procedures/Professional Services (Temporary)	Quality Measures	No	AMA CodeTermed 1/1/2020
G8666	Risk-adjusted functional status change residual scores for the shoulder not measured because the patient did not complete FOTO's functional intake on admission and/or follow up status survey near discharge, reason not given	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8667	Risk-adjusted functional status change residual score for the elbow, wrist or hand successfully calculated and the score was equal to zero (0) or greater than zero (>0)	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8668	Risk-adjusted functional status change residual score for the elbow, wrist or hand successfully calculated and the score was less than zero (<0)	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8669	Risk-adjusted functional status change residual scores for the elbow, wrist or hand not measured because the patient did not complete FOTO's functional follow up status survey near discharge, patient not appropriate	Procedures/Professional Services (Temporary)	Quality Measures	No	AMA CodeTermed 1/1/2020
G8670	Risk-adjusted functional status change residual scores for the elbow, wrist or hand not measured because the patient did not complete FOTO's functional intake on admission and/or follow up status survey near discharge, reason not given	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8671	Risk-adjusted functional status change residual score for the neck, cranium, mandible, thoracic spine, ribs, or other general orthopaedic impairment successfully calculated and the score was equal to zero (0) or greater than zero (> 0)	Procedures/Professional Services (Temporary)	Quality Measures	No	Code Termed 01/01/2021
G8672	Risk-adjusted functional status change residual score for the neck, cranium, mandible, thoracic spine, ribs, or other general orthopaedic impairment successfully calculated and the score was less than zero (< 0)	Procedures/Professional Services (Temporary)	Quality Measures	No	Code Termed 01/01/2021

G8673	Risk-adjusted functional status change residual scores for the neck, cranium, mandible, thoracic spine, ribs, or other general orthopaedic impairment not measured because the patient did not complete FOTO's functional follow up status survey near discharge, patient not appropriate	Procedures/Professional Services (Temporary)	Quality Measures	No	AMA CodeTermed 1/1/2020
G8674	Risk-adjusted functional status change residual scores for the neck, cranium, mandible, thoracic spine, ribs, or other general orthopaedic impairment not measured because the patient did not complete FOTO's functional intake on admission and/or follow up status survey near discharge, reason not given	Procedures/Professional Services (Temporary)	Quality Measures	No	Code Termed 01/01/2021
G8694	Left ventricular ejection fraction (LVEF) < 40%	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8696	Antithrombotic therapy prescribed at discharge	Procedures/Professional Services (Temporary)	Quality Measures	No	AMA Deleted Code Code invalid as of 1/1/2018 Check for replacement code
G8697	Antithrombotic therapy not prescribed for documented reasons (e.g., patient had stroke during hospital stay, patient expired during inpatient stay, other medical reason(s)); (e.g., patient left against medical advice, other patient reason(s))	Procedures/Professional Services (Temporary)	Quality Measures	No	AMA Deleted Code Code invalid as of 1/1/2018 Check for replacement code
G8698	Antithrombotic therapy was not prescribed at discharge, reason not given	Procedures/Professional Services (Temporary)	Quality Measures	No	AMA Deleted Code Code invalid as of 1/1/2018 Check for replacement code
G8708	Patient not prescribed or dispensed antibiotic	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8709	Patient prescribed or dispensed antibiotic for documented medical reason(s) (e.g., intestinal infection, pertussis, bacterial infection, lyme disease, otitis media, acute sinusitis, acute pharyngitis, acute tonsillitis, chronic sinusitis, infection of the pharynx/larynx/tonsils/adenoids, prostatitis, cellulitis, mastoiditis, or bone infections, acute lymphadenitis, impetigo, skin staph infections, pneumonia/gonococcal infections, venereal disease (syphilis, chlamydia, inflammatory diseases (female reproductive organs)), infections of the kidney, cystitis or UTI, and acne)	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8710	Patient prescribed or dispensed antibiotic	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8711	Prescribed or dispensed antibiotic	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8712	Antibiotic not prescribed or dispensed	Procedures/Professional Services (Temporary)	Quality Measures	No	None

G8721	pT category (primary tumor), pN category (regional lymph nodes), and histologic grade were documented in pathology report	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8722	Documentation of medical reason(s) for not including the pT category, the pN category or the histologic grade in the pathology report (e.g., re-excision without residual tumor; non-carcinomasanal canal)	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8723	Specimen site is other than anatomic location of primary tumor	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8724	pT category, pN category and histologic grade were not documented in the pathology report, reason not given	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8725	LIPID PROFILE PERF DOC	None	None	No	None
G8726	DOC REAS NO LIPID PROFILE	None	None	No	None
G8728	LIPID PROFILE NOT PERF	None	None	No	None
G8730	Pain assessment documented as positive using a standardized tool and a follow-up plan is documented	Procedures/Professional Services (Temporary)	Quality Measures	No	Code Termined 01/01/2021
G8731	Pain assessment using a standardized tool is documented as negative, no follow-up plan required	Procedures/Professional Services (Temporary)	Quality Measures	No	Code Termined 01/01/2021
G8732	No documentation of pain assessment, reason not given	Procedures/Professional Services (Temporary)	Quality Measures	No	Code Termined 01/01/2021
G8733	Elder maltreatment screen documented as positive and a follow-up plan is documented	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8734	Elder maltreatment screen documented as negative, no follow-up required	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8735	Elder maltreatment screen documented as positive, follow-up plan not documented, reason not given	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8749	Absence of signs of melanoma (cough, dyspnea, tenderness, localized neurologic signs such as weakness, jaundice or any other sign suggesting systemic spread) or absence of symptoms of melanoma (pain, paresthesia, or any other symptom suggesting the possibility of systemic spread of melanoma)	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8752	Most recent systolic blood pressure < 140 mm Hg	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8753	Most recent systolic blood pressure >= 140 mm Hg	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8754	Most recent diastolic blood pressure < 90 mm Hg	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8755	Most recent diastolic blood pressure >= 90 mm Hg	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8756	No documentation of blood pressure measurement, reason not given	Procedures/Professional Services (Temporary)	Quality Measures	No	None

G8757	COPD MG QUAL ACT PERFORM	None	None	No	None
G8758	IBD MG QUAL ACT PERFORM	None	None	No	None
G8759	OSA MG QUAL ACT PERFORM	None	None	No	None
G8761	DEMENTIA MG QUAL ACT PERFORM	None	None	No	None
G8762	PD MG QUAL ACT PERFORM	None	None	No	None
G8765	CATARACT MG QUAL ACT PERFORM	None	None	No	None
G8783	Normal blood pressure reading documented, follow-up not required	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8784	PT NO ELIG FOR BP ASSESS	None	None	No	None
G8785	Blood pressure reading not documented, reason not given	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8797	Specimen site other than anatomic location of esophagus	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8798	Specimen site other than anatomic location of prostate	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8806	Performance of trans-abdominal or trans-vaginal ultrasound	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8807	Trans-abdominal or trans-vaginal ultrasound not performed for reasons documented by clinician (e.g., patient has visited the ED multiple times within 72 hours, patient has a documented intrauterine pregnancy [IUP])	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8808	Performance of trans-abdominal or trans-vaginal ultrasound not ordered, reason not given (e.g., patient has visited the ED multiple times with no documentation of a trans-abdominal or trans-vaginal ultrasound within ED or from referring eligible professional)	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8809	Rh-immunoglobulin (RhoGAM) ordered	Procedures/Professional Services (Temporary)	Quality Measures	No	Code Termined 01/01/2021
G8810	Rh-immunoglobulin (RhoGAM) not ordered for reasons documented by clinician (e.g., patient had prior documented receipt of RhoGAM within 12 weeks, patient refusal)	Procedures/Professional Services (Temporary)	Quality Measures	No	Code Termined 01/01/2021
G8811	Documentation rh-immunoglobulin (RhoGAM) was not ordered, reason not given	Procedures/Professional Services (Temporary)	Quality Measures	No	Code Termined 01/01/2021
G8815	Documented reason in the medical records for why the statin therapy was not prescribed (i.e. lower extremity bypass was for a patient with non-atherosclerotic disease)	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8816	Statin medication prescribed at discharge	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8817	Statin therapy not prescribed at discharge, reason not given	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8818	Patient discharge to home no later than post-operative day #7	Procedures/Professional Services (Temporary)	Quality Measures	No	None

G8825	Patient not discharged to home by post-operative day #7	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8826	Patient discharge to home no later than post-operative day #2 following EVAR	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8833	Patient not discharged to home by post-operative day #2 following EVAR	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8834	Patient discharged to home no later than post-operative day #2 following CEA	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8838	Patient not discharged to home by post-operative day #2 following CEA	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8839	Sleep apnea symptoms assessed, including presence or absence of snoring and daytime sleepiness	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8840	Documentation of reason(s) for not documenting an assessment of sleep symptoms (e.g., patient didn't have initial daytime sleepiness, patient visited between initial testing and initiation of therapy)	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8841	Sleep apnea symptoms not assessed, reason not given	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8842	Apnea hypopnea index (AHI) or respiratory disturbance index (RDI) measured at the time of initial diagnosis	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8843	Documentation of reason(s) for not measuring an apnea hypopnea index (AHI) or a respiratory disturbance index (RDI) at the time of initial diagnosis (e.g., psychiatric disease, dementia, patient declined, financial, insurance coverage, test ordered but not yet completed)	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8844	Apnea hypopnea index (AHI) or respiratory disturbance index (RDI) not measured at the time of initial diagnosis, reason not given	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8845	Positive airway pressure therapy prescribed	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8846	Moderate or severe obstructive sleep apnea (apnea hypopnea index (AHI) or respiratory disturbance index (RDI) of 15 or greater)	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8848	MILD OSA	None	None	No	None
G8849	Documentation of reason(s) for not prescribing positive airway pressure therapy (e.g., patient unable to tolerate, alternative therapies use, patient declined, financial, insurance coverage)	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8850	Positive airway pressure therapy not prescribed, reason not given	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8851	Objective measurement of adherence to positive airway pressure therapy, documented	Procedures/Professional Services (Temporary)	Quality Measures	No	None

G8852	Positive airway pressure therapy prescribed	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8853	POS AIR PRESS NOT PRESCRIBE	None	None	No	None
G8854	Documentation of reason(s) for not objectively measuring adherence to positive airway pressure therapy (e.g., patient didn't bring data from continuous positive airway pressure [CPAP], therapy not yet initiated, not available on machine)	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8855	Objective measurement of adherence to positive airway pressure therapy not performed, reason not given	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8856	Referral to a physician for an otologic evaluation performed	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8857	Patient is not eligible for the referral for otologic evaluation measure (e.g., patients who are already under the care of a physician for acute or chronic dizziness)	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8858	Referral to a physician for an otologic evaluation not performed, reason not given	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8861	Within the past 2 years, central dual-energy x-ray absorptiometry (DXA) ordered and documented, review of systems and medication history or pharmacologic therapy (other than minerals/vitamins) for osteoporosis prescribed	Procedures/Professional Services (Temporary)	Quality Measures	No	AMA CodeTermed 1/1/2020
G8863	Patients not assessed for risk of bone loss, reason not given	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8864	Pneumococcal vaccine administered or previously received	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8865	Documentation of medical reason(s) for not administering or previously receiving pneumococcal vaccine (e.g., patient allergic reaction, potential adverse drug reaction)	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8866	Documentation of patient reason(s) for not administering or previously receiving pneumococcal vaccine (e.g., patient refusal)	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8867	Pneumococcal vaccine not administered or previously received, reason not given	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8868	1ST COURSE ANTITNF	None	None	No	None
G8869	Patient has documented immunity to hepatitis B and is receiving a first course of anti-TNF therapy	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8872	Excised tissue evaluated by imaging intraoperatively to confirm successful inclusion of targeted lesion	Procedures/Professional Services (Temporary)	Quality Measures	No	Code Termed 01/01/2021

G8873	Patients with needle localization specimens which are not amenable to intraoperative imaging such as MRI needle wire localization, or targets which are tentatively identified on mammogram or ultrasound which do not contain a biopsy marker but which can be verified on intraoperative inspection or pathology (e.g., needle biopsy site where the biopsy marker is remote from the actual biopsy site)	Procedures/Professional Services (Temporary)	Quality Measures	No	Code Termined 01/01/2021
G8874	Excised tissue not evaluated by imaging intraoperatively to confirm successful inclusion of targeted lesion	Procedures/Professional Services (Temporary)	Quality Measures	No	Code Termined 01/01/2021
G8875	Clinician diagnosed breast cancer preoperatively by a minimally invasive biopsy method	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8876	Documentation of reason(s) for not performing minimally invasive biopsy to diagnose breast cancer preoperatively (e.g., lesion too close to skin, implant, chest wall, etc., lesion could not be adequately visualized for needle biopsy, patient condition prevents needle biopsy [weight, breast thickness, etc.], duct excision without imaging abnormality, prophylactic mastectomy, reduction mammoplasty, excisional biopsy performed by another physician)	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8877	Clinician did not attempt to achieve the diagnosis of breast cancer preoperatively by a minimally invasive biopsy method, reason not given	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8878	Sentinel lymph node biopsy procedure performed	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8879	Clinically node negative (T1N0M0 or T2N0M0) invasive breast cancer	Procedures/Professional Services (Temporary)	Quality Measures	No	AMA Deleted Code Code invalid as of 1/1/2018 Check for replacement code
G8880	Documentation of reason(s) sentinel lymph node biopsy not performed (e.g., reasons could include but not limited to; non-invasive cancer, incidental discovery of breast cancer on prophylactic mastectomy, incidental discovery of breast cancer on reduction mammoplasty, pre-operative biopsy proven lymph node (LN) metastases, inflammatory carcinoma, stage 3 locally advanced cancer, recurrent invasive breast cancer, patient refusal after informed consent)	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8881	Stage of breast cancer is greater than T1N0M0 or T2N0M0	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8882	Sentinel lymph node biopsy procedure not performed, reason not given	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8883	Biopsy results reviewed, communicated, tracked and documented	Procedures/Professional Services (Temporary)	Quality Measures	No	None

G8884	Clinician documented reason that patient's biopsy results were not reviewed	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8885	Biopsy results not reviewed, communicated, tracked or documented	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8898	COPD MEASURES GROUP	None	None	No	None
G8899	INFLAMMATORY BOWEL DISEASE MG	None	None	No	None
G8900	OBSTRUCTIVE SLEEP APNEA MG	None	None	No	None
G8902	DEMENTIA MEASURES GROUP	None	None	No	None
G8903	PARKINSON'S DISEASE MG	None	None	No	None
G8906	CATARACT MEASURES GROUP	None	None	No	None
G8907	Patient documented not to have experienced any of the following events: a burn prior to discharge; a fall within the facility; wrong site/side/patient/procedure/implant event; or a hospital transfer or hospital admission upon discharge from the facility	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8908	Patient documented to have received a burn prior to discharge	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8909	Patient documented not to have received a burn prior to discharge	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8910	Patient documented to have experienced a fall within ASC	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8911	Patient documented not to have experienced a fall within ambulatory surgical center	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8912	Patient documented to have experienced a wrong site, wrong side, wrong patient, wrong procedure or wrong implant event	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8913	Patient documented not to have experienced a wrong site, wrong side, wrong patient, wrong procedure or wrong implant event	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8914	Patient documented to have experienced a hospital transfer or hospital admission upon discharge from ASC	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8915	Patient documented not to have experienced a hospital transfer or hospital admission upon discharge from ASC	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8916	Patient with preoperative order for IV antibiotic surgical site infection (SSI) prophylaxis, antibiotic initiated on time	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8917	Patient with preoperative order for IV antibiotic surgical site infection (SSI) prophylaxis, antibiotic not initiated on time	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8918	Patient without preoperative order for IV antibiotic surgical site infection (SSI) prophylaxis	Procedures/Professional Services (Temporary)	Quality Measures	No	None

G8923	Left ventricular ejection fraction (LVEF) < 40% or documentation of moderately or severely depressed left ventricular systolic function	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8924	Spirometry test results demonstrate FEV1/FVC < 70%, FEV < 60% predicted and patient has COPD symptoms (e.g., dyspnea, cough/sputum, wheezing)	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8925	Spirometry test results demonstrate FEV1 >= 60% FEV1/FVC >= 70%, predicted or patient does not have COPD symptoms	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8926	Spirometry test not performed or documented, reason not given	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8927	ADJ CHEM PRES AJCC III	None	None	No	None
G8928	ADJ CHEM NOT PRES RSN SPEC	None	None	No	None
G8929	ADJ CMO NOT PRES RSN NOT GVN	None	None	No	None
G8934	Left ventricular ejection fraction (LVEF) <40% or documentation of moderately or severely depressed left ventricular systolic function	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8935	Clinician prescribed angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8936	Clinician documented that patient was not an eligible candidate for angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy (e.g., allergy, intolerance, pregnancy, renal failure due to ACE inhibitor, diseases of the aortic or mitral valve, other medical reasons) or (e.g., patient declined, other patient reasons) or (e.g., lack of drug availability, other reasons attributable to the health care system)	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8937	Clinician did not prescribe angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy, reason not given	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8938	BMI is documented as being outside of normal limits, follow-up plan is not documented, documentation the patient is not eligible	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8939	Pain assessment documented as positive, follow-up plan not documented, documentation the patient is not eligible	Procedures/Professional Services (Temporary)	Quality Measures	No	Code Termed 01/01/2021
G8940	SRN CLIN DEP DOC NO F/U PLN	None	None	No	None
G8941	Elder maltreatment screen documented as positive, follow-up plan not documented, documentation the patient is not eligible	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8942	Functional outcomes assessment using a standardized tool is documented within the previous 30 days and care plan, based on identified deficiencies on the date of the functional outcome assessment, is documented	Procedures/Professional Services (Temporary)	Quality Measures	No	None

G8944	AJCC melanoma cancer stage 0 through IIC melanoma	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8946	Minimally invasive biopsy method attempted but not diagnostic of breast cancer (e.g., high risk lesion of breast such as atypical ductal hyperplasia, lobular neoplasia, atypical lobular hyperplasia, lobular carcinoma in situ, atypical columnar hyperplasia, flat epithelial atypia, radial scar, complex sclerosing lesion, papillary lesion, or any lesion with spindle cells)	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8947	One or more neuropsychiatric symptoms	Procedures/Professional Services (Temporary)	Quality Measures	No	AMA Deleted Code Code invalid as of 1/1/2018 Check for replacement code
G8948	NO NEUROPSYCH SYMPTOMS	None	None	No	None
G8950	Pre-hypertensive or hypertensive blood pressure reading documented, and the indicated follow-up is documented	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8952	Pre-hypertensive or hypertensive blood pressure reading documented, indicated follow-up not documented, reason not given	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8953	ONCOLOGY MG QUAL ACT PERFORM	None	None	No	None
G8955	Most recent assessment of adequacy of volume management documented	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8956	Patient receiving maintenance hemodialysis in an outpatient dialysis facility	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8958	Assessment of adequacy of volume management not documented, reason not given	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8959	Clinician treating major depressive disorder communicates to clinician treating comorbid condition	Procedures/Professional Services (Temporary)	Quality Measures	No	Code Termined 01/01/2021
G8960	Clinician treating major depressive disorder did not communicate to clinician treating comorbid condition, reason not given	Procedures/Professional Services (Temporary)	Quality Measures	No	Code Termined 01/01/2021
G8961	Cardiac stress imaging test primarily performed on low-risk surgery patient for preoperative evaluation within 30 days preceding this surgery	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8962	Cardiac stress imaging test performed on patient for any reason including those who did not have low risk surgery or test that was performed more than 30 days preceding low risk surgery	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8963	Cardiac stress imaging performed primarily for monitoring of asymptomatic patient who had PCI within 2 years	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8964	Cardiac stress imaging test performed primarily for any other reason than monitoring of asymptomatic patient who had PCI within 2 years (e.g., symptomatic patient, patient greater than 2 years since PCI, initial evaluation, etc)	Procedures/Professional Services (Temporary)	Quality Measures	No	None

G8965	Cardiac stress imaging test primarily performed on low CHD risk patient for initial detection and risk assessment	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8966	Cardiac stress imaging test performed on symptomatic or higher than low CHD risk patient or for any reason other than initial detection and risk assessment	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8967	Warfarin or another oral anticoagulant that is FDA approved prescribed	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8968	Documentation of medical reason(s) for not prescribing Warfarin or another oral anticoagulant that is FDA approved for the prevention of thromboembolism (e.g., allergy, risk of bleeding, other medical reasons)	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8969	Documentation of patient reason(s) for not prescribing Warfarin or another oral anticoagulant that is FDA approved (e.g., economic, social, and/or religious impediments, noncompliance patient refusal, other patient reasons)	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8970	No risk factors or one moderate risk factor for thromboembolism	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G8971	Warfarin or another oral anticoagulant that is FDA approved not prescribed, reason not given	Procedures/Professional Services (Temporary)	Quality Measures	No	AMA Deleted Code Code invalid as of 1/1/2018 Check for replacement code
G8972	One or more high risk factors for thromboembolism or more than one moderate risk factor for thromboembolism	Procedures/Professional Services (Temporary)	Quality Measures	No	AMA Deleted Code Code invalid as of 1/1/2018 Check for replacement code
G8973	Most recent hemoglobin (Hgb) level < 10 g/dl	Procedures/Professional Services (Temporary)	Quality Measures	No	Code Termined 01/01/2021
G8974	Hemoglobin level measurement not documented, reason not given	Procedures/Professional Services (Temporary)	Quality Measures	No	Code Termined 01/01/2021
G8975	Documentation of medical reason(s) for patient having a hemoglobin level < 10 g/dl (e.g., patients who have non-renal etiologies of anemia [e.g., sickle cell anemia or other hemoglobinopathies, hypersplenism, primary bone marrow disease, anemia related to chemotherapy for diagnosis of malignancy, postoperative bleeding, active bloodstream or peritoneal infection], other medical reasons)	Procedures/Professional Services (Temporary)	Quality Measures	No	Code Termined 01/01/2021
G8976	Most recent hemoglobin (Hgb) level >= 10 g/dl	Procedures/Professional Services (Temporary)	Quality Measures	No	Code Termined 01/01/2021
G8977	ONCOLOGY MEASURES GRP	None	None	No	None
G8978	Mobility: walking & moving around functional limitation, current status, at therapy episode outset and at reporting intervals	Procedures/Professional Services (Temporary)	Functional Limitation	No	AMA Code Termined 1/1/2020

G8979	Mobility: walking & moving around functional limitation, projected goal status, at therapy episode outset, at reporting intervals, and at discharge or to end reporting	Procedures/Professional Services (Temporary)	Functional Limitation	No	AMA CodeTermed 1/1/2020
G8980	Mobility: walking & moving around functional limitation, discharge status, at discharge from therapy or to end reporting	Procedures/Professional Services (Temporary)	Functional Limitation	No	AMA CodeTermed 1/1/2020
G8981	Changing & maintaining body position functional limitation, current status, at therapy episode outset and at reporting intervals	Procedures/Professional Services (Temporary)	Functional Limitation	No	AMA CodeTermed 1/1/2020
G8982	Changing & maintaining body position functional limitation, projected goal status, at therapy episode outset, at reporting intervals, and at discharge or to end reporting	Procedures/Professional Services (Temporary)	Functional Limitation	No	AMA CodeTermed 1/1/2020
G8983	Changing & maintaining body position functional limitation, discharge status, at discharge from therapy or to end reporting	Procedures/Professional Services (Temporary)	Functional Limitation	No	AMA CodeTermed 1/1/2020
G8984	Carrying, moving & handling objects functional limitation, current status, at therapy episode outset and at reporting intervals	Procedures/Professional Services (Temporary)	Functional Limitation	No	AMA CodeTermed 1/1/2020
G8985	Carrying, moving and handling objects, projected goal status, at therapy episode outset, at reporting intervals, and at discharge or to end reporting	Procedures/Professional Services (Temporary)	Functional Limitation	No	AMA CodeTermed 1/1/2020
G8986	Carrying, moving & handling objects functional limitation, discharge status, at discharge from therapy or to end reporting	Procedures/Professional Services (Temporary)	Functional Limitation	No	AMA CodeTermed 1/1/2020
G8987	Self care functional limitation, current status, at therapy episode outset and at reporting intervals	Procedures/Professional Services (Temporary)	Functional Limitation	No	AMA CodeTermed 1/1/2020
G8988	Self care functional limitation, projected goal status, at therapy episode outset, at reporting intervals, and at discharge or to end reporting	Procedures/Professional Services (Temporary)	Functional Limitation	No	AMA CodeTermed 1/1/2020
G8989	Self care functional limitation, discharge status, at discharge from therapy or to end reporting	Procedures/Professional Services (Temporary)	Functional Limitation	No	AMA CodeTermed 1/1/2020
G8990	Other physical or occupational therapy primary functional limitation, current status, at therapy episode outset and at reporting intervals	Procedures/Professional Services (Temporary)	Functional Limitation	No	AMA CodeTermed 1/1/2020
G8991	Other physical or occupational therapy primary functional limitation, projected goal status, at therapy episode outset, at reporting intervals, and at discharge or to end reporting	Procedures/Professional Services (Temporary)	Functional Limitation	No	AMA CodeTermed 1/1/2020
G8992	Other physical or occupational therapy primary functional limitation, discharge status, at discharge from therapy or to end reporting	Procedures/Professional Services (Temporary)	Functional Limitation	No	AMA CodeTermed 1/1/2020
G8993	Other physical or occupational therapy subsequent functional limitation, current status, at therapy episode outset and at reporting intervals	Procedures/Professional Services (Temporary)	Functional Limitation	No	AMA CodeTermed 1/1/2020

G8994	Other physical or occupational therapy subsequent functional limitation, projected goal status, at therapy episode outset, at reporting intervals, and at discharge or to end reporting	Procedures/Professional Services (Temporary)	Functional Limitation	No	AMA CodeTermed 1/1/2020
G8995	Other physical or occupational therapy subsequent functional limitation, discharge status, at discharge from therapy or to end reporting	Procedures/Professional Services (Temporary)	Functional Limitation	No	AMA CodeTermed 1/1/2020
G8996	Swallowing functional limitation, current status at therapy episode outset and at reporting intervals	Procedures/Professional Services (Temporary)	Functional Limitation	No	AMA CodeTermed 1/1/2020
G8997	Swallowing functional limitation, projected goal status, at therapy episode outset, at reporting intervals, and at discharge or to end reporting	Procedures/Professional Services (Temporary)	Functional Limitation	No	AMA CodeTermed 1/1/2020
G8998	Swallowing functional limitation, discharge status, at discharge from therapy or to end reporting	Procedures/Professional Services (Temporary)	Functional Limitation	No	AMA CodeTermed 1/1/2020
G8999	Motor speech functional limitation, current status at therapy episode outset and at reporting intervals	Procedures/Professional Services (Temporary)	Functional Limitation	No	AMA CodeTermed 1/1/2020
G9001	Coordinated care fee, initial rate	Procedures/Professional Services (Temporary)	Coordinated Care	No	Covered benefit only for Qualified Medicare Beneficiaries
G9002	Coordinated care fee, maintenance rate	Procedures/Professional Services (Temporary)	Coordinated Care	No	Covered benefit only for Qualified Medicare Beneficiaries
G9003	Coordinated care fee, risk adjusted high, initial	Procedures/Professional Services (Temporary)	Coordinated Care	No	Covered benefit only for Qualified Medicare Beneficiaries
G9004	Coordinated care fee, risk adjusted low, initial	Procedures/Professional Services (Temporary)	Coordinated Care	No	Covered benefit only for Qualified Medicare Beneficiaries
G9005	Coordinated care fee, risk adjusted maintenance	Procedures/Professional Services (Temporary)	Coordinated Care	No	Covered benefit only for Qualified Medicare Beneficiaries
G9006	Coordinated care fee, home monitoring	Procedures/Professional Services (Temporary)	Coordinated Care	No	Covered benefit only for Qualified Medicare Beneficiaries
G9007	Coordinated care fee, scheduled team conference	Procedures/Professional Services (Temporary)	Coordinated Care	No	Covered benefit only for Qualified Medicare Beneficiaries
G9008	Coordinated care fee, physician coordinated care oversight services	Procedures/Professional Services (Temporary)	Coordinated Care	No	None
G9009	Coordinated care fee, risk adjusted maintenance, Level 3	Procedures/Professional Services (Temporary)	Coordinated Care	No	Covered benefit only for Qualified Medicare Beneficiaries
G9010	Coordinated care fee, risk adjusted maintenance, Level 4	Procedures/Professional Services (Temporary)	Coordinated Care	No	Covered benefit only for Qualified Medicare Beneficiaries
G9011	Coordinated care fee, risk adjusted maintenance, Level 5	Procedures/Professional Services (Temporary)	Coordinated Care	No	Covered benefit only for Qualified Medicare Beneficiaries
G9012	Other specified case management service not elsewhere classified	Procedures/Professional Services (Temporary)	Coordinated Care	No	QMB coverage only when billed by a practitioner, Medicaid covered service when rendered by CMHC

G9013	ESRD demo basic bundle Level I	Procedures/Professional Services (Temporary)	Demonstration Project	No	None
G9014	ESRD demo expanded bundle including venous access and related services	Procedures/Professional Services (Temporary)	Demonstration Project	No	None
G9016	Smoking cessation counseling, individual, in the absence of or in addition to any other Evaluation and Management service, per session (6-10 minutes) [demo project code only]	Procedures/Professional Services (Temporary)	Demonstration Project	No	Covered benefit only for Qualified Medicare Beneficiaries
G9017	Amantadine hydrochloride, oral, per 100 mg (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	AMA CodeTermed 1/1/2020
G9018	Zanamivir, inhalation powder, administered through inhaler, per 10 mg (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	AMA CodeTermed 1/1/2020
G9019	Oseltamivir phosphate, oral, per 75 mg (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	AMA CodeTermed 1/1/2020
G9020	Rimantadine hydrochloride, oral, per 100 mg (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	AMA CodeTermed 1/1/2020
G9021	#N/A	None	None	No	Invalid Deleted Code Check for replacement code
G9022	#N/A	None	None	No	Invalid Deleted Code Check for replacement code
G9023	#N/A	None	None	No	Invalid Deleted Code Check for replacement code
G9024	#N/A	None	None	No	Invalid Deleted Code Check for replacement code
G9025	#N/A	None	None	No	Invalid Deleted Code Check for replacement code
G9026	#N/A	None	None	No	Invalid Deleted Code Check for replacement code
G9027	#N/A	None	None	No	Invalid Deleted Code Check for replacement code
G9028	#N/A	None	None	No	Invalid Deleted Code Check for replacement code
G9029	#N/A	None	None	No	Invalid Deleted Code Check for replacement code
G9030	#N/A	None	None	No	Invalid Deleted Code Check for replacement code
G9031	#N/A	None	None	No	Invalid Deleted Code Check for replacement code
G9032	#N/A	None	None	No	Invalid Deleted Code Check for replacement code
G9033	Amantadine hydrochloride, oral brand, per 100 mg (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	AMA CodeTermed 1/1/2020
G9034	Zanamivir, inhalation powder, administered through inhaler, brand, per 10 mg (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	AMA CodeTermed 1/1/2020
G9035	Oseltamivir phosphate, oral, brand, per 75 mg (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	AMA CodeTermed 1/1/2020
G9036	Rimantadine hydrochloride, oral, brand, per 100 mg (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	AMA CodeTermed 1/1/2020

G9050	Oncology; primary focus of visit; work-up, evaluation, or staging at the time of cancer diagnosis or recurrence (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	Covered benefit only for Qualified Medicare Beneficiaries
G9051	Oncology; primary focus of visit; treatment decision-making after disease is staged or restaged, discussion of treatment options, supervising/coordinating active cancer directed therapy or managing consequences of cancer directed therapy (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	Covered benefit only for Qualified Medicare Beneficiaries
G9052	Oncology; primary focus of visit; surveillance for disease recurrence for patient who has completed definitive cancer-directed therapy and currently lacks evidence of recurrent disease; cancer directed therapy might be considered in the future (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	Covered benefit only for Qualified Medicare Beneficiaries
G9053	Oncology; primary focus of visit; expectant management of patient with evidence of cancer for whom no cancer directed therapy is being administered or arranged at present; cancer directed therapy might be considered in the future (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	Covered benefit only for Qualified Medicare Beneficiaries
G9054	Oncology; primary focus of visit; supervising, coordinating or managing care of patient with terminal cancer or for whom other medical illness prevents further cancer treatment; includes symptom management, end-of-life care planning, management of palliative therapies (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	Covered benefit only for Qualified Medicare Beneficiaries
G9055	Oncology; primary focus of visit; other, unspecified service not otherwise listed (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	Covered benefit only for Qualified Medicare Beneficiaries
G9056	Oncology; practice guidelines; management adheres to guidelines (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	Covered benefit only for Qualified Medicare Beneficiaries
G9057	Oncology; practice guidelines; management differs from guidelines as a result of patient enrollment in an institutional review board approved clinical trial (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	Covered benefit only for Qualified Medicare Beneficiaries
G9058	Oncology; practice guidelines; management differs from guidelines because the treating physician disagrees with guideline recommendations (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	Covered benefit only for Qualified Medicare Beneficiaries

G9059	Oncology; practice guidelines; management differs from guidelines because the patient, after being offered treatment consistent with guidelines, has opted for alternative treatment or management, including no treatment (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	Covered benefit only for Qualified Medicare Beneficiaries
G9060	Oncology; practice guidelines; management differs from guidelines for reason(s) associated with patient comorbid illness or performance status not factored into guidelines (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	Covered benefit only for Qualified Medicare Beneficiaries
G9061	Oncology; practice guidelines; patient's condition not addressed by available guidelines (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	Covered benefit only for Qualified Medicare Beneficiaries
G9062	Oncology; practice guidelines; management differs from guidelines for other reason(s) not listed (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	Covered benefit only for Qualified Medicare Beneficiaries
G9063	Oncology; disease status; limited to non-small cell lung cancer; extent of disease initially established as stage I (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	Covered benefit only for Qualified Medicare Beneficiaries
G9064	Oncology; disease status; limited to non-small cell lung cancer; extent of disease initially established as stage II (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	Covered benefit only for Qualified Medicare Beneficiaries
G9065	Oncology; disease status; limited to non-small cell lung cancer; extent of disease initially established as Stage III A (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	Covered benefit only for Qualified Medicare Beneficiaries
G9066	Oncology; disease status; limited to non-small cell lung cancer; Stage III B- IV at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	Covered benefit only for Qualified Medicare Beneficiaries
G9067	Oncology; disease status; limited to non-small cell lung cancer; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	Covered benefit only for Qualified Medicare Beneficiaries

G9068	Oncology; disease status; limited to small cell and combined small cell/non-small cell; extent of disease initially established as limited with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	Covered benefit only for Qualified Medicare Beneficiaries
G9069	Oncology; disease status; small cell lung cancer, limited to small cell and combined small cell/non-small cell; extensive stage at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	Covered benefit only for Qualified Medicare Beneficiaries
G9070	Oncology; disease status; small cell lung cancer, limited to small cell and combined small cell/non-small; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	Covered benefit only for Qualified Medicare Beneficiaries
G9071	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; stage I or stage IIA-IIB; or T3, N1, M0; and ER and/or PR positive; with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	Covered benefit only for Qualified Medicare Beneficiaries
G9072	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; stage I, or stage IIA-IIB; or T3, N1, M0; and ER and PR negative; with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	Covered benefit only for Qualified Medicare Beneficiaries
G9073	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; stage IIIA-IIIIB; and not T3, N1, M0; and ER and/or PR positive; with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	Covered benefit only for Qualified Medicare Beneficiaries
G9074	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; stage IIIA-IIIIB; and not T3, N1, M0; and ER and PR negative; with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	Covered benefit only for Qualified Medicare Beneficiaries

G9075	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; M1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	Covered benefit only for Qualified Medicare Beneficiaries
G9077	Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type; T1-T2C and Gleason 2-7 and PSA < or equal to 20 at diagnosis with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	Covered benefit only for Qualified Medicare Beneficiaries
G9078	Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type; T2 or T3a Gleason 8-10 or PSA > 20 at diagnosis with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	Covered benefit only for Qualified Medicare Beneficiaries
G9079	Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type; T3b-T4, any N; any T, N1 at diagnosis with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	Covered benefit only for Qualified Medicare Beneficiaries
G9080	Oncology; disease status; prostate cancer, limited to adenocarcinoma; after initial treatment with rising PSA or failure of PSA decline (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	Covered benefit only for Qualified Medicare Beneficiaries
G9083	Oncology; disease status; prostate cancer, limited to adenocarcinoma; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	Covered benefit only for Qualified Medicare Beneficiaries
G9084	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T1-3, N0, M0 with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	Covered benefit only for Qualified Medicare Beneficiaries
G9085	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T4, N0, M0 with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	Covered benefit only for Qualified Medicare Beneficiaries

G9086	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T1-4, N1-2, M0 with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	Covered benefit only for Qualified Medicare Beneficiaries
G9087	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; M1 at diagnosis, metastatic, locally recurrent, or progressive with current clinical, radiologic, or biochemical evidence of disease (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	Covered benefit only for Qualified Medicare Beneficiaries
G9088	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; M1 at diagnosis, metastatic, locally recurrent, or progressive without current clinical, radiologic, or biochemical evidence of disease (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	Covered benefit only for Qualified Medicare Beneficiaries
G9089	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	Covered benefit only for Qualified Medicare Beneficiaries
G9090	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T1-2, N0, M0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	Covered benefit only for Qualified Medicare Beneficiaries
G9091	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T3, N0, M0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	Covered benefit only for Qualified Medicare Beneficiaries

G9092	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T1-3, N1-2, M0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence or metastases (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	Covered benefit only for Qualified Medicare Beneficiaries
G9093	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T4, any N, M0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	Covered benefit only for Qualified Medicare Beneficiaries
G9094	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; M1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	Covered benefit only for Qualified Medicare Beneficiaries
G9095	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	Covered benefit only for Qualified Medicare Beneficiaries
G9096	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell type; extent of disease initially established as T1-T3, N0-N1 or NX (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	Covered benefit only for Qualified Medicare Beneficiaries
G9097	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell type; extent of disease initially established as T4, any N, M0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	Covered benefit only for Qualified Medicare Beneficiaries
G9098	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell type; M1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	Covered benefit only for Qualified Medicare Beneficiaries

G9099	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	Covered benefit only for Qualified Medicare Beneficiaries
G9100	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; post R0 resection (with or without neoadjuvant therapy) with no evidence of disease recurrence, progression, or metastases (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	Covered benefit only for Qualified Medicare Beneficiaries
G9101	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; post R1 or R2 resection (with or without neoadjuvant therapy) with no evidence of disease progression, or metastases (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	Covered benefit only for Qualified Medicare Beneficiaries
G9102	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; clinical or pathologic M0, unresectable with no evidence of disease progression, or metastases (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	Covered benefit only for Qualified Medicare Beneficiaries
G9103	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; clinical or pathologic M1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	Covered benefit only for Qualified Medicare Beneficiaries
G9104	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	Covered benefit only for Qualified Medicare Beneficiaries
G9105	Oncology; disease status; pancreatic cancer, limited to adenocarcinoma as predominant cell type; post R0 resection without evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	Covered benefit only for Qualified Medicare Beneficiaries
G9106	Oncology; disease status; pancreatic cancer, limited to adenocarcinoma; post R1 or R2 resection with no evidence of disease progression, or metastases (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	Covered benefit only for Qualified Medicare Beneficiaries
G9107	Oncology; disease status; pancreatic cancer, limited to adenocarcinoma; unresectable at diagnosis, M1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	Covered benefit only for Qualified Medicare Beneficiaries

G9108	Oncology; disease status; pancreatic cancer, limited to adenocarcinoma; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	Covered benefit only for Qualified Medicare Beneficiaries
G9109	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell as predominant cell type; extent of disease initially established as T1-T2 and N0, M0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	Covered benefit only for Qualified Medicare Beneficiaries
G9110	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell as predominant cell type; extent of disease initially established as T3-4 and/or N1-3, M0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	Covered benefit only for Qualified Medicare Beneficiaries
G9111	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell as predominant cell type; M1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	Covered benefit only for Qualified Medicare Beneficiaries
G9112	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	Covered benefit only for Qualified Medicare Beneficiaries
G9113	Oncology; disease status; ovarian cancer, limited to epithelial cancer; pathologic stage IA-B (Grade 1) without evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	Covered benefit only for Qualified Medicare Beneficiaries
G9114	Oncology; disease status; ovarian cancer, limited to epithelial cancer; pathologic stage IA-B (Grade 2-3); or stage IC (all grades); or stage II; without evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	Covered benefit only for Qualified Medicare Beneficiaries
G9115	Oncology; disease status; ovarian cancer, limited to epithelial cancer; pathologic Stage III-IV; without evidence of progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	Covered benefit only for Qualified Medicare Beneficiaries

G9116	Oncology; disease status; ovarian cancer, limited to epithelial cancer; evidence of disease progression, or recurrence, and/or platinum resistance (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	Covered benefit only for Qualified Medicare Beneficiaries
G9117	Oncology; disease status; ovarian cancer, limited to epithelial cancer; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	Covered benefit only for Qualified Medicare Beneficiaries
G9123	Oncology; disease status; chronic myelogenous leukemia, limited to philadelphia chromosome positive and/or BCR-ABL positive; chronic phase not in hematologic, cytogenetic, or molecular remission (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	Covered benefit only for Qualified Medicare Beneficiaries
G9124	Oncology; disease status; chronic myelogenous leukemia, limited to philadelphia chromosome positive and/or BCR-ABL positive; accelerated phase not in hematologic cytogenetic, or molecular remission (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	Covered benefit only for Qualified Medicare Beneficiaries
G9125	Oncology; disease status; chronic myelogenous leukemia, limited to philadelphia chromosome positive and/or BCR-ABL positive; blast phase not in hematologic, cytogenetic, or molecular remission (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	Covered benefit only for Qualified Medicare Beneficiaries
G9126	Oncology; disease status; chronic myelogenous leukemia, limited to philadelphia chromosome positive and/or BCR-ABL positive; in hematologic, cytogenetic, or molecular remission (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	Covered benefit only for Qualified Medicare Beneficiaries
G9128	Oncology; disease status; limited to multiple myeloma, systemic disease; smoldering, stage I (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	Covered benefit only for Qualified Medicare Beneficiaries
G9129	Oncology; disease status; limited to multiple myeloma, systemic disease; stage II or higher (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	Covered benefit only for Qualified Medicare Beneficiaries
G9130	Oncology; disease status; limited to multiple myeloma, systemic disease; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	Covered benefit only for Qualified Medicare Beneficiaries

G9131	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	None
G9132	Oncology; disease status; prostate cancer, limited to adenocarcinoma; hormone-refractory/androgen-independent (e.g., rising PSA on anti-androgen therapy or post-orchietomy); clinical metastases (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	None
G9133	Oncology; disease status; prostate cancer, limited to adenocarcinoma; hormone-responsive; clinical metastases or M1 at diagnosis (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	None
G9134	Oncology; disease status; non-Hodgkin's lymphoma, any cellular classification; stage I, II at diagnosis, not relapsed, not refractory (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	None
G9135	Oncology; disease status; non-Hodgkin's lymphoma, any cellular classification; Stage III, IV, not relapsed, not refractory (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	None
G9136	Oncology; disease status; non-Hodgkin's lymphoma, transformed from original cellular diagnosis to a second cellular classification (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	None
G9137	Oncology; disease status; non-Hodgkin's lymphoma, any cellular classification; relapsed/refractory (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	None
G9138	Oncology; disease status; non-Hodgkin's lymphoma, any cellular classification; diagnostic evaluation, stage not determined, evaluation of possible relapse or non-response to therapy, or not listed (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	None
G9139	Oncology; disease status; chronic myelogenous leukemia, limited to philadelphia chromosome positive and/or BCR-ABL positive; extent of disease unknown, staging in progress, not listed (for use in a Medicare-approved demonstration project)	Procedures/Professional Services (Temporary)	Demonstration Project	No	None

G9140	Frontier extended stay clinic demonstration; for a patient stay in a clinic approved for the cms demonstration project; the following measures should be present: the stay must be equal to or greater than 4 hours; weather or other conditions must prevent transfer or the case falls into a category of monitoring and observation cases that are permitted by the rules of the demonstration; there is a maximum frontier extended stay clinic (FESC) visit of 48 hours, except in the case when weather or other conditions prevent transfer; payment is made on each period up to 4 hours, after the first 4 hours	Procedures/Professional Services (Temporary)	Demonstration Project	No	None
G9143	Warfarin responsiveness testing by genetic technique using any method, any number of specimen(s)	Procedures/Professional Services (Temporary)	Warfarin Testing	No	Service is within the scope of EviCore delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates
G9147	Outpatient intravenous insulin treatment (OIVIT) either pulsatile or continuous, by any means, guided by the results of measurements for: respiratory quotient; and/or, urine urea nitrogen (uun); and/or, arterial, venous or capillary glucose; and/or potassium concentration	Procedures/Professional Services (Temporary)	Outpatient IV Insulin TX	No	None
G9148	National committee for quality assurance - level 1 medical home	Procedures/Professional Services (Temporary)	Quality Assurance	No	None
G9149	National committee for quality assurance - level 2 medical home	Procedures/Professional Services (Temporary)	Quality Assurance	No	None
G9150	National committee for quality assurance - level 3 medical home	Procedures/Professional Services (Temporary)	Quality Assurance	No	None
G9151	MAPCP demonstration - state provided services	Procedures/Professional Services (Temporary)	Quality Assurance	No	None
G9152	MAPCP demonstration - community health teams	Procedures/Professional Services (Temporary)	Quality Assurance	No	None
G9153	MAPCP demonstration - physician incentive pool	Procedures/Professional Services (Temporary)	Quality Assurance	No	None
G9156	Evaluation for wheelchair requiring face to face visit with physician	Procedures/Professional Services (Temporary)	Wheelchair Evaluation	No	None
G9157	Transesophageal doppler measurement of cardiac output (including probe placement, image acquisition, and interpretation per course of treatment) for monitoring purposes	Procedures/Professional Services (Temporary)	Monitor	No	None

G9158	Motor speech functional limitation, discharge status, at discharge from therapy or to end reporting	Procedures/Professional Services (Temporary)	Functional Limitation	No	AMA CodeTermed 1/1/2020
G9159	Spoken language comprehension functional limitation, current status at therapy episode outset and at reporting intervals	Procedures/Professional Services (Temporary)	Functional Limitation	No	AMA CodeTermed 1/1/2020
G9160	Spoken language comprehension functional limitation, projected goal status at therapy episode outset, at reporting intervals, and at discharge or to end reporting	Procedures/Professional Services (Temporary)	Functional Limitation	No	AMA CodeTermed 1/1/2020
G9161	Spoken language comprehension functional limitation, discharge status, at discharge from therapy or to end reporting	Procedures/Professional Services (Temporary)	Functional Limitation	No	AMA CodeTermed 1/1/2020
G9162	Spoken language expression functional limitation, current status at therapy episode outset and at reporting intervals	Procedures/Professional Services (Temporary)	Functional Limitation	No	AMA CodeTermed 1/1/2020
G9163	Spoken language expression functional limitation, projected goal status at therapy episode outset, at reporting intervals, and at discharge or to end reporting	Procedures/Professional Services (Temporary)	Functional Limitation	No	AMA CodeTermed 1/1/2020
G9164	Spoken language expression functional limitation, discharge status at discharge from therapy or to end reporting	Procedures/Professional Services (Temporary)	Functional Limitation	No	AMA CodeTermed 1/1/2020
G9165	Attention functional limitation, current status at therapy episode outset and at reporting intervals	Procedures/Professional Services (Temporary)	Functional Limitation	No	AMA CodeTermed 1/1/2020
G9166	Attention functional limitation, projected goal status at therapy episode outset, at reporting intervals, and at discharge or to end reporting	Procedures/Professional Services (Temporary)	Functional Limitation	No	AMA CodeTermed 1/1/2020
G9167	Attention functional limitation, discharge status at discharge from therapy or to end reporting	Procedures/Professional Services (Temporary)	Functional Limitation	No	AMA CodeTermed 1/1/2020
G9168	Memory functional limitation, current status at therapy episode outset and at reporting intervals	Procedures/Professional Services (Temporary)	Functional Limitation	No	AMA CodeTermed 1/1/2020
G9169	Memory functional limitation, projected goal status at therapy episode outset, at reporting intervals, and at discharge or to end reporting	Procedures/Professional Services (Temporary)	Functional Limitation	No	AMA CodeTermed 1/1/2020
G9170	Memory functional limitation, discharge status at discharge from therapy or to end reporting	Procedures/Professional Services (Temporary)	Functional Limitation	No	AMA CodeTermed 1/1/2020
G9171	Voice functional limitation, current status at therapy episode outset and at reporting intervals	Procedures/Professional Services (Temporary)	Functional Limitation	No	AMA CodeTermed 1/1/2020
G9172	Voice functional limitation, projected goal status at therapy episode outset, at reporting intervals, and at discharge or to end reporting	Procedures/Professional Services (Temporary)	Functional Limitation	No	AMA CodeTermed 1/1/2020
G9173	Voice functional limitation, discharge status at discharge from therapy or to end reporting	Procedures/Professional Services (Temporary)	Functional Limitation	No	AMA CodeTermed 1/1/2020
G9174	Other speech language pathology functional limitation, current status at therapy episode outset and at reporting intervals	Procedures/Professional Services (Temporary)	Functional Limitation	No	AMA CodeTermed 1/1/2020

G9175	Other speech language pathology functional limitation, projected goal status at therapy episode outset, at reporting intervals, and at discharge or to end reporting	Procedures/Professional Services (Temporary)	Functional Limitation	No	AMA CodeTermed 1/1/2020
G9176	Other speech language pathology functional limitation, discharge status at discharge from therapy or to end reporting	Procedures/Professional Services (Temporary)	Functional Limitation	No	AMA CodeTermed 1/1/2020
G9186	Motor speech functional limitation, projected goal status at therapy episode outset, at reporting intervals, and at discharge or to end reporting	Procedures/Professional Services (Temporary)	Functional Limitation	No	AMA CodeTermed 1/1/2020
G9187	Bundled payments for care improvement initiative home visit for patient assessment performed by a qualified health care professional for individuals not considered homebound including, but not limited to, assessment of safety, falls, clinical status, fluid status, medication reconciliation/management, patient compliance with orders/plan of care, performance of activities of daily living, appropriateness of care setting; (for use only in the meidcare-approved bundled payments for care improvement initiative); may not be billed for a 30-day period covered by a transitional care management code	Procedures/Professional Services (Temporary)	BPCI Services	No	None
G9188	Beta-blocker therapy not prescribed, reason not given	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9189	Beta-blocker therapy prescribed or currently being taken	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9190	Documentation of medical reason(s) for not prescribing beta-blocker therapy (e.g., allergy, intolerance, other medical reasons)	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9191	Documentation of patient reason(s) for not prescribing beta-blocker therapy (e.g., patient declined, other patient reasons)	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9192	Documentation of system reason(s) for not prescribing beta-blocker therapy (e.g., other reasons attributable to the health care system)	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9196	Documentation of medical reason(s) for not ordering a first or second generation cephalosporin for antimicrobial prophylaxis (e.g., patients enrolled in clinical trials, patients with documented infection prior to surgical procedure of interest, patients who were receiving antibiotics more than 24 hours prior to surgery [except colon surgery patients taking oral prophylactic antibiotics], patients who were receiving antibiotics within 24 hours prior to arrival [except colon surgery patients taking oral prophylactic antibiotics], other medical reason(s))	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None

G9197	Documentation of order for first or second generation cephalosporin for antimicrobial prophylaxis	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9198	Order for first or second generation cephalosporin for antimicrobial prophylaxis was not documented, reason not given	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9203	HEP C RNA DONE PRIOR TO MED	None	None	No	None
G9204	NO REASON FOR NO HEP C RNA	None	None	No	None
G9205	HEP C ANTIVIRAL STARTED	None	None	No	None
G9206	HEP C THERAPY STARTED	None	None	No	None
G9207	HEP C GENOTYPE PRIOR TO MED	None	None	No	None
G9208	NO REASON FOR NO HEP C GENO	None	None	No	None
G9209	HEP C RNA 4TO12 WK AFTER MED	None	None	No	None
G9210	NO HEPC RNA AFTER MED DOCRSN	None	None	No	None
G9211	NO HEPC RNA AFTER MED NO RSN	None	None	No	None
G9212	DSM-IV(TM) criteria for major depressive disorder documented at the initial evaluation	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9213	DSM-IV-TR criteria for major depressive disorder not documented at the initial evaluation, reason not otherwise specified	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9217	NO PCP PROPH LOW CD4 NORSN	None	None	No	None
G9219	NO ODER PJP FOR MED REASON	None	None	No	None
G9222	PJP PROPH ORDERED LOW CD4	None	None	No	None
G9223	Pneumocystis jiroveci pneumonia prophylaxis prescribed within 3 months of low CD4+ cell count below 500 cells/mm3 or a CD4 percentage below 15%	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9225	Foot exam was not performed, reason not given	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9226	Foot examination performed (includes examination through visual inspection, sensory exam with 10-g monofilament plus testing any one of the following: vibration using 128-hz tuning fork, pinprick sensation, ankle reflexes, or vibration perception threshold, and pulse exam; report when all of the 3 components are completed)	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9227	Functional outcome assessment documented, care plan not documented, documentation the patient is not eligible for a care plan	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9228	Chlamydia, gonorrhea and syphilis screening results documented (report when results are present for all of the 3 screenings)	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9229	Chlamydia, gonorrhea, and syphilis screening results not documented (patient refusal is the only allowed exception)	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9230	Chlamydia, gonorrhea, and syphilis not screened, reason not given	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None

G9231	Documentation of end stage renal disease (ESRD), dialysis, renal transplant before or during the measurement period or pregnancy during the measurement period	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9232	Clinician treating major depressive disorder did not communicate to clinician treating comorbid condition for specified patient reason (e.g., patient is unable to communicate the diagnosis of a comorbid condition; the patient is unwilling to communicate the diagnosis of a comorbid condition; or the patient is unaware of the comorbid condition, or any other specified patient reason)	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	Code Termed 01/01/2021
G9233	TKR COMPOSITE	None	None	No	None
G9234	TKR INTENT	None	None	No	None
G9235	GS MG COMPOSITE	None	None	No	None
G9236	OP RAD MG COMPOSITE	None	None	No	None
G9237	GS MG INTENT	None	None	No	None
G9238	OP RAD MG INTENT	None	None	No	None
G9239	Documentation of reasons for patient initiating maintenance hemodialysis with a catheter as the mode of vascular access (e.g., patient has a maturing AVF/AVG, time-limited trial of hemodialysis, other medical reasons, patient declined AVF/AVG, other patient reasons, patient followed by reporting nephrologist for fewer than 90 days, other system reasons)	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	Code Termed 01/01/2021
G9240	Patient whose mode of vascular access is a catheter at the time maintenance hemodialysis is initiated	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	Code Termed 01/01/2021
G9241	Patient whose mode of vascular access is not a catheter at the time maintenance hemodialysis is initiated	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	Code Termed 01/01/2021
G9242	Documentation of viral load equal to or greater than 200 copies/ml or viral load not performed	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9243	Documentation of viral load less than 200 copies/ml	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9244	ANTIVIRAL NOT ORDERED	None	None	No	None
G9245	ANTIVIRAL ORDERED	None	None	No	None
G9246	Patient did not have at least one medical visit in each 6 month period of the 24 month measurement period, with a minimum of 60 days between medical visits	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9247	Patient had at least one medical visit in each 6 month period of the 24 month measurement period, with a minimum of 60 days between medical visits	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9250	Documentation of patient pain brought to a comfortable level within 48 hours from initial assessment	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9251	Documentation of patient with pain not brought to a comfortable level within 48 hours from initial assessment	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None

G9254	Documentation of patient discharged to home later than post-operative day 2 following CAS	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9255	Documentation of patient discharged to home no later than post operative day 2 following CAS	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9256	Documentation of patient death following CAS	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	Code Termined 01/01/2021
G9257	Documentation of patient stroke following CAS	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	Code Termined 01/01/2021
G9258	Documentation of patient stroke following CEA	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	Code Termined 01/01/2021
G9259	Documentation of patient survival and absence of stroke following CAS	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	Code Termined 01/01/2021
G9260	Documentation of patient death following CEA	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	Code Termined 01/01/2021
G9261	Documentation of patient survival and absence of stroke following CEA	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	Code Termined 01/01/2021
G9262	Documentation of patient death in the hospital following endovascular AAA repair	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	Code Termined 01/01/2021
G9263	Documentation of patient survival in the hospital following endovascular AAA repair	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	Code Termined 01/01/2021
G9264	Documentation of patient receiving maintenance hemodialysis for greater than or equal to 90 days with a catheter for documented reasons (e.g., other medical reasons, patient declined AVF/AVG, other patient reasons)	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	Code Termined 01/01/2021
G9265	Patient receiving maintenance hemodialysis for greater than or equal to 90 days with a catheter as the mode of vascular access	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	Code Termined 01/01/2021
G9266	Patient receiving maintenance hemodialysis for greater than or equal to 90 days without a catheter as the mode of vascular access	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	Code Termined 01/01/2021
G9267	Documentation of patient with one or more complications or mortality within 30 days	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9268	Documentation of patient with one or more complications within 90 days	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9269	Documentation of patient without one or more complications and without mortality within 30 days	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9270	Documentation of patient without one or more complications within 90 days	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9273	Blood pressure has a systolic value of < 140 and a diastolic value of < 90	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None

G9274	Blood pressure has a systolic value of ≥ 140 and a diastolic value of ≥ 90 or systolic value < 140 and diastolic value ≥ 90 or systolic value $= 140$ and diastolic value < 90	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9275	Documentation that patient is a current non-tobacco user	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9276	Documentation that patient is a current tobacco user	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9277	Documentation that the patient is on daily aspirin or anti-platelet or has documentation of a valid contraindication or exception to aspirin/anti-platelet; contraindications/exceptions include anti-coagulant use, allergy to aspirin or anti-platelets, history of gastrointestinal bleed and bleeding disorder; additionally, the following exceptions documented by the physician as a reason for not taking daily aspirin or anti-platelet are acceptable (use of non-steroidal anti-inflammatory agents, documented risk for drug interaction, uncontrolled hypertension defined as >180 systolic or >110 diastolic or gastroesophageal reflux)	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9278	Documentation that the patient is not on daily aspirin or anti-platelet regimen	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9279	Pneumococcal screening performed and documentation of vaccination received prior to discharge	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9280	Pneumococcal vaccination not administered prior to discharge, reason not specified	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9281	Screening performed and documentation that vaccination not indicated/patient refusal	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9282	Documentation of medical reason(s) for not reporting the histological type or NSCLC-NOS classification with an explanation (e.g., biopsy taken for other purposes in a patient with a history of non-small cell lung cancer or other documented medical reasons)	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9283	Non small cell lung cancer biopsy and cytology specimen report documents classification into specific histologic type or classified as NSCLC-NOS with an explanation	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9284	Non small cell lung cancer biopsy and cytology specimen report does not document classification into specific histologic type or classified as NSCLC-NOS with an explanation	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9285	Specimen site other than anatomic location of lung or is not classified as non small cell lung cancer	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None

G9286	Antibiotic regimen prescribed within 10 days after onset of symptoms	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9287	Antibiotic regimen not prescribed within 10 days after onset of symptoms	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9288	Documentation of medical reason(s) for not reporting the histological type or NSCLC-NOS classification with an explanation (e.g., a solitary fibrous tumor in a person with a history of non-small cell carcinoma or other documented medical reasons)	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9289	Non small cell lung cancer biopsy and cytology specimen report documents classification into specific histologic type or classified as NSCLC-NOS with an explanation	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9290	Non small cell lung cancer biopsy and cytology specimen report does not document classification into specific histologic type or classified as NSCLC-NOS with an explanation	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9291	Specimen site other than anatomic location of lung, is not classified as non small cell lung cancer or classified as NSCLC-NOS	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9292	Documentation of medical reason(s) for not reporting pT category and a statement on thickness and ulceration and for pT1, mitotic rate (e.g., negative skin biopsies in a patient with a history of melanoma or other documented medical reasons)	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9293	Pathology report does not include the pT category and a statement on thickness and ulceration and for pT1, mitotic rate	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9294	Pathology report includes the pT category and a statement on thickness and ulceration and for pT1, mitotic rate	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9295	Specimen site other than anatomic cutaneous location	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9296	Patients with documented shared decision-making including discussion of conservative (non-surgical) therapy (e.g., NSAIDs, analgesics, weight loss, exercise, injections) prior to the procedure	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9297	Shared decision-making including discussion of conservative (non-surgical) therapy (e.g., NSAIDs, analgesics, weight loss, exercise, injections) prior to the procedure, not documented, reason not given	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9298	Patients who are evaluated for venous thromboembolic and cardiovascular risk factors within 30 days prior to the procedure (e.g., history of DVT, PE, MI, arrhythmia and stroke)	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None

G9299	Patients who are not evaluated for venous thromboembolic and cardiovascular risk factors within 30 days prior to the procedure including (e.g., history of DVT, PE, MI, arrhythmia and stroke, reason not given)	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9300	Documentation of medical reason(s) for not completely infusing the prophylactic antibiotic prior to the inflation of the proximal tourniquet (e.g., a tourniquet was not used)	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	Code Termined 01/01/2021
G9301	Patients who had the prophylactic antibiotic completely infused prior to the inflation of the proximal tourniquet	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	Code Termined 01/01/2021
G9302	Prophylactic antibiotic not completely infused prior to the inflation of the proximal tourniquet, reason not given	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	Code Termined 01/01/2021
G9303	Operative report does not identify the prosthetic implant specifications including the prosthetic implant manufacturer, the brand name of the prosthetic implant and the size of each prosthetic implant, reason not given	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	Code Termined 01/01/2021
G9304	Operative report identifies the prosthetic implant specifications including the prosthetic implant manufacturer, the brand name of the prosthetic implant and the size of each prosthetic implant	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	Code Termined 01/01/2021
G9305	Intervention for presence of leak of endoluminal contents through an anastomosis not required	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9306	Intervention for presence of leak of endoluminal contents through an anastomosis required	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9307	No return to the operating room for a surgical procedure, for complications of the principal operative procedure, within 30 days of the principal operative procedure	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9308	Unplanned return to the operating room for a surgical procedure, for complications of the principal operative procedure, within 30 days of the principal operative procedure	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9309	No unplanned hospital readmission within 30 days of principal procedure	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9310	Unplanned hospital readmission within 30 days of principal procedure	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9311	No surgical site infection	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9312	Surgical site infection	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None

G9313	Amoxicillin, with or without clavulanate, not prescribed as first line antibiotic at the time of diagnosis for documented reason (e.g., cystic fibrosis, immotile cilia disorders, ciliary dyskinesia, immune deficiency, prior history of sinus surgery within the past 12 months, and anatomic abnormalities, such as deviated nasal septum, resistant organisms, allergy to medication, recurrent sinusitis, chronic sinusitis, or other reasons)	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9314	Amoxicillin, with or without clavulanate, not prescribed as first line antibiotic at the time of diagnosis, reason not given	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9315	Documentation amoxicillin, with or without clavulanate, prescribed as a first line antibiotic at the time of diagnosis	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9316	Documentation of patient-specific risk assessment with a risk calculator based on multi-institutional clinical data, the specific risk calculator used, and communication of risk assessment from risk calculator with the patient or family	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9317	Documentation of patient-specific risk assessment with a risk calculator based on multi-institutional clinical data, the specific risk calculator used, and communication of risk assessment from risk calculator with the patient or family not completed	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9318	Imaging study named according to standardized nomenclature	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9319	Imaging study not named according to standardized nomenclature, reason not given	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9321	Count of previous CT (any type of CT) and cardiac nuclear medicine (myocardial perfusion) studies documented in the 12-month period prior to the current study	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9322	Count of previous CT and cardiac nuclear medicine (myocardial perfusion) studies not documented in the 12-month period prior to the current study, reason not given	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9324	NOT ALL DATA NOR SN	None	None	No	None
G9326	CT studies performed not reported to a radiation dose index registry that is capable of collecting at a minimum all necessary data elements, reason not given	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	Code Termined 01/01/2021
G9327	CT studies performed reported to a radiation dose index registry that is capable of collecting at a minimum all necessary data elements	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	Code Termined 01/01/2021

G9329	DICOM format image data available to non-affiliated external healthcare facilities or entities on a secure, media free, reciprocally searchable basis with patient authorization for at least a 12-month period after the study not documented in final report, reason not given	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	Code Termined 01/01/2021
G9340	Final report documented that DICOM format image data available to non-affiliated external healthcare facilities or entities on a secure, media free, reciprocally searchable basis with patient authorization for at least a 12-month period after the study	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	Code Termined 01/01/2021
G9341	Search conducted for prior patient CT studies completed at non-affiliated external healthcare facilities or entities within the past 12-months and are available through a secure, authorized, media-free, shared archive prior to an imaging study being performed	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9342	Search not conducted prior to an imaging study being performed for prior patient CT studies completed at non-affiliated external healthcare facilities or entities within the past 12-months and are available through a secure, authorized, media-free, shared archive, reason not given	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9344	Due to system reasons search not conducted for DICOM format images for prior patient CT imaging studies completed at non-affiliated external healthcare facilities or entities within the past 12 months that are available through a secure, authorized, media-free, shared archive (e.g., non-affiliated external healthcare facilities or entities does not have archival abilities through a shared archival system)	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9345	Follow-up recommendations documented according to recommended guidelines for incidentally detected pulmonary nodules (e.g., follow-up CT imaging studies needed or that no follow-up is needed) based at a minimum on nodule size and patient risk factors	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9347	Follow-up recommendations not documented according to recommended guidelines for incidentally detected pulmonary nodules, reason not given	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9348	CT scan of the paranasal sinuses ordered at the time of diagnosis for documented reasons (e.g., persons with sinusitis symptoms lasting at least 7 to 10 days, antibiotic resistance, immunocompromised, recurrent sinusitis, acute frontal sinusitis, acute sphenoid sinusitis, periorbital cellulitis, or other medical)	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None

G9349	Documentation of a CT scan of the paranasal sinuses ordered at the time of diagnosis or received within 28 days after date of diagnosis	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9350	CT scan of the paranasal sinuses not ordered at the time of diagnosis or received within 28 days after date of diagnosis	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9351	More than one CT scan of the paranasal sinuses ordered or received within 90 days after diagnosis	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9352	More than one CT scan of the paranasal sinuses ordered or received within 90 days after the date of diagnosis, reason not given	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9353	More than one CT scan of the paranasal sinuses ordered or received within 90 days after the date of diagnosis for documented reasons (e.g., patients with complications, second CT obtained prior to surgery, other medical reasons)	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9354	One CT scan or no CT scan of the paranasal sinuses ordered within 90 days after the date of diagnosis	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9355	Elective delivery or early induction not performed	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9356	Elective delivery or early induction performed	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9357	Post-partum screenings, evaluations and education performed	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9358	Post-partum screenings, evaluations and education not performed	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9359	Documentation of negative or managed positive TB screen with further evidence that TB is not active within one year of patient visit	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9360	No documentation of negative or managed positive TB screen	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9361	Medical indication for induction [documentation of reason(s) for elective delivery (c-section) or early induction (e.g., hemorrhage and placental complications, hypertension, preeclampsia and eclampsia, rupture of membranes-premature or prolonged, maternal conditions complicating pregnancy/delivery, fetal conditions complicating pregnancy/delivery, late pregnancy, prior uterine surgery, or participation in clinical trial)]	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9364	Sinusitis caused by, or presumed to be caused by, bacterial infection	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9365	One high-risk medication ordered	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	Code Termed 01/01/2021

G9366	One high-risk medication not ordered	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	Code Termined 01/01/2021
G9367	At least two different high-risk medications ordered	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9368	At least two different high-risk medications not ordered	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9380	Patient offered assistance with end of life issues during the measurement period	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9381	Documentation of medical reason(s) for not offering assistance with end of life issues (e.g., patient in hospice care, patient in terminal phase) during the measurement period	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	AMA Deleted Code Code invalid as of 1/1/2018 Check for replacement code
G9382	Patient not offered assistance with end of life issues during the measurement period	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9383	Patient received screening for HCV infection within the 12 month reporting period	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9384	Documentation of medical reason(s) for not receiving annual screening for HCV infection (e.g., decompensated cirrhosis indicating advanced disease [i.e. ascites, esophageal variceal bleeding, hepatic encephalopathy], hepatocellular carcinoma, waitlist for organ transplant, limited life expectancy, other medical reasons)	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9385	Documentation of patient reason(s) for not receiving annual screening for HCV infection (e.g., patient declined, other patient reasons)	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9386	Screening for HCV infection not received within the 12 month reporting period, reason not given	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9389	Unplanned rupture of the posterior capsule requiring vitrectomy during cataract surgery	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	Code Termined 01/01/2021
G9390	No unplanned rupture of the posterior capsule requiring vitrectomy during cataract surgery	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	Code Termined 01/01/2021
G9393	Patient with an initial PHQ-9 score greater than nine who achieves remission at twelve months as demonstrated by a twelve month (+/- 30 days) PHQ-9 score of less than five	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9394	Patient who had a diagnosis of bipolar disorder or personality disorder, death, permanent nursing home resident or receiving hospice or palliative care any time during the measurement or assessment period	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None

G9395	Patient with an initial PHQ-9 score greater than nine who did not achieve remission at twelve months as demonstrated by a twelve month (+/- 30 days) PHQ-9 score greater than or equal to five	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9396	Patient with an initial PHQ-9 score greater than nine who was not assessed for remission at twelve months (+/- 30 days)	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9399	Documentation in the patient record of a discussion between the physician/clinician and the patient that includes all of the following: treatment choices appropriate to genotype, risks and benefits, evidence of effectiveness, and patient preferences toward the outcome of the treatment	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9400	Documentation of medical or patient reason(s) for not discussing treatment options; medical reasons: patient is not a candidate for treatment due to advanced physical or mental health comorbidity (including active substance use); currently receiving antiviral treatment; successful antiviral treatment (with sustained virologic response) prior to reporting period; other documented medical reasons; patient reasons: patient unable or unwilling to participate in the discussion or other patient reasons	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9401	No documentation of a discussion in the patient record of a discussion between the physician or other qualified healthcare professional and the patient that includes all of the following: treatment choices appropriate to genotype, risks and benefits, evidence of effectiveness, and patient preferences toward treatment	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9402	Patient received follow-up on the date of discharge or within 30 days after discharge	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9403	Clinician documented reason patient was not able to complete 30 day follow-up from acute inpatient setting discharge (e.g., patient death prior to follow-up visit, patient non-compliant for visit follow-up)	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9404	Patient did not receive follow-up on the date of discharge or within 30 days after discharge	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9405	Patient received follow-up within 7 days from discharge	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9406	Clinician documented reason patient was not able to complete 7 day follow-up from acute inpatient setting discharge (i.e patient death prior to follow-up visit, patient non-compliance for visit follow-up)	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None

G9407	Patient did not receive follow-up on or within 7 days after discharge	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9408	Patients with cardiac tamponade and/or pericardiocentesis occurring within 30 days	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9409	Patients without cardiac tamponade and/or pericardiocentesis occurring within 30 days	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9410	Patient admitted within 180 days, status post cied implantation, replacement, or revision with an infection requiring device removal or surgical revision	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9411	Patient not admitted within 180 days, status post cied implantation, replacement, or revision with an infection requiring device removal or surgical revision	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9412	Patient admitted within 180 days, status post cied implantation, replacement, or revision with an infection requiring device removal or surgical revision	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9413	Patient not admitted within 180 days, status post cied implantation, replacement, or revision with an infection requiring device removal or surgical revision	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9414	Patient had one dose of meningococcal vaccine on or between the patient's 11th and 13th birthdays	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9415	Patient did not have one dose of meningococcal vaccine on or between the patient's 11th and 13th birthdays	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9416	Patient had one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) on or between the patient's 10th and 13th birthdays	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9417	Patient did not have one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) on or between the patient's 10th and 13th birthdays	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9418	Primary non-small cell lung cancer biopsy and cytology specimen report documents classification into specific histologic type or classified as NSCLC-NOS with an explanation	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9419	Documentation of medical reason(s) for not including the histological type or NSCLC-NOS classification with an explanation (e.g., biopsy taken for other purposes in a patient with a history of primary non-small cell lung cancer or other documented medical reasons)	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9420	Specimen site other than anatomic location of lung or is not classified as primary non-small cell lung cancer	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9421	Primary non-small cell lung cancer biopsy and cytology specimen report does not document classification into specific histologic type or classified as NSCLC-NOS with an explanation	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None

G9422	Primary lung carcinoma resection report documents pT category, pN category and for non-small cell lung cancer, histologic type (squamous cell carcinoma, adenocarcinoma and not NSCLC-NOS)	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9423	Documentation of medical reason for not including pT category, pN category and histologic type [for patient with appropriate exclusion criteria (e.g., metastatic disease, benign tumors, malignant tumors other than carcinomas, inadequate surgical specimens)]	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9424	Specimen site other than anatomic location of lung, or classified as NSCLC-NOS	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9425	Primary lung carcinoma resection report does not document pT category, pN category and for non-small cell lung cancer, histologic type (squamous cell carcinoma, adenocarcinoma)	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9426	Improvement in median time from ED arrival to initial ED oral or parenteral pain medication administration performed for ED admitted patients	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9427	Improvement in median time from ED arrival to initial ED oral or parenteral pain medication administration not performed for ED admitted patients	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9428	Pathology report includes the pT category and a statement on thickness and ulceration and for pT1, mitotic rate	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9429	Documentation of medical reason(s) for not including pT category and a statement on thickness and ulceration and for pT1, mitotic rate (e.g., negative skin biopsies in a patient with a history of melanoma or other documented medical reasons)	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9430	Specimen site other than anatomic cutaneous location	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9431	Pathology report does not include the pT category and a statement on thickness and ulceration and for pT1, mitotic rate	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9432	Asthma well-controlled based on the ACT, C-ACT, ACQ, or ATAQ score and results documented	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9434	Asthma not well-controlled based on the ACT, C-ACT, ACQ, or ATAQ score, or specified asthma control tool not used, reason not given	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9435	ASP PRESC DISCH	None	None	No	None
G9436	ASP NOT PRESC DOC REAS	None	None	No	None
G9437	ASP NOT PRESC DISCH	None	None	No	None
G9438	P2Y INHIB PRESC	None	None	No	None
G9439	P2Y INHIB NOT PRESC DOC REAS	None	None	No	None
G9440	P2Y INHIB NOT PRESC	None	None	No	None
G9441	STATIN PRESC DISCH	None	None	No	None
G9442	STATIN NOT PRESC DOC REAS	None	None	No	None

G9443	STATIN NOT PRESC DISCH	None	None	No	None
G9448	Patients who were born in the years 1945 to 1965	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9449	History of receiving blood transfusions prior to 1992	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9450	History of injection drug use	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9451	Patient received one-time screening for HCV infection	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9452	Documentation of medical reason(s) for not receiving one-time screening for HCV infection (e.g., decompensated cirrhosis indicating advanced disease [ie, ascites, esophageal variceal bleeding, hepatic encephalopathy], hepatocellular carcinoma, waitlist for organ transplant, limited life expectancy, other medical reasons)	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9453	Documentation of patient reason(s) for not receiving one-time screening for HCV infection (e.g., patient declined, other patient reasons)	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9454	One-time screening for HCV infection not received within 12 month reporting period and no documentation of prior screening for HCV infection, reason not given	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9455	Patient underwent abdominal imaging with ultrasound, contrast enhanced CT or contrast MRI for HCC	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9456	Documentation of medical or patient reason(s) for not ordering or performing screening for HCC. Medical reason: comorbid medical conditions with expected survival < 5 years, hepatic decompensation and not a candidate for liver transplantation, or other medical reasons; patient reasons: patient declined or other patient reasons (e.g., cost of tests, time related to accessing testing equipment)	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9457	Patient did not undergo abdominal imaging and did not have a documented reason for not undergoing abdominal imaging in the reporting period	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9458	Patient documented as tobacco user and received tobacco cessation intervention (must include at least one of the following: advice given to quit smoking or tobacco use, counseling on the benefits of quitting smoking or tobacco use, assistance with or referral to external smoking or tobacco cessation support programs, or current enrollment in smoking or tobacco use cessation program) if identified as a tobacco user	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None

G9459	Currently a tobacco non-user	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9460	Tobacco assessment or tobacco cessation intervention not performed, reason not given	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9463	SINUSITIS INTENT	None	None	No	None
G9464	SINUSITIS COMP	None	None	No	None
G9465	AOE INTENT	None	None	No	None
G9466	AOE COMP	None	None	No	None
G9467	RECD CORTICO >=10MG/DAY >60D	None	None	No	None
G9468	Patient not receiving corticosteroids greater than or equal to 10 mg/day of prednisone equivalents for 60 or greater consecutive days or a single prescription equating to 600 mg prednisone or greater for all fills	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9469	Patients who have received or are receiving corticosteroids greater than or equal to 10 mg/day of prednisone equivalents for 60 or greater consecutive days or a single prescription equating to 600 mg prednisone or greater for all fills	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	Code Termined 01/01/2021
G9470	Patients not receiving corticosteroids greater than or equal to 10 mg/day of prednisone equivalents for 60 or greater consecutive days or a single prescription equating to 600 mg prednisone or greater for all fills	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9471	Within the past 2 years, central dual-energy x-ray absorptiometry (DXA) not ordered or documented	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9472	Within the past 2 years, central dual-energy x-ray absorptiometry (DXA) not ordered and documented, no review of systems and no medication history or pharmacologic therapy (other than minerals/vitamins) for osteoporosis prescribed	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	AMA Code Termined 1/1/2020
G9473	Services performed by chaplain in the hospice setting, each 15 minutes	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9474	Services performed by dietary counselor in the hospice setting, each 15 minutes	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9475	Services performed by other counselor in the hospice setting, each 15 minutes	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9476	Services performed by volunteer in the hospice setting, each 15 minutes	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9477	Services performed by care coordinator in the hospice setting, each 15 minutes	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9478	Services performed by other qualified therapist in the hospice setting, each 15 minutes	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9479	Services performed by qualified pharmacist in the hospice setting, each 15 minutes	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None

G9480	Admission to Medicare care choice model program (MCCM)	Procedures/Professional Services (Temporary)	Medicare Care Choice Model Program	No	None
G9481	Remote in-home visit for the Evaluation and Management of a new patient for use only in the Medicare-approved comprehensive care for joint replacement model, which requires these 3 key components: a problem focused history; a problem focused examination; and straightforward medical decision making, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology	Procedures/Professional Services (Temporary)	Comprehensive Care for Joint Replacement Model	No	None
G9482	Remote in-home visit for the Evaluation and Management of a new patient for use only in the Medicare-approved comprehensive care for joint replacement model, which requires these 3 key components: an expanded problem focused history; an expanded problem focused examination; straightforward medical decision making, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology	Procedures/Professional Services (Temporary)	Comprehensive Care for Joint Replacement Model	No	None

G9483	<p>Remote in-home visit for the Evaluation and Management of a new patient for use only in the Medicare-approved comprehensive care for joint replacement model, which requires these 3 key components: a detailed history; a detailed examination; medical decision making of low complexity, furnished in real time using interactive audio and video technology.</p> <p>Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology</p>	Procedures/Professional Services (Temporary)	Comprehensive Care for Joint Replacement Model	No	None
G9484	<p>Remote in-home visit for the Evaluation and Management of a new patient for use only in the Medicare-approved comprehensive care for joint replacement model, which requires these 3 key components: a comprehensive history; a comprehensive examination; medical decision making of moderate complexity, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology</p>	Procedures/Professional Services (Temporary)	Comprehensive Care for Joint Replacement Model	No	None

G9485	<p>Remote in-home visit for the Evaluation and Management of a new patient for use only in the Medicare-approved comprehensive care for joint replacement model, which requires these 3 key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology</p>	Procedures/Professional Services (Temporary)	Comprehensive Care for Joint Replacement Model	No	None
G9486	<p>Remote in-home visit for the Evaluation and Management of an established patient for use only in the Medicare-approved comprehensive care for joint replacement model, which requires at least 2 of the following 3 key components: a problem focused history; a problem focused examination; straightforward medical decision making, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology</p>	Procedures/Professional Services (Temporary)	Comprehensive Care for Joint Replacement Model	No	None

G9487	<p>Remote in-home visit for the Evaluation and Management of an established patient for use only in the Medicare-approved comprehensive care for joint replacement model, which requires at least 2 of the following 3 key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology</p>	Procedures/Professional Services (Temporary)	Comprehensive Care for Joint Replacement Model	No	None
G9488	<p>Remote in-home visit for the Evaluation and Management of an established patient for use only in the Medicare-approved comprehensive care for joint replacement model, which requires at least 2 of the following 3 key components: a detailed history; a detailed examination; medical decision making of moderate complexity, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology</p>	Procedures/Professional Services (Temporary)	Comprehensive Care for Joint Replacement Model	No	None

G9489	Remote in-home visit for the Evaluation and Management of an established patient for use only in the Medicare-approved comprehensive care for joint replacement model, which requires at least 2 of the following 3 key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity, furnished in real time using interactive audio and video technology. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent with the patient or family or both via real time, audio and video intercommunications technology	Procedures/Professional Services (Temporary)	Comprehensive Care for Joint Replacement Model	No	None
G9490	Comprehensive care for joint replacement model, home visit for patient assessment performed by clinical staff for an individual not considered homebound, including, but not necessarily limited to patient assessment of clinical status, safety/fall prevention, functional status/ambulation, medication reconciliation/management, compliance with orders/plan of care, performance of activities of daily living, and ensuring beneficiary connections to community and other services. (for use only in the Medicare-approved cjr model); may not be billed for a 30 day period covered by a transitional care management code	Procedures/Professional Services (Temporary)	Comprehensive Care for Joint Replacement Model	No	None
G9496	Documentation of reason for not detecting adenoma(s) or other neoplasm. (e.g., neoplasm detected is only diagnosed as traditional serrated adenoma, sessile serrated polyp, or sessile serrated adenoma	Procedures/Professional Services (Temporary)	Quality Measures	No	AMA Deleted Code Code invalid as of 1/1/2018 Check for replacement code
G9497	Received instruction from the anesthesiologist or proxy prior to the day of surgery to abstain from smoking on the day of surgery	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G9498	Antibiotic regimen prescribed	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G9499	NO START/REC ANTIVIR TX HEP C	None	None	No	None
G9500	Radiation exposure indices, or exposure time and number of fluorographic images in final report for procedures using fluoroscopy, documented	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G9501	Radiation exposure indices, or exposure time and number of fluorographic images not documented in final report for procedure using fluoroscopy, reason not given	Procedures/Professional Services (Temporary)	Quality Measures	No	None

G9502	Documentation of medical reason for not performing foot exam (i.e. patients who have had either a bilateral amputation above or below the knee, or both a left and right amputation above or below the knee before or during the measurement period)	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G9503	Patient taking tamsulosin hydrochloride	Procedures/Professional Services (Temporary)	Quality Measures	No	Code Termed 01/01/2021
G9504	Documented reason for not assessing hepatitis B virus (HBV) status (e.g. patient not receiving a first course of anti-TNF therapy, patient declined) within one year prior to first course of anti-TNF therapy	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G9505	Antibiotic regimen prescribed within 10 days after onset of symptoms for documented medical reason	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G9506	Biologic immune response modifier prescribed	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G9507	Documentation that the patient is on a statin medication or has documentation of a valid contraindication or exception to statin medications; contraindications/exceptions that can be defined by diagnosis codes include pregnancy during the measurement period, active liver disease, rhabdomyolysis, end stage renal disease on dialysis and heart failure; provider documented contraindications/exceptions include breastfeeding during the measurement period, woman of child-bearing age not actively taking birth control, allergy to statin, drug interaction (HIV protease inhibitors, nefazodone, cyclosporine, gemfibrozil, and danazol) and intolerance (with supporting documentation of trying a statin at least once within the last 5 years or diagnosis codes for myositis or toxic myopathy related to drugs)	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G9508	Documentation that the patient is not on a statin medication	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G9509	Remission at twelve months as demonstrated by a twelve month (+/-30 days) PHQ-9 score of less than 5	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G9510	Remission at twelve months not demonstrated by a twelve month (+/-30 days) PHQ-9 score of less than five; either PHQ-9 score was not assessed or is greater than or equal to 5	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G9511	Index date PHQ-9 score greater than 9 documented during the twelve month denominator identification period	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G9512	Individual had a PDC of 0.8 or greater	Procedures/Professional Services (Temporary)	Quality Measures	No	None

G9513	Individual did not have a PDC of 0.8 or greater	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G9514	Patient required a return to the operating room within 90 days of surgery	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G9515	Patient did not require a return to the operating room within 90 days of surgery	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G9516	Patient achieved an improvement in visual acuity, from their preoperative level, within 90 days of surgery	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G9517	Patient did not achieve an improvement in visual acuity, from their preoperative level, within 90 days of surgery, reason not given	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G9518	Documentation of active injection drug use	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G9519	Patient achieves final refraction (spherical equivalent) +/- 0.5 diopters of their planned refraction within 90 days of surgery	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G9520	Patient does not achieve final refraction (spherical equivalent) +/- 0.5 diopters of their planned refraction within 90 days of surgery	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G9521	Total number of emergency department visits and inpatient hospitalizations less than two in the past 12 months	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G9522	Total number of emergency department visits and inpatient hospitalizations equal to or greater than two in the past 12 months or patient not screened, reason not given	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G9523	Patient discontinued from hemodialysis or peritoneal dialysis	Procedures/Professional Services (Temporary)	Quality Measures	No	Code Termined 01/01/2021
G9524	Patient was referred to hospice care	Procedures/Professional Services (Temporary)	Hospice Care	No	Code Termined 01/01/2021
G9525	Documentation of patient reason(s) for not referring to hospice care (e.g., patient declined, other patient reasons)	Procedures/Professional Services (Temporary)	Hospice Care	No	Code Termined 01/01/2021
G9526	Patient was not referred to hospice care, reason not given	Procedures/Professional Services (Temporary)	Hospice Care	No	Code Termined 01/01/2021
G9529	Patient with minor blunt head trauma had an appropriate indication(s) for a head CT	Procedures/Professional Services (Temporary)	Blunt Head Trauma	No	None
G9530	Patient presented within 24 hours of a minor blunt head trauma with a GCS score of 15 and had a head CT ordered for trauma by an emergency care provider	Procedures/Professional Services (Temporary)	Blunt Head Trauma	No	None
G9531	Patient has documentation of ventricular shunt, brain tumor, multisystem trauma, pregnancy, or is currently taking an antiplatelet medication including: ASA/dipyridamole, clopidogrel, prasugrel, ticlopidine, ticagrelor or cilastazol	Procedures/Professional Services (Temporary)	Blunt Head Trauma	No	None

G9532	Patient's head injury occurred greater than 24 hours before presentation to the emergency department, or has a GCS score less than 15 or does not have a GCS score documented, or had a head CT for trauma ordered by someone other than an emergency care provider, or was ordered for a reason other than trauma	Procedures/Professional Services (Temporary)	Blunt Head Trauma	No	Code Termined 01/01/2021
G9533	Patient with minor blunt head trauma did not have an appropriate indication(s) for a head CT	Procedures/Professional Services (Temporary)	Blunt Head Trauma	No	None
G9534	Advanced brain imaging (CTA, CT, MRA or MRI) was not ordered	Procedures/Professional Services (Temporary)	Blunt Head Trauma	No	AMA Termined Code 1/01/2019
G9535	Patients with a normal neurological examination	Procedures/Professional Services (Temporary)	Blunt Head Trauma	No	AMA Termined Code 1/01/2019
G9536	Documentation of medical reason(s) for ordering an advanced brain imaging study (i.e. patient has an abnormal neurological examination; patient has the coexistence of seizures, or both; recent onset of severe headache; change in the type of headache; signs of increased intracranial pressure (e.g., papilledema, absent venous pulsations on funduscopic examination, altered mental status, focal neurologic deficits, signs of meningeal irritation); HIV-positive patients with a new type of headache; immunocompromised patient with unexplained headache symptoms; patient on coagulopathy/anti-coagulation or anti-platelet therapy; very young patients with unexplained headache symptoms)	Procedures/Professional Services (Temporary)	Blunt Head Trauma	No	AMA Termined Code 1/01/2019
G9537	Documentation of system reason(s) for ordering an advanced brain imaging study (i.e. needed as part of a clinical trial; other clinician ordered the study)	Procedures/Professional Services (Temporary)	Blunt Head Trauma	No	None
G9538	Advanced brain imaging (CTA, CT, MRA or MRI) was ordered	Procedures/Professional Services (Temporary)	Blunt Head Trauma	No	AMA Termined Code 1/01/2019
G9539	Intent for potential removal at time of placement	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9540	Patient alive 3 months post procedure	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9541	Filter removed within 3 months of placement	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9542	Documented re-assessment for the appropriateness of filter removal within 3 months of placement	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9543	Documentation of at least two attempts to reach the patient to arrange a clinical re-assessment for the appropriateness of filter removal within 3 months of placement	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None

G9544	Patients that do not have the filter removed, documented re-assessment for the appropriateness of filter removal, or documentation of at least two attempts to reach the patient to arrange a clinical re-assessment for the appropriateness of filter removal within 3 months of placement	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9547	Incidental finding: liver lesion <= 0.5 cm, cystic kidney lesion < 1.0 cm or adrenal lesion <= 1.0 cm	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9548	Final reports for abdominal imaging studies with follow-up imaging recommended	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9549	Documentation of medical reason(s) that follow-up imaging is indicated (e.g., patient has a known malignancy that can metastasize, other medical reason(s) such as fever in an immunocompromised patient)	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9550	Final reports for abdominal imaging studies with follow-up imaging not recommended	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9551	Final reports for abdominal imaging studies without an incidentally found lesion noted: liver lesion <= 0.5 cm, cystic kidney lesion < 1.0 cm or adrenal lesion <= 1.0 cm noted or no lesion found	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9552	Incidental thyroid nodule < 1.0 cm noted in report	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9553	Prior thyroid disease diagnosis	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9554	Final reports for CT, CTA, MRI or MRA of the chest or neck or ultrasound of the neck with follow-up imaging recommended	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9555	Documentation of medical reason(s) for recommending follow up imaging (e.g., patient has multiple endocrine neoplasia, patient has cervical lymphadenopathy, other medical reason(s))	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9556	Final reports for CT, CTA, MRI or MRA of the chest or neck or ultrasound of the neck with follow-up imaging not recommended	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9557	Final reports for CT, CTA, MRI or MRA studies of the chest or neck or ultrasound of the neck without an incidentally found thyroid nodule < 1.0 cm noted or no nodule found	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	None
G9558	Patient treated with a beta-lactam antibiotic as definitive therapy	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	Code Termined 01/01/2021
G9559	Documentation of medical reason(s) for not prescribing a beta-lactam antibiotic (e.g., allergy, intolerance to beta-lactam antibiotics)	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	Code Termined 01/01/2021

G9560	Patient not treated with a beta-lactam antibiotic as definitive therapy, reason not given	Procedures/Professional Services (Temporary)	Miscellaneous Quality Measures	No	Code Termed 01/01/2021
G9561	Patients prescribed opiates for longer than six weeks	Procedures/Professional Services (Temporary)	Opiate Therapy	No	None
G9562	Patients who had a follow-up evaluation conducted at least every three months during opioid therapy	Procedures/Professional Services (Temporary)	Opiate Therapy	No	None
G9563	Patients who did not have a follow-up evaluation conducted at least every three months during opioid therapy	Procedures/Professional Services (Temporary)	Opiate Therapy	No	None
G9572	PHQ-SCR >9 DOC IN 12M TIME	None	None	No	None
G9573	Remission at six months as demonstrated by a six month (+/-30 days) PHQ-9 score of less than five	Procedures/Professional Services (Temporary)	Opiate Therapy	No	Code Termed 01/01/2021
G9574	Remission at six months not demonstrated by a six month (+/-30 days) PHQ-9 score of less than five; either PHQ-9 score was not assessed or is greater than or equal to five	Procedures/Professional Services (Temporary)	Opiate Therapy	No	Code Termed 01/01/2021
G9577	Patients prescribed opiates for longer than six weeks	Procedures/Professional Services (Temporary)	Opiate Therapy	No	None
G9578	Documentation of signed opioid treatment agreement at least once during opioid therapy	Procedures/Professional Services (Temporary)	Opiate Therapy	No	None
G9579	No documentation of signed an opioid treatment agreement at least once during opioid therapy	Procedures/Professional Services (Temporary)	Opiate Therapy	No	None
G9580	Door to puncture time of less than 2 hours	Procedures/Professional Services (Temporary)	Stroke Therapy	No	None
G9581	MD DOC, DOOR TO PUNC TM >2HR	None	None	No	None
G9582	Door to puncture time of greater than 2 hours, no reason given	Procedures/Professional Services (Temporary)	Stroke Therapy	No	None
G9583	Patients prescribed opiates for longer than six weeks	Procedures/Professional Services (Temporary)	Opiate Therapy	No	None
G9584	Patient evaluated for risk of misuse of opiates by using a brief validated instrument (e.g., opioid risk tool, SOAPP-R) or patient interviewed at least once during opioid therapy	Procedures/Professional Services (Temporary)	Opiate Therapy	No	None
G9585	Patient not evaluated for risk of misuse of opiates by using a brief validated instrument (e.g., opioid risk tool, SOAPP-R) or patient not interviewed at least once during opioid therapy	Procedures/Professional Services (Temporary)	Opiate Therapy	No	None
G9593	Pediatric patient with minor blunt head trauma classified as low risk according to the PECARN prediction rules	Procedures/Professional Services (Temporary)	Blunt Head Trauma	No	None
G9594	Patient presented within 24 hours of a minor blunt head trauma with a GCS score of 15 and had a head CT ordered for trauma by an emergency care provider	Procedures/Professional Services (Temporary)	Blunt Head Trauma	No	None
G9595	Patient has documentation of ventricular shunt, brain tumor, coagulopathy, including thrombocytopenia	Procedures/Professional Services (Temporary)	Blunt Head Trauma	No	None

G9596	Pediatric patient's head injury occurred greater than 24 hours before presentation to the emergency department, or has a GCS score less than 15 or does not have a GCS score documented, or had a head CT for trauma ordered by someone other than an emergency care provider, or was ordered for a reason other than trauma	Procedures/Professional Services (Temporary)	Blunt Head Trauma	No	None
G9597	Pediatric patient with minor blunt head trauma not classified as low risk according to the PECARN prediction rules	Procedures/Professional Services (Temporary)	Blunt Head Trauma	No	None
G9598	Aortic aneurysm 5.5 - 5.9 cm maximum diameter on centerline formatted CT or minor diameter on axial formatted CT	Procedures/Professional Services (Temporary)	Aortic Aneurysm	No	None
G9599	Aortic aneurysm 6.0 cm or greater maximum diameter on centerline formatted CT or minor diameter on axial formatted CT	Procedures/Professional Services (Temporary)	Aortic Aneurysm	No	None
G9600	Symptomatic AAAs that required urgent/emergent (non-elective) repair	Procedures/Professional Services (Temporary)	Aortic Aneurysm	No	Code Termined 01/01/2021
G9601	Patient discharge to home no later than post-operative day #7	Procedures/Professional Services (Temporary)	Discharge to Home	No	Code Termined 01/01/2021
G9602	Patient not discharged to home by post-operative day #7	Procedures/Professional Services (Temporary)	Discharge to Home	No	Code Termined 01/01/2021
G9603	Patient survey score improved from baseline following treatment	Procedures/Professional Services (Temporary)	Patient Survey	No	None
G9604	Patient survey results not available	Procedures/Professional Services (Temporary)	Patient Survey	No	None
G9605	Patient survey score did not improve from baseline following treatment	Procedures/Professional Services (Temporary)	Patient Survey	No	None
G9606	Intraoperative cystoscopy performed to evaluate for lower tract injury	Procedures/Professional Services (Temporary)	Intraoperative Cystoscopy	No	None
G9607	Documented medical reasons for not performing intraoperative cystoscopy (e.g., urethral pathology precluding cystoscopy, any patient who has a congenital or acquired absence of the urethra)	Procedures/Professional Services (Temporary)	Intraoperative Cystoscopy	No	None
G9608	Intraoperative cystoscopy not performed to evaluate for lower tract injury	Procedures/Professional Services (Temporary)	Intraoperative Cystoscopy	No	None
G9609	Documentation of an order for anti-platelet agents	Procedures/Professional Services (Temporary)	Aspirin/Antiplatelet Therapy	No	None
G9610	Documentation of medical reason(s) in the patient's record for not ordering anti-platelet agents	Procedures/Professional Services (Temporary)	Aspirin/Antiplatelet Therapy	No	None
G9611	Order for anti-platelet agents was not documented in the patient's record, reason not given	Procedures/Professional Services (Temporary)	Aspirin/Antiplatelet Therapy	No	None
G9612	Photodocumentation of one or more cecal landmarks to establish a complete examination	Procedures/Professional Services (Temporary)	Colonoscopy Documentation	No	None

G9613	Documentation of post-surgical anatomy (e.g., right hemicolectomy, ileocecal resection, etc.)	Procedures/Professional Services (Temporary)	Colonoscopy Documentation	No	None
G9614	No photodocumentation of cecal landmarks to establish a complete examination	Procedures/Professional Services (Temporary)	Colonoscopy Documentation	No	None
G9615	Preoperative assessment documented	Procedures/Professional Services (Temporary)	Preoperative Assessment	No	Code Termined 01/01/2021
G9616	Documentation of reason(s) for not documenting a preoperative assessment (e.g., patient with a gynecologic or other pelvic malignancy noted at the time of surgery)	Procedures/Professional Services (Temporary)	Preoperative Assessment	No	Code Termined 01/01/2021
G9617	Preoperative assessment not documented, reason not given	Procedures/Professional Services (Temporary)	Preoperative Assessment	No	Code Termined 01/01/2021
G9618	Documentation of screening for uterine malignancy or those that had an ultrasound and/or endometrial sampling of any kind	Procedures/Professional Services (Temporary)	Uterine Malignancy Screening	No	None
G9619	DOC RSN NO SCR UTER MALIG	None	None	No	None
G9620	Patient not screened for uterine malignancy, or those that have not had an ultrasound and/or endometrial sampling of any kind, reason not given	Procedures/Professional Services (Temporary)	Uterine Malignancy Screening	No	None
G9621	Patient identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method and received brief counseling	Procedures/Professional Services (Temporary)	Alcohol Use	No	None
G9622	Patient not identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method	Procedures/Professional Services (Temporary)	Alcohol Use	No	None
G9623	Documentation of medical reason(s) for not screening for unhealthy alcohol use (e.g., limited life expectancy, other medical reasons)	Procedures/Professional Services (Temporary)	Alcohol Use	No	None
G9624	Patient not screened for unhealthy alcohol screening using a systematic screening method or patient did not receive brief counseling, reason not given	Procedures/Professional Services (Temporary)	Alcohol Use	No	None
G9625	Patient sustained bladder injury at the time of surgery or discovered subsequently up to 1 month post-surgery	Procedures/Professional Services (Temporary)	Bladder/Ureter Injury	No	None
G9626	Documented medical reason for not reporting bladder injury (e.g., gynecologic or other pelvic malignancy documented, concurrent surgery involving bladder pathology, injury that occurs during urinary incontinence procedure, patient death from non-medical causes not related to surgery, patient died during procedure without evidence of bladder injury)	Procedures/Professional Services (Temporary)	Bladder/Ureter Injury	No	None
G9627	Patient did not sustain bladder injury at the time of surgery nor discovered subsequently up to 1 month post-surgery	Procedures/Professional Services (Temporary)	Bladder/Ureter Injury	No	None

G9628	Patient sustained bowel injury at the time of surgery or discovered subsequently up to 1 month post-surgery	Procedures/Professional Services (Temporary)	Bladder/Ureter Injury	No	None
G9629	Documented medical reasons for not reporting bowel injury (e.g., gynecologic or other pelvic malignancy documented, planned (e.g., not due to an unexpected bowel injury) resection and/or re-anastomosis of bowel, or patient death from non-medical causes not related to surgery, patient died during procedure without evidence of bowel injury)	Procedures/Professional Services (Temporary)	Bladder/Ureter Injury	No	None
G9630	Patient did not sustain a bowel injury at the time of surgery nor discovered subsequently up to 1 month post-surgery	Procedures/Professional Services (Temporary)	Bladder/Ureter Injury	No	None
G9631	Patient sustained ureter injury at the time of surgery or discovered subsequently up to 1 month post-surgery	Procedures/Professional Services (Temporary)	Bladder/Ureter Injury	No	None
G9632	Documented medical reasons for not reporting ureter injury (e.g., gynecologic or other pelvic malignancy documented, concurrent surgery involving bladder pathology, injury that occurs during a urinary incontinence procedure, patient death from non-medical causes not related to surgery, patient died during procedure without evidence of ureter injury)	Procedures/Professional Services (Temporary)	Bladder/Ureter Injury	No	None
G9633	Patient did not sustain ureter injury at the time of surgery nor discovered subsequently up to 1 month post-surgery	Procedures/Professional Services (Temporary)	Bladder/Ureter Injury	No	None
G9634	Health-related quality of life assessed with tool during at least two visits and quality of life score remained the same or improved	Procedures/Professional Services (Temporary)	Health-Related Quality of Life	No	None
G9635	Health-related quality of life not assessed with tool for documented reason(s) (e.g., patient has a cognitive or neuropsychiatric impairment that impairs his/her ability to complete the HRQOL survey, patient has the inability to read and/or write in order to complete the HRQOL questionnaire)	Procedures/Professional Services (Temporary)	Health-Related Quality of Life	No	None
G9636	Health-related quality of life not assessed with tool during at least two visits or quality of life score declined	Procedures/Professional Services (Temporary)	Health-Related Quality of Life	No	None
G9637	Final reports with documentation of one or more dose reduction techniques (e.g., automated exposure control, adjustment of the mA and/or kV according to patient size, use of iterative reconstruction technique)	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G9638	Final reports without documentation of one or more dose reduction techniques (e.g., automated exposure control, adjustment of the mA and/or kV according to patient size, use of iterative reconstruction technique)	Procedures/Professional Services (Temporary)	Quality Measures	No	None

G9639	Major amputation or open surgical bypass not required within 48 hours of the index endovascular lower extremity revascularization procedure	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G9640	Documentation of planned hybrid or staged procedure	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G9641	Major amputation or open surgical bypass required within 48 hours of the index endovascular lower extremity revascularization procedure	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G9642	Current smokers (e.g., cigarette, cigar, pipe, e-cigarette or marijuana)	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G9643	Elective surgery	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G9644	Patients who abstained from smoking prior to anesthesia on the day of surgery or procedure	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G9645	Patients who did not abstain from smoking prior to anesthesia on the day of surgery or procedure	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G9646	Patients with 90 day MRS score of 0 to 2	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G9647	Patients in whom MRS score could not be obtained at 90 day follow-up	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G9648	Patients with 90 day MRS score greater than 2	Procedures/Professional Services (Temporary)	Quality Measures	No	None
G9649	Psoriasis assessment tool documented meeting any one of the specified benchmarks (e.g., (PGA; 6-point scale), body surface area (BSA), psoriasis area and severity index (PASI) and/or dermatology life quality index) (DLQI))	Procedures/Professional Services (Temporary)	Psoriasis Therapy	No	None
G9650	DOC PT NO THER CHG OR CONTRA	None	None	No	None
G9651	Psoriasis assessment tool documented not meeting any one of the specified benchmarks (e.g., (PGA; 6-point scale), body surface area (BSA), psoriasis area and severity index (PASI) and/or dermatology life quality index) (DLQI)) or psoriasis assessment tool not documented	Procedures/Professional Services (Temporary)	Psoriasis Therapy	No	None
G9652	PT TX SYS BIO MED PSORI 6MTH	None	None	No	None
G9653	PT NO TX SYS BIO RX 6 MTHS	None	None	No	None
G9654	Monitored anesthesia care (MAC)	Procedures/Professional Services (Temporary)	Anesthesia Services	No	None
G9655	A transfer of care protocol or handoff tool/checklist that includes the required key handoff elements is used	Procedures/Professional Services (Temporary)	Anesthesia Services	No	None
G9656	Patient transferred directly from anesthetizing location to PACU	Procedures/Professional Services (Temporary)	Anesthesia Services	No	None
G9657	TOC DUR ANETH TO ICU	None	None	No	None

G9658	A transfer of care protocol or handoff tool/checklist that includes the required key handoff elements is not used	Procedures/Professional Services (Temporary)	Anesthesia Services	No	None
G9659	Patients greater than 85 years of age who did not have a history of colorectal cancer or valid medical reason for the colonoscopy, including: iron deficiency anemia, lower gastrointestinal bleeding, Crohn's disease (i.e. regional enteritis), familial adenomatous polyposis, Lynch syndrome (i.e. hereditary non-polyposis colorectal cancer), inflammatory bowel disease, ulcerative colitis, abnormal finding of gastrointestinal tract, or changes in bowel habits	Procedures/Professional Services (Temporary)	Reason for Colonoscopy	No	None
G9660	Documentation of medical reason(s) for a colonoscopy performed on a patient greater than 85 years of age (e.g., last colonoscopy incomplete, last colonoscopy had inadequate prep, iron deficiency anemia, lower gastrointestinal bleeding, Crohn's disease (i.e. regional enteritis), familial history of adenomatous polyposis, Lynch syndrome (i.e. hereditary non-polyposis colorectal cancer), inflammatory bowel disease, ulcerative colitis, abnormal finding of gastrointestinal tract, or changes in bowel habits)	Procedures/Professional Services (Temporary)	Reason for Colonoscopy	No	None
G9661	Patients greater than 85 years of age who received a routine colonoscopy for a reason other than the following: an assessment of signs/symptoms of GI tract illness, and/or the patient is considered high risk, and/or to follow-up on previously diagnosed advance lesions	Procedures/Professional Services (Temporary)	Reason for Colonoscopy	No	None
G9662	Previously diagnosed or have an active diagnosis of clinical ASCVD	Procedures/Professional Services (Temporary)	Statin Therapy	No	None
G9663	Any fasting or direct LDL-C laboratory test result = 190 mg/dl	Procedures/Professional Services (Temporary)	Statin Therapy	No	None
G9664	Patients who are currently statin therapy users or received an order (prescription) for statin therapy	Procedures/Professional Services (Temporary)	Statin Therapy	No	None
G9665	Patients who are not currently statin therapy users or did not receive an order (prescription) for statin therapy	Procedures/Professional Services (Temporary)	Statin Therapy	No	None
G9666	The highest fasting or direct LDL-C laboratory test result of 70-189 mg/dl in the measurement period or two years prior to the beginning of the measurement period	Procedures/Professional Services (Temporary)	Statin Therapy	No	None
G9667	DOC MED RSN NO STAT TX/PRESC	None	None	No	None
G9669	INTEND RPT MULT CHR MSR GRP	None	None	No	None
G9670	QTY ACT MCC MG PERF	None	None	No	None
G9671	INTEND RPT DIA RETIN MSR GRP	None	None	No	None
G9672	QTY ACT DIAB RETIN MG PERF	None	None	No	None
G9673	INTEND RPT CARD PREV MSR GRP	None	None	No	None

G9674	Patients with clinical ASCVD diagnosis	Procedures/Professional Services (Temporary)	Cardiovascular Measures	No	None
G9675	Patients who have ever had a fasting or direct laboratory result of LDL-C = 190 mg/dl	Procedures/Professional Services (Temporary)	Cardiovascular Measures	No	None
G9676	Patients aged 40 to 75 years at the beginning of the measurement period with type 1 or type 2 diabetes and with an LDL-C result of 70?189 mg/dl recorded as the highest fasting or direct laboratory test result in the measurement year or during the two years prior to the beginning of the measurement period	Procedures/Professional Services (Temporary)	Cardiovascular Measures	No	None
G9677	QTY ACT CARD PREV MG PERF	None	None	No	None
G9678	Oncology care model (OCM) monthly enhanced oncology services (meos) payment for ocm enhanced services. G9678 payments may only be made to ocm practitioners for ocm beneficiaries for the furnishment of enhanced services as defined in the ocm participation agreement	Procedures/Professional Services (Temporary)	Oncology Demonstration Project	No	None
G9679	This code is for onsite acute care treatment of a nursing facility resident with pneumonia; may only be billed once per day per beneficiary	Procedures/Professional Services (Temporary)	Nursing Facility Care	No	None
G9680	This code is for onsite acute care treatment of a nursing facility resident with congestive heart failure (CHF); may only be billed once per day per beneficiary	Procedures/Professional Services (Temporary)	Nursing Facility Care	No	None
G9681	This code is for onsite acute care treatment of a resident with COPD or asthma; may only be billed once per day per beneficiary	Procedures/Professional Services (Temporary)	Nursing Facility Care	No	None
G9682	This code is for the onsite acute care treatment a nursing facility resident with a skin infection; may only be billed once per day per beneficiary	Procedures/Professional Services (Temporary)	Nursing Facility Care	No	None
G9683	This code is for the onsite acute care treatment of a nursing facility resident with fluid or electrolyte disorder or dehydration (similar pattern); may only be billed once per day per beneficiary	Procedures/Professional Services (Temporary)	Nursing Facility Care	No	None
G9684	This code is for the onsite acute care treatment of a nursing facility resident for a UTI; may only be billed once per day per beneficiary	Procedures/Professional Services (Temporary)	Nursing Facility Care	No	None
G9685	This code is for the Evaluation and Management of a beneficiary's acute change in condition in a nursing facility	Procedures/Professional Services (Temporary)	Nursing Facility Care	No	None
G9686	Onsite nursing facility conference, that is separate and distinct from an Evaluation and Management visit, including qualified practitioner and at least one member of the nursing facility interdisciplinary care team	Procedures/Professional Services (Temporary)	Nursing Facility Care	No	AMA Termed Code 1/01/2019

G9687	Hospice services provided to patient any time during the measurement period	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9688	Patients using hospice services any time during the measurement period	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9689	Patient admitted for performance of elective carotid intervention	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9690	Patient receiving hospice services any time during the measurement period	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9691	Patient had hospice services any time during the measurement period	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9692	Hospice services received by patient any time during the measurement period	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9693	Patient use of hospice services any time during the measurement period	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9694	Hospice services utilized by patient any time during the measurement period	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9695	Long-acting inhaled bronchodilator prescribed	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9696	Documentation of medical reason(s) for not prescribing a long-acting inhaled bronchodilator	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9697	Documentation of patient reason(s) for not prescribing a long-acting inhaled bronchodilator	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9698	Documentation of system reason(s) for not prescribing a long-acting inhaled bronchodilator	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9699	Long-acting inhaled bronchodilator not prescribed, reason not otherwise specified	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9700	Patients who use hospice services any time during the measurement period	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9701	Children who are taking antibiotics in the 30 days prior to the date of the encounter during which the diagnosis was established	Procedures/Professional Services (Temporary)	Other Quality Measures	No	Code Termed 01/01/2021
G9702	Patients who use hospice services any time during the measurement period	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9703	Children who are taking antibiotics in the 30 days prior to the diagnosis of pharyngitis	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9704	AJCC breast cancer stage I: T1 mic or T1a documented	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9705	AJCC breast cancer stage I: T1b (tumor > 0.5 cm but <= 1 cm in greatest dimension) documented	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9706	Low (or very low) risk of recurrence, prostate cancer	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None

G9707	Patient received hospice services any time during the measurement period	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9708	Women who had a bilateral mastectomy or who have a history of a bilateral mastectomy or for whom there is evidence of a right and a left unilateral mastectomy	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9709	Hospice services used by patient any time during the measurement period	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9710	Patient was provided hospice services any time during the measurement period	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9711	Patients with a diagnosis or past history of total colectomy or colorectal cancer	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9712	Documentation of medical reason(s) for prescribing or dispensing antibiotic (e.g., intestinal infection, pertussis, bacterial infection, lyme disease, otitis media, acute sinusitis, acute pharyngitis, acute tonsillitis, chronic sinusitis, infection of the pharynx/larynx/tonsils/adenoids, prostatitis, cellulitis/ mastoiditis/bone infections, acute lymphadenitis, impetigo, skin staph infections, pneumonia, gonococcal infections/venereal disease (syphilis, chlamydia, inflammatory diseases [female reproductive organs]), infections of the kidney, cystitis/UTI, acne, HIV disease/asymptomatic HIV, cystic fibrosis, disorders of the immune system, malignancy neoplasms, chronic bronchitis, emphysema, bronchiectasis, extrinsic allergic alveolitis, chronic airway obstruction, chronic obstructive asthma, pneumoconiosis and other lung disease due to external agents, other diseases of the respiratory system, and tuberculosis	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9713	Patients who use hospice services any time during the measurement period	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9714	Patient is using hospice services any time during the measurement period	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9715	Patients who use hospice services any time during the measurement period	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9716	BMI is documented as being outside of normal limits, follow-up plan is not completed for documented reason	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9717	Documentation stating the patient has an active diagnosis of depression or has a diagnosed bipolar disorder, therefore screening or follow-up not required	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9718	Hospice services for patient provided any time during the measurement period	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None

G9719	Patient is not ambulatory, bed ridden, immobile, confined to chair, wheelchair bound, dependent on helper pushing wheelchair, independent in wheelchair or minimal help in wheelchair	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9720	Hospice services for patient occurred any time during the measurement period	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9721	Patient not ambulatory, bed ridden, immobile, confined to chair, wheelchair bound, dependent on helper pushing wheelchair, independent in wheelchair or minimal help in wheelchair	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9722	Documented history of renal failure or baseline serum creatinine = 4.0 mg/dl; renal transplant recipients are not considered to have preoperative renal failure, unless, since transplantation the CR has been or is 4.0 or higher	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9723	Hospice services for patient received any time during the measurement period	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9724	Patients who had documentation of use of anticoagulant medications overlapping the measurement year	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9725	Patients who use hospice services any time during the measurement period	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9726	Patient refused to participate	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9727	Patient unable to complete the FOTO knee intake PROM at admission and discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not available	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9728	Patient refused to participate	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9729	Patient unable to complete the FOTO hip intake PROM at admission and discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not available	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9730	Patient refused to participate	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9731	Patient unable to complete the FOTO foot or ankle intake PROM at admission and discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not available	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9732	Patient refused to participate	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None

G9733	Patient unable to complete the FOTO lumbar intake PROM at admission and discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not available	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9734	Patient refused to participate	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9735	Patient unable to complete the FOTO shoulder intake PROM at admission and discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not available	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9736	Patient refused to participate	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9737	Patient unable to complete the FOTO elbow, wrist or hand intake PROM at admission and discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not available	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9738	Patient refused to participate	Procedures/Professional Services (Temporary)	Other Quality Measures	No	Code Termined 01/01/2021
G9739	Patient unable to complete the FOTO general orthopedic intake PROM at admission and discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility and an adequate proxy is not available	Procedures/Professional Services (Temporary)	Other Quality Measures	No	Code Termined 01/01/2021
G9740	Hospice services given to patient any time during the measurement period	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9741	Patients who use hospice services any time during the measurement period	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9742	Psychiatric symptoms assessed	Procedures/Professional Services (Temporary)	Other Quality Measures	No	AMA Code Termined 1/1/2020
G9743	Psychiatric symptoms not assessed, reason not otherwise specified	Procedures/Professional Services (Temporary)	Other Quality Measures	No	AMA Code Termined 1/1/2020
G9744	Patient not eligible due to active diagnosis of hypertension	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9745	Documented reason for not screening or recommending a follow-up for high blood pressure	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9746	Patient has mitral stenosis or prosthetic heart valves or patient has transient or reversible cause of AF (e.g., pneumonia, hyperthyroidism, pregnancy, cardiac surgery)	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9747	Patient is undergoing palliative dialysis with a catheter	Procedures/Professional Services (Temporary)	Other Quality Measures	No	Code Termined 01/01/2021

G9748	Patient approved by a qualified transplant program and scheduled to receive a living donor kidney transplant	Procedures/Professional Services (Temporary)	Other Quality Measures	No	Code Termed 01/01/2021
G9749	Patient is undergoing palliative dialysis with a catheter	Procedures/Professional Services (Temporary)	Other Quality Measures	No	Code Termed 01/01/2021
G9750	Patient approved by a qualified transplant program and scheduled to receive a living donor kidney transplant	Procedures/Professional Services (Temporary)	Other Quality Measures	No	Code Termed 01/01/2021
G9751	Patient died at any time during the 24-month measurement period	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9752	Emergency surgery	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9753	Documentation of medical reason for not conducting a search for DICOM format images for prior patient CT imaging studies completed at non-affiliated external healthcare facilities or entities within the past 12 months that are available through a secure, authorized, media-free, shared archive (e.g., trauma, acute myocardial infarction, stroke, aortic aneurysm where time is of the essence)	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9754	A finding of an incidental pulmonary nodule	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9755	Documentation of medical reason(s) that follow-up imaging is indicated (e.g., patient has a known malignancy that can metastasize, other medical reason(s))	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9756	Surgical procedures that included the use of silicone oil	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9757	Surgical procedures that included the use of silicone oil	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9758	Patient in hospice and in terminal phase	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9759	History of preoperative posterior capsule rupture	Procedures/Professional Services (Temporary)	Other Quality Measures	No	Code Termed 01/01/2021
G9760	Patients who use hospice services any time during the measurement period	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9761	Patients who use hospice services any time during the measurement period	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9762	Patient had at least three HPV vaccines on or between the patient's 9th and 13th birthdays	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9763	Patient did not have at least three HPV vaccines on or between the patient's 9th and 13th birthdays	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9764	Patient has been treated with an oral systemic or biologic medication for psoriasis	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None

G9765	Documentation that the patient declined therapy change, has documented contraindications, or has not been treated with an oral systemic or biologic for at least six consecutive months (e.g., experienced adverse effects or lack of efficacy with all other therapy options) in order to achieve better disease control as measured by PGA, BSA, PASI, or DLQI	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9766	Patients who are transferred from one institution to another with a known diagnosis of CVA for endovascular stroke treatment	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9767	Hospitalized patients with newly diagnosed CVA considered for endovascular stroke treatment	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9768	Patients who utilize hospice services any time during the measurement period	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9769	Patient had a bone mineral density test in the past two years or received osteoporosis medication or therapy in the past 12 months	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9770	Peripheral nerve block (PNB)	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9771	At least 1 body temperature measurement equal to or greater than 35.5 degrees Celsius (or 95.9 degrees Fahrenheit) achieved within the 30 minutes immediately before or the 15 minutes immediately after anesthesia end time	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9772	Documentation of one of the following medical reason(s) for not achieving at least 1 body temperature measurement equal to or greater than 35.5 degrees Celsius (or 95.9 degrees Fahrenheit) achieved within the 30 minutes immediately before or the 15 minutes immediately after anesthesia end time (e.g., emergency cases, intentional hypothermia, etc.)	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9773	At least 1 body temperature measurement equal to or greater than 35.5 degrees Celsius (or 95.9 degrees Fahrenheit) not achieved within the 30 minutes immediately before or the 15 minutes immediately after anesthesia end time	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9774	Patients who have had a hysterectomy	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9775	Patient received at least 2 prophylactic pharmacologic anti-emetic agents of different classes preoperatively and/or intraoperatively	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None

G9776	Documentation of medical reason for not receiving at least 2 prophylactic pharmacologic anti-emetic agents of different classes preoperatively and/or intraoperatively (e.g., intolerance or other medical reason)	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9777	Patient did not receive at least 2 prophylactic pharmacologic anti-emetic agents of different classes preoperatively and/or intraoperatively	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9778	Patients who have a diagnosis of pregnancy	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9779	Patients who are breastfeeding	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9780	Patients who have a diagnosis of rhabdomyolysis	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9781	Documentation of medical reason(s) for not currently being a statin therapy user or receive an order (prescription) for statin therapy (e.g., patient with adverse effect, allergy or intolerance to statin medication therapy, patients who are receiving palliative care, patients with active liver disease or hepatic disease or insufficiency, and patients with end stage renal disease (ESRD))	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9782	History of or active diagnosis of familial or pure hypercholesterolemia	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9783	Documentation of patients with diabetes who have a most recent fasting or direct LDL- c laboratory test result < 70 mg/dl and are not taking statin therapy	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9784	Pathologists/dermatopathologists providing a second opinion on a biopsy	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9785	Pathology report diagnosing cutaneous basal cell carcinoma or squamous cell carcinoma (to include in situ disease) sent from the pathologist/dermatopathologist to the biopsying clinician for review within 7 business days from the time when the tissue specimen was received by the pathologist	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9786	Pathology report diagnosing cutaneous basal cell carcinoma or squamous cell carcinoma (to include in situ disease) was not sent from the pathologist/dermatopathologist to the biopsying clinician for review within 7 business days from the time when the tissue specimen was received by the pathologist	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9787	Patient alive as of the last day of the measurement year	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None

G9788	Most recent BP is less than or equal to 140/90 mm hg	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9789	Blood pressure recorded during inpatient stays, emergency room visits, urgent care visits, and patient self-reported BP's (home and health fair BP results)	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9790	Most recent BP is greater than 140/90 mm hg, or blood pressure not documented	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9791	Most recent tobacco status is tobacco free	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9792	Most recent tobacco status is not tobacco free	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9793	Patient is currently on a daily aspirin or other antiplatelet	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9794	Documentation of medical reason(s) for not on a daily aspirin or other antiplatelet (e.g. history of gastrointestinal bleed or intra-cranial bleed or documentation of active anticoagulant use during the measurement period	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9795	Patient is not currently on a daily aspirin or other antiplatelet	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9796	Patient is currently on a statin therapy	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9797	Patient is not on a statin therapy	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9798	Discharge(s) for AMI between July 1 of the year prior measurement year to June 30 of the measurement period	Procedures/Professional Services (Temporary)	Other Quality Measures	No	Code Termined 01/01/2021
G9799	Patients with a medication dispensing event indicator of a history of asthma any time during the patient's history through the end of the measure period	Procedures/Professional Services (Temporary)	Other Quality Measures	No	Code Termined 01/01/2021
G9800	Patients who are identified as having an intolerance or allergy to beta-blocker therapy	Procedures/Professional Services (Temporary)	Other Quality Measures	No	Code Termined 01/01/2021
G9801	Hospitalizations in which the patient was transferred directly to a non-acute care facility for any diagnosis`	Procedures/Professional Services (Temporary)	Other Quality Measures	No	Code Termined 01/01/2021
G9802	Patients who use hospice services any time during the measurement period	Procedures/Professional Services (Temporary)	Other Quality Measures	No	Code Termined 01/01/2021
G9803	Patient prescribed a 180-day course of treatment with beta-blockers post discharge for AMI	Procedures/Professional Services (Temporary)	Other Quality Measures	No	Code Termined 01/01/2021
G9804	Patient was not prescribed a 180-day course of treatment with beta-blockers post discharge for AMI	Procedures/Professional Services (Temporary)	Other Quality Measures	No	Code Termined 01/01/2021
G9805	Patients who use hospice services any time during the measurement period	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None

G9806	Patients who received cervical cytology or an HPV test	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9807	Patients who did not receive cervical cytology or an HPV test	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9808	Any patients who had no asthma controller medications dispensed during the measurement year	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9809	Patients who use hospice services any time during the measurement period	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9810	Patient achieved a PDC of at least 75% for their asthma controller medication	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9811	Patient did not achieve a PDC of at least 75% for their asthma controller medication	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9812	Patient died including all deaths occurring during the hospitalization in which the operation was performed, even if after 30 days, and those deaths occurring after discharge from the hospital, but within 30 days of the procedure	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9813	Patient did not die within 30 days of the procedure or during the index hospitalization	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9814	Death occurring during hospitalization	Procedures/Professional Services (Temporary)	Other Quality Measures	No	Code Termined 01/01/2021
G9815	Death did not occur during hospitalization	Procedures/Professional Services (Temporary)	Other Quality Measures	No	Code Termined 01/01/2021
G9816	Death occurring 30 days post procedure	Procedures/Professional Services (Temporary)	Other Quality Measures	No	Code Termined 01/01/2021
G9817	Death did not occur 30 days post procedure	Procedures/Professional Services (Temporary)	Other Quality Measures	No	Code Termined 01/01/2021
G9818	Documentation of sexual activity	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9819	Patients who use hospice services any time during the measurement period	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9820	Documentation of a chlamydia screening test with proper follow-up	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9821	No documentation of a chlamydia screening test with proper follow-up	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9822	Women who had an endometrial ablation procedure during the year prior to the index date (exclusive of the index date)	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9823	Endometrial sampling or hysteroscopy with biopsy and results documented	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None

G9824	Endometrial sampling or hysteroscopy with biopsy and results not documented	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9825	HER-2/neu negative or undocumented/unknown	Procedures/Professional Services (Temporary)	Other Quality Measures	No	Code Termined 01/01/2021
G9826	Patient transferred to practice after initiation of chemotherapy	Procedures/Professional Services (Temporary)	Other Quality Measures	No	Code Termined 01/01/2021
G9827	HER2-targeted therapies not administered during the initial course of treatment	Procedures/Professional Services (Temporary)	Other Quality Measures	No	Code Termined 01/01/2021
G9828	HER2-targeted therapies administered during the initial course of treatment	Procedures/Professional Services (Temporary)	Other Quality Measures	No	Code Termined 01/01/2021
G9829	Breast adjuvant chemotherapy administered	Procedures/Professional Services (Temporary)	Other Quality Measures	No	Code Termined 01/01/2021
G9830	HER-2/neu positive	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9831	AJCC stage at breast cancer diagnosis = II or III	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9832	AJCC stage at breast cancer diagnosis = I (Ia or Ib) and T-stage at breast cancer diagnosis does not equal = t1, T1a, T1b	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9833	Patient transfer to practice after initiation of chemotherapy	Procedures/Professional Services (Temporary)	Other Quality Measures	No	Code Termined 01/01/2021
G9834	Patient has metastatic disease at diagnosis	Procedures/Professional Services (Temporary)	Other Quality Measures	No	Code Termined 01/01/2021
G9835	Trastuzumab administered within 12 months of diagnosis	Procedures/Professional Services (Temporary)	Other Quality Measures	No	Code Termined 01/01/2021
G9836	Reason for not administering trastuzumab documented (e.g. patient declined, patient died, patient transferred, contraindication or other clinical exclusion, neoadjuvant chemotherapy or radiation not complete)	Procedures/Professional Services (Temporary)	Other Quality Measures	No	Code Termined 01/01/2021
G9837	Trastuzumab not administered within 12 months of diagnosis	Procedures/Professional Services (Temporary)	Other Quality Measures	No	Code Termined 01/01/2021
G9838	Patient has metastatic disease at diagnosis	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9839	Anti-EGFR monoclonal antibody therapy	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9840	KRAS gene mutation testing performed before initiation of anti-EGFR MoAb	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9841	KRAS gene mutation testing not performed before initiation of anti-EGFR MoAb	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9842	Patient has metastatic disease at diagnosis	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None

G9843	KRAS gene mutation	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9844	Patient did not receive anti-EGFR monoclonal antibody therapy	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9845	Patient received anti-EGFR monoclonal antibody therapy	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9846	Patients who died from cancer	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9847	Patient received chemotherapy in the last 14 days of life	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9848	Patient did not receive chemotherapy in the last 14 days of life	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9849	Patients who died from cancer	Procedures/Professional Services (Temporary)	Other Quality Measures	No	Code Termined 01/01/2021
G9850	Patient had more than one emergency department visit in the last 30 days of life	Procedures/Professional Services (Temporary)	Other Quality Measures	No	Code Termined 01/01/2021
G9851	Patient had one or less emergency department visits in the last 30 days of life	Procedures/Professional Services (Temporary)	Other Quality Measures	No	Code Termined 01/01/2021
G9852	Patients who died from cancer	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9853	Patient admitted to the ICU in the last 30 days of life	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9854	Patient was not admitted to the ICU in the last 30 days of life	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9855	Patients who died from cancer	Procedures/Professional Services (Temporary)	Other Quality Measures	No	Code Termined 01/01/2021
G9856	Patient was not admitted to hospice	Procedures/Professional Services (Temporary)	Other Quality Measures	No	Code Termined 01/01/2021
G9857	Patient admitted to hospice	Procedures/Professional Services (Temporary)	Other Quality Measures	No	Code Termined 01/01/2021
G9858	Patient enrolled in hospice	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9859	Patients who died from cancer	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9860	Patient spent less than three days in hospice care	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9861	Patient spent greater than or equal to three days in hospice care	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None

G9862	Documentation of medical reason(s) for not recommending at least a 10 year follow-up interval (e.g., inadequate prep, familial or personal history of colonic polyps, patient had no adenoma and age is = 66 years old, or life expectancy < 10 years old, other medical reasons)	Procedures/Professional Services (Temporary)	Other Quality Measures	No	None
G9890	Bridge Payment: A one-time payment for the first Medicare Diabetes Prevention Program (MDPP) core session, core maintenance session, or ongoing maintenance session furnished by an MDPP supplier to an MDPP beneficiary during months 1-24 of the MDPP Expanded Model (EM) who has previously received MDPP services from a different MDPP supplier under the MDPP Expanded Model. A supplier may only receive one bridge payment per MDPP beneficiary	Procedures / Professional Services	Additional Assorted Quality measures	No	None
G9891	Documentation of medical reason(s) for not performing a dilated macular examination	Procedures / Professional Services	Additional Assorted Quality measures	No	None
G9892	Documentation of patient reason(s) for not performing a dilated macular examination	Procedures / Professional Services	Additional Assorted Quality measures	No	None
G9893	Dilated macular exam was not performed, reason not otherwise specified	Procedures / Professional Services	Additional Assorted Quality measures	No	None
G9894	Androgen deprivation therapy prescribed/administered in combination with external beam radiotherapy to the prostate	Procedures / Professional Services	Additional Assorted Quality measures	No	None
G9895	Documentation of medical reason(s) for not prescribing/administering androgen deprivation therapy in combination with external beam radiotherapy to the prostate (e.g., salvage therapy)	Procedures / Professional Services	Additional Assorted Quality measures	No	None
G9896	Documentation of patient reason(s) for not prescribing/administering androgen deprivation therapy in combination with external beam radiotherapy to the prostate	Procedures / Professional Services	Additional Assorted Quality measures	No	None
G9897	Patients who were not prescribed/administered androgen deprivation therapy in combination with external beam radiotherapy to the prostate, reason not given	Procedures / Professional Services	Additional Assorted Quality measures	No	None
G9898	Patient age 65 or older in institutional special needs plans (SNP) or residing in long-term care with POS code 32, 33, 34, 54, or 56 any time during the measurement period	Procedures / Professional Services	Additional Assorted Quality measures	No	None
G9899	Screening, diagnostic, film, digital or digital breast tomosynthesis (3D) mammography results documented and reviewed	Procedures / Professional Services	Additional Assorted Quality measures	No	None

G9900	Screening, diagnostic, film, digital or digital breast tomosynthesis (3D) mammography results were not documented and reviewed, reason not otherwise specified	Procedures / Professional Services	Additional Assorted Quality measures	No	None
G9901	Patient age 65 or older in institutional special needs plans (SNP) or residing in long-term care with POS code 32, 33, 34, 54, or 56 any time during the measurement period	Procedures / Professional Services	Additional Assorted Quality measures	No	None
G9902	Patient screened for tobacco use and identified as a tobacco user	Procedures / Professional Services	Additional Assorted Quality measures	No	None
G9903	Patient screened for tobacco use and identified as a tobacco non-user	Procedures / Professional Services	Additional Assorted Quality measures	No	None
G9904	Documentation of medical reason(s) for not screening for tobacco use (e.g., limited life expectancy, other medical reason)	Procedures / Professional Services	Additional Assorted Quality measures	No	None
G9905	Patient not screened for tobacco use, reason not given	Procedures / Professional Services	Additional Assorted Quality measures	No	None
G9906	Patient identified as a tobacco user received tobacco cessation intervention (counseling and/or pharmacotherapy)	Procedures / Professional Services	Additional Assorted Quality measures	No	None
G9907	Documentation of medical reason(s) for not providing tobacco cessation intervention (e.g., limited life expectancy, other medical reason)	Procedures / Professional Services	Additional Assorted Quality measures	No	None
G9908	Patient identified as tobacco user did not receive tobacco cessation intervention (counseling and/or pharmacotherapy), reason not given	Procedures / Professional Services	Additional Assorted Quality measures	No	None
G9909	Documentation of medical reason(s) for not providing tobacco cessation intervention if identified as a tobacco user (e.g., limited life expectancy, other medical reason)	Procedures / Professional Services	Additional Assorted Quality measures	No	None
G9910	Patients age 65 or older in institutional special needs plans (SNP) or residing in long-term care with POS code 32, 33, 34, 54, or 56 anytime during the measurement period	Procedures / Professional Services	Additional Assorted Quality measures	No	None
G9911	Clinically node negative (T1N0N0 or T2N0N0) invasive breast cancer before or after neoadjuvant systemic therapy	Procedures / Professional Services	Additional Assorted Quality measures	No	None
G9912	Hepatitis B virus (HBV) status assessed and results interpreted prior to initiating anti-TNF (tumor necrosis factor) therapy	Procedures / Professional Services	Additional Assorted Quality measures	No	None
G9913	Hepatitis B virus (HBV) status not assessed and results interpreted prior to initiating anti-TNF (tumor necrosis factor) therapy, reason not given	Procedures / Professional Services	Additional Assorted Quality measures	No	None

G9914	Patient receiving an anti TNF agent	Procedures / Professional Services	Additional Assorted Quality measures	No	None
G9915	No record of HBV results documented	Procedures / Professional Services	Additional Assorted Quality measures	No	None
G9916	Functional status performed once in the last 12 months	Procedures / Professional Services	Additional Assorted Quality measures	No	None
G9917	Documentation of medical reason(s) for not performing functional status (e.g., patient is severely impaired and caregiver knowledge is limited, other medical reason)	Procedures / Professional Services	Additional Assorted Quality measures	No	None
G9918	Functional status not performed, reason not otherwise specified	Procedures / Professional Services	Additional Assorted Quality measures	No	None
G9919	Screening performed and positive and provision of recommendations	Procedures / Professional Services	Additional Assorted Quality measures	No	None
G9920	Screening performed and negative	Procedures / Professional Services	Additional Assorted Quality measures	No	None
G9921	No screening performed, partial screening performed or positive screen without recommendations and reason is not given or otherwise specified	Procedures / Professional Services	Additional Assorted Quality measures	No	None
G9922	Safety concerns screen provided and if positive then documented mitigation recommendations	Procedures / Professional Services	Additional Assorted Quality measures	No	None
G9923	Safety concerns screen provided and negative	Procedures / Professional Services	Additional Assorted Quality measures	No	None
G9924	Documentation of medical reason(s) for not providing safety concerns screen or for not providing recommendations, orders or referrals for positive screen (e.g., patient in palliative care, other medical reason)	Procedures / Professional Services	Additional Assorted Quality measures	No	Code Termed 01/01/2021
G9925	Safety concerns screening not provided, reason not otherwise specified	Procedures / Professional Services	Additional Assorted Quality measures	No	None
G9926	Safety concerns screening positive screen is without provision of mitigation recommendations, including but not limited to referral to other resources	Procedures / Professional Services	Additional Assorted Quality measures	No	None
G9927	Documentation of system reason(s) for not prescribing warfarin or another FDA-approved anticoagulation due to patient being currently enrolled in a clinical trial related to AF/atrial flutter treatment	Procedures / Professional Services	Additional Assorted Quality measures	No	None

G9928	Warfarin or another FDA-approved anticoagulant not prescribed, reason not given	Procedures / Professional Services	Additional Assorted Quality measures	No	None
G9929	Patient with transient or reversible cause of AF (e.g., pneumonia, hyperthyroidism, pregnancy, cardiac surgery)	Procedures / Professional Services	Additional Assorted Quality measures	No	None
G9930	Patients who are receiving comfort care only	Procedures / Professional Services	Additional Assorted Quality measures	No	None
G9931	Documentation of CHA2DS2-VASc risk score of 0 or 1	Procedures / Professional Services	Additional Assorted Quality measures	No	None
G9932	Documentation of patient reason(s) for not having records of negative or managed positive TB screen (e.g., patient does not return for Mantoux (PPD) skin test evaluation)	Procedures / Professional Services	Additional Assorted Quality measures	No	None
G9933	Adenoma(s) or colorectal cancer detected during screening colonoscopy	Procedures / Professional Services	Additional Assorted Quality measures	No	Code Termined 01/01/2021
G9934	Documentation that neoplasm detected is only diagnosed as traditional serrated adenoma, sessile serrated polyp, or sessile serrated adenoma	Procedures / Professional Services	Additional Assorted Quality measures	No	Code Termined 01/01/2021
G9935	Adenoma(s) or colorectal cancer not detected during screening colonoscopy	Procedures / Professional Services	Additional Assorted Quality measures	No	Code Termined 01/01/2021
G9936	Surveillance colonoscopy - personal history of colonic polyps, colon cancer, or other malignant neoplasm of rectum, rectosigmoid junction, and anus	Procedures / Professional Services	Additional Assorted Quality measures	No	Code Termined 01/01/2021
G9937	Diagnostic colonoscopy	Procedures / Professional Services	Additional Assorted Quality measures	No	Code Termined 01/01/2021
G9938	Patients age 65 or older in institutional special needs plans (SNP) or residing in long-term care with POS code 32, 33, 34, 54, or 56 any time during the measurement period	Procedures / Professional Services	Additional Assorted Quality measures	No	None
G9939	Pathologist(s)/dermatopathologist(s) is the same clinician who performed the biopsy	Procedures / Professional Services	Additional Assorted Quality measures	No	None
G9940	Documentation of medical reason(s) for not on a statin (e.g., pregnancy, in vitro fertilization, clomiphene Rx, ESRD, cirrhosis, muscular pain and disease during the measurement period or prior year)	Procedures / Professional Services	Additional Assorted Quality measures	No	None
G9941	Back pain was measured by the visual analog scale (VAS) within three months preoperatively and at three months (6 - 20 weeks) postoperatively	Procedures / Professional Services	Additional Assorted Quality measures	No	AMA Code Termined 1/1/2020

G9942	Patient had any additional spine procedures performed on the same date as the lumbar discectomy/laminotomy	Procedures / Professional Services	Additional Assorted Quality measures	No	None
G9943	Back pain was not measured by the visual analog scale (VAS) within three months preoperatively and at three months (6 - 20 weeks) postoperatively	Procedures / Professional Services	Additional Assorted Quality measures	No	None
G9944	Back pain was measured by the visual analog scale (VAS) within three months preoperatively and at one year (9 to 15 months) postoperatively	Procedures / Professional Services	Additional Assorted Quality measures	No	AMA CodeTermed 1/1/2020
G9945	Patient had cancer, fracture or infection related to the lumbar spine or patient had idiopathic or congenital scoliosis	Procedures / Professional Services	Additional Assorted Quality measures	No	None
G9946	Back pain was not measured by the visual analog scale (VAS) within three months preoperatively and at one year (9 to 15 months) postoperatively	Procedures / Professional Services	Additional Assorted Quality measures	No	None
G9947	Leg pain was measured by the visual analog scale (VAS) within three months preoperatively and at three months (6 to 20 weeks) postoperatively	Procedures / Professional Services	Additional Assorted Quality measures	No	AMA CodeTermed 1/1/2020
G9948	Patient had any additional spine procedures performed on the same date as the lumbar discectomy/laminotomy	Procedures / Professional Services	Additional Assorted Quality measures	No	None
G9949	Leg pain was not measured by the visual analog scale (VAS) within three months preoperatively and at three months (6 to 20 weeks) postoperatively	Procedures / Professional Services	Additional Assorted Quality measures	No	None
G9954	Patient exhibits 2 or more risk factors for postoperative vomiting	Procedures / Professional Services	Additional Assorted Quality measures	No	None
G9955	Cases in which an inhalational anesthetic is used only for induction	Procedures / Professional Services	Additional Assorted Quality measures	No	None
G9956	Patient received combination therapy consisting of at least two prophylactic pharmacologic antiemetic agents of different classes preoperatively and/or intraoperatively	Procedures / Professional Services	Additional Assorted Quality measures	No	None
G9957	Documentation of medical reason for not receiving combination therapy consisting of at least two prophylactic pharmacologic antiemetic agents of different classes preoperatively and/or intraoperatively (e.g., intolerance or other medical reason)	Procedures / Professional Services	Additional Assorted Quality measures	No	None
G9958	Patient did not receive combination therapy consisting of at least two prophylactic pharmacologic antiemetic agents of different classes preoperatively and/or intraoperatively	Procedures / Professional Services	Additional Assorted Quality measures	No	None
G9959	Systemic antimicrobials not prescribed	Procedures / Professional Services	Additional Assorted Quality measures	No	None

G9960	Documentation of medical reason(s) for prescribing systemic antimicrobials	Procedures / Professional Services	Additional Assorted Quality measures	No	None
G9961	Systemic antimicrobials prescribed	Procedures / Professional Services	Additional Assorted Quality measures	No	None
G9962	Embolization endpoints are documented separately for each embolized vessel and ovarian artery angiography or embolization performed in the presence of variant uterine artery anatomy	Procedures / Professional Services	Additional Assorted Quality measures	No	None
G9963	Embolization endpoints are not documented separately for each embolized vessel or ovarian artery angiography or embolization not performed in the presence of variant uterine artery anatomy	Procedures / Professional Services	Additional Assorted Quality measures	No	None
G9964	Patient received at least one well-child visit with a PCP during the performance period	Procedures / Professional Services	Additional Assorted Quality measures	No	None
G9965	Patient did not receive at least one well-child visit with PCP during the performance period	Procedures / Professional Services	Additional Assorted Quality measures	No	None
G9966	Children who were screened for risk of developmental, behavioral and social delays using a standardized tool with interpretation and report	Procedures / Professional Services	Additional Assorted Quality measures	No	Code Termined 01/01/2021
G9967	Children who were not screened for risk of developmental, behavioral and social delays using a standardized tool with interpretation and report	Procedures / Professional Services	Additional Assorted Quality measures	No	Code Termined 01/01/2021
G9968	Patient was referred to another provider or specialist during the performance period	Procedures / Professional Services	Additional Assorted Quality measures	No	None
G9969	Provider who referred the patient to another provider received a report from the provider to whom the patient was referred	Procedures / Professional Services	Additional Assorted Quality measures	No	None
G9970	Provider who referred the patient to another provider did not receive a report from the provider to whom the patient was referred	Procedures / Professional Services	Additional Assorted Quality measures	No	None
G9974	Dilated macular exam performed, including documentation of the presence or absence of macular thickening or geographic atrophy or hemorrhage and the level of macular degeneration severity	Procedures / Professional Services	Additional Assorted Quality measures	No	None
G9975	Documentation of medical reason(s) for not performing a dilated macular examination	Procedures / Professional Services	Additional Assorted Quality measures	No	None
G9976	Documentation of patient reason(s) for not performing a dilated macular examination	Procedures / Professional Services	Additional Assorted Quality measures	No	None

G9977	Dilated macular exam was not performed, reason not otherwise specified	Procedures / Professional Services	Additional Assorted Quality measures	No	None
H0001	Alcohol and/or drug assessment	Alcohol and Drug Abuse Treatment Services	Drug, Alcohol, and Behavioral Health Services	No	None
H0002	Behavioral health screening to determine eligibility for admission to treatment program	Alcohol and Drug Abuse Treatment Services	Drug, Alcohol, and Behavioral Health Services	No	PA Required for OON
H0003	Alcohol and/or drug screening; laboratory analysis of specimens for presence of alcohol and/or drugs	Alcohol and Drug Abuse Treatment Services	Drug, Alcohol, and Behavioral Health Services	No	None
H0004	Behavioral health counseling and therapy, per 15 minutes	Alcohol and Drug Abuse Treatment Services	Drug, Alcohol, and Behavioral Health Services	No	Notification of Service Rendered is required (SUPR Intensive Outpatient Services - IOP)
H0005	Alcohol and/or drug services; group counseling by a clinician	Alcohol and Drug Abuse Treatment Services	Drug, Alcohol, and Behavioral Health Services	No	PA Required for OON
H0006	Alcohol and/or drug services; case management	Alcohol and Drug Abuse Treatment Services	Drug, Alcohol, and Behavioral Health Services	No	None
H0007	Alcohol and/or drug services; crisis intervention (outpatient)	Alcohol and Drug Abuse Treatment Services	Drug, Alcohol, and Behavioral Health Services	No	None
H0008	Alcohol and/or drug services; sub-acute detoxification (hospital inpatient)	Alcohol and Drug Abuse Treatment Services	Drug, Alcohol, and Behavioral Health Services	No	None
H0009	Alcohol and/or drug services; acute detoxification (hospital inpatient)	Alcohol and Drug Abuse Treatment Services	Drug, Alcohol, and Behavioral Health Services	No	None
H0010	Alcohol and/or drug services; sub-acute detoxification (residential addiction program inpatient)	Alcohol and Drug Abuse Treatment Services	Drug, Alcohol, and Behavioral Health Services	Yes	None
H0011	Alcohol and/or drug services; acute detoxification (residential addiction program inpatient)	Alcohol and Drug Abuse Treatment Services	Drug, Alcohol, and Behavioral Health Services	No	None

H0012	Alcohol and/or drug services; sub-acute detoxification (residential addiction program outpatient)	Alcohol and Drug Abuse Treatment Services	Drug, Alcohol, and Behavioral Health Services	No	None
H0013	Alcohol and/or drug services; acute detoxification (residential addiction program outpatient)	Alcohol and Drug Abuse Treatment Services	Drug, Alcohol, and Behavioral Health Services	No	None
H0014	Alcohol and/or drug services; ambulatory detoxification	Alcohol and Drug Abuse Treatment Services	Drug, Alcohol, and Behavioral Health Services	No	None
H0015	Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education	Alcohol and Drug Abuse Treatment Services	Drug, Alcohol, and Behavioral Health Services	No	None
H0016	Alcohol and/or drug services; medical/somatic (medical intervention in ambulatory setting)	Alcohol and Drug Abuse Treatment Services	Drug, Alcohol, and Behavioral Health Services	No	None
H0017	Behavioral health; residential (hospital residential treatment program), without room and board, per diem	Alcohol and Drug Abuse Treatment Services	Drug, Alcohol, and Behavioral Health Services	No	None
H0018	Behavioral health; short-term residential (non-hospital residential treatment program), without room and board, per diem	Alcohol and Drug Abuse Treatment Services	Drug, Alcohol, and Behavioral Health Services	No	None
H0019	Behavioral health; long-term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem	Alcohol and Drug Abuse Treatment Services	Drug, Alcohol, and Behavioral Health Services	No	None
H0020	Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program)	Alcohol and Drug Abuse Treatment Services	Drug, Alcohol, and Behavioral Health Services	No	PA Required for OON
H0021	Alcohol and/or drug training service (for staff and personnel not employed by providers)	Alcohol and Drug Abuse Treatment Services	Drug, Alcohol, and Behavioral Health Services	No	None
H0022	Alcohol and/or drug intervention service (planned facilitation)	Alcohol and Drug Abuse Treatment Services	Drug, Alcohol, and Behavioral Health Services	No	None

H0023	Behavioral health outreach service (planned approach to reach a targeted population)	Alcohol and Drug Abuse Treatment Services	Drug, Alcohol, and Behavioral Health Services	No	None
H0024	Behavioral health prevention information dissemination service (one-way direct or non-direct contact with service audiences to affect knowledge and attitude)	Alcohol and Drug Abuse Treatment Services	Drug, Alcohol, and Behavioral Health Services	No	None
H0025	Behavioral health prevention education service (delivery of services with target population to affect knowledge, attitude and/or behavior)	Alcohol and Drug Abuse Treatment Services	Drug, Alcohol, and Behavioral Health Services	No	None
H0026	Alcohol and/or drug prevention process service, community-based (delivery of services to develop skills of impactors)	Alcohol and Drug Abuse Treatment Services	Drug, Alcohol, and Behavioral Health Services	No	None
H0027	Alcohol and/or drug prevention environmental service (broad range of external activities geared toward modifying systems in order to mainstream prevention through policy and law)	Alcohol and Drug Abuse Treatment Services	Drug, Alcohol, and Behavioral Health Services	No	None
H0028	Alcohol and/or drug prevention problem identification and referral service (e.g., student assistance and employee assistance programs), does not include assessment	Alcohol and Drug Abuse Treatment Services	Drug, Alcohol, and Behavioral Health Services	No	None
H0029	Alcohol and/or drug prevention alternatives service (services for populations that exclude alcohol and other drug use e.g., alcohol free social events)	Alcohol and Drug Abuse Treatment Services	Drug, Alcohol, and Behavioral Health Services	No	None
H0030	Behavioral health hotline service	Alcohol and Drug Abuse Treatment Services	Drug, Alcohol, and Behavioral Health Services	No	None
H0031	Mental health assessment, by non-physician	Alcohol and Drug Abuse Treatment Services	Mental Health Programs and Medication Administration Training	No	PA Required for OON
H0032	Mental health service plan development by non-physician	Alcohol and Drug Abuse Treatment Services	Mental Health Programs and Medication Administration Training	No	PA Required for OON
H0033	Oral medication administration, direct observation	Alcohol and Drug Abuse Treatment Services	Mental Health Programs and Medication Administration Training	No	None
H0034	Medication training and support, per 15 minutes	Alcohol and Drug Abuse Treatment Services	Mental Health Programs and Medication Administration Training	No	PA Required for OON

H0035	Mental health partial hospitalization, treatment, less than 24 hours	Alcohol and Drug Abuse Treatment Services	Mental Health Programs and Medication Administration Training	No	None
H0036	Community psychiatric supportive treatment, face-to-face, per 15 minutes	Alcohol and Drug Abuse Treatment Services	Mental Health Programs and Medication Administration Training	No	None
H0037	Community psychiatric supportive treatment program, per diem	Alcohol and Drug Abuse Treatment Services	Mental Health Programs and Medication Administration Training	No	None
H0038	Self-help/peer services, per 15 minutes	Alcohol and Drug Abuse Treatment Services	Mental Health Programs and Medication Administration Training	No	None
H0039	Assertive community treatment, face-to-face, per 15 minutes	Alcohol and Drug Abuse Treatment Services	Mental Health Programs and Medication Administration Training	No	PA Required for OON
H0040	Assertive community treatment program, per diem	Alcohol and Drug Abuse Treatment Services	Mental Health Programs and Medication Administration Training	No	None
H0041	Foster care, child, non-therapeutic, per diem	Alcohol and Drug Abuse Treatment Services	Foster Care	No	None
H0042	Foster care, child, non-therapeutic, per month	Alcohol and Drug Abuse Treatment Services	Foster Care	No	None
H0043	Supported housing, per diem	Alcohol and Drug Abuse Treatment Services	Supported Housing	No	None
H0044	Supported housing, per month	Alcohol and Drug Abuse Treatment Services	Supported Housing	No	None
H0045	Respite care services, not in the home, per diem	Alcohol and Drug Abuse Treatment Services	Miscellaneous Drug and Alcohol Services	No	None
H0046	Mental health services, not otherwise specified	Alcohol and Drug Abuse Treatment Services	Miscellaneous Drug and Alcohol Services	No	None
H0047	Alcohol and/or other drug abuse services, not otherwise specified	Alcohol and Drug Abuse Treatment Services	Miscellaneous Drug and Alcohol Services	Yes	None
H0048	Alcohol and/or other drug testing: collection and handling only, specimens other than blood	Alcohol and Drug Abuse Treatment Services	Miscellaneous Drug and Alcohol Services	No	None

H0049	Alcohol and/or drug screening	Alcohol and Drug Abuse Treatment Services	Miscellaneous Drug and Alcohol Services	No	None
H0050	Alcohol and/or drug services, brief intervention, per 15 minutes	Alcohol and Drug Abuse Treatment Services	Miscellaneous Drug and Alcohol Services	No	None
H1000	Prenatal care, at-risk assessment	Alcohol and Drug Abuse Treatment Services	Prenatal Care and Family Planning Assessment	No	None
H1001	Prenatal care, at-risk enhanced service; antepartum management	Alcohol and Drug Abuse Treatment Services	Prenatal Care and Family Planning Assessment	No	None
H1002	Prenatal care, at risk enhanced service; care coordination	Alcohol and Drug Abuse Treatment Services	Prenatal Care and Family Planning Assessment	No	None
H1003	Prenatal care, at-risk enhanced service; education	Alcohol and Drug Abuse Treatment Services	Prenatal Care and Family Planning Assessment	No	None
H1004	Prenatal care, at-risk enhanced service; follow-up home visit	Alcohol and Drug Abuse Treatment Services	Prenatal Care and Family Planning Assessment	No	None
H1005	Prenatal care, at-risk enhanced service package (includes H1001-H1004)	Alcohol and Drug Abuse Treatment Services	Prenatal Care and Family Planning Assessment	No	None
H1010	Non-medical family planning education, per session	Alcohol and Drug Abuse Treatment Services	Prenatal Care and Family Planning Assessment	No	None
H1011	Family assessment by licensed behavioral health professional for state defined purposes	Alcohol and Drug Abuse Treatment Services	Prenatal Care and Family Planning Assessment	No	None
H2000	Comprehensive multidisciplinary evaluation	Alcohol and Drug Abuse Treatment Services	Other Mental Health and Community Support Services	No	None
H2001	Rehabilitation program, per 1/2 day	Alcohol and Drug Abuse Treatment Services	Other Mental Health and Community Support Services	No	None
H2010	Comprehensive medication services, per 15 minutes	Alcohol and Drug Abuse Treatment Services	Other Mental Health and Community Support Services	No	PA Required for OON
H2011	Crisis intervention service, per 15 minutes	Alcohol and Drug Abuse Treatment Services	Other Mental Health and Community Support Services	No	PA Required for OON

H2012	Behavioral health day treatment, per hour	Alcohol and Drug Abuse Treatment Services	Other Mental Health and Community Support Services	No	None
H2013	Psychiatric health facility service, per diem	Alcohol and Drug Abuse Treatment Services	Other Mental Health and Community Support Services	No	None
H2014	Skills training and development, per 15 minutes	Alcohol and Drug Abuse Treatment Services	Other Mental Health and Community Support Services	No	None
H2015	Comprehensive community support services, per 15 minutes	Alcohol and Drug Abuse Treatment Services	Other Mental Health and Community Support Services	No	PA Required for OON
H2016	Comprehensive community support services, per diem	Alcohol and Drug Abuse Treatment Services	Other Mental Health and Community Support Services	No	None
H2017	Psychosocial rehabilitation services, per 15 minutes	Alcohol and Drug Abuse Treatment Services	Other Mental Health and Community Support Services	No	PA Required for OON
H2018	Psychosocial rehabilitation services, per diem	Alcohol and Drug Abuse Treatment Services	Other Mental Health and Community Support Services	No	None
H2019	Therapeutic behavioral services, per 15 minutes	Alcohol and Drug Abuse Treatment Services	Other Mental Health and Community Support Services	No	PA Required for OON
H2020	Therapeutic behavioral services, per diem	Alcohol and Drug Abuse Treatment Services	Other Mental Health and Community Support Services	No	None
H2021	Community-based wrap-around services, per 15 minutes	Alcohol and Drug Abuse Treatment Services	Other Mental Health and Community Support Services	No	None
H2022	Community-based wrap-around services, per diem	Alcohol and Drug Abuse Treatment Services	Other Mental Health and Community Support Services	No	None
H2023	Supported employment, per 15 minutes	Alcohol and Drug Abuse Treatment Services	Other Mental Health and Community Support Services	No	None

H2024	Supported employment, per diem	Alcohol and Drug Abuse Treatment Services	Other Mental Health and Community Support Services	No	None
H2025	Ongoing support to maintain employment, per 15 minutes	Alcohol and Drug Abuse Treatment Services	Other Mental Health and Community Support Services	No	None
H2026	Ongoing support to maintain employment, per diem	Alcohol and Drug Abuse Treatment Services	Other Mental Health and Community Support Services	No	None
H2027	Psychoeducational service, per 15 minutes	Alcohol and Drug Abuse Treatment Services	Other Mental Health and Community Support Services	No	None
H2028	Sexual offender treatment service, per 15 minutes	Alcohol and Drug Abuse Treatment Services	Other Mental Health and Community Support Services	No	None
H2029	Sexual offender treatment service, per diem	Alcohol and Drug Abuse Treatment Services	Other Mental Health and Community Support Services	No	None
H2030	Mental health clubhouse services, per 15 minutes	Alcohol and Drug Abuse Treatment Services	Other Mental Health and Community Support Services	No	None
H2031	Mental health clubhouse services, per diem	Alcohol and Drug Abuse Treatment Services	Other Mental Health and Community Support Services	No	None
H2032	Activity therapy, per 15 minutes	Alcohol and Drug Abuse Treatment Services	Other Mental Health and Community Support Services	No	None
H2033	Multisystemic therapy for juveniles, per 15 minutes	Alcohol and Drug Abuse Treatment Services	Other Mental Health and Community Support Services	No	None
H2034	Alcohol and/or drug abuse halfway house services, per diem	Alcohol and Drug Abuse Treatment Services	Other Mental Health and Community Support Services	No	None
H2035	Alcohol and/or other drug treatment program, per hour	Alcohol and Drug Abuse Treatment Services	Other Mental Health and Community Support Services	No	None

H2036	Alcohol and/or other drug treatment program, per diem	Alcohol and Drug Abuse Treatment Services	Other Mental Health and Community Support Services	No	None
H2037	Developmental delay prevention activities, dependent child of client, per 15 minutes	Alcohol and Drug Abuse Treatment Services	Other Mental Health and Community Support Services	No	None
J0120	Injection, tetracycline, up to 250 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J0129	Injection, abatacept, 10 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J0130	Injection abciximab, 10 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J0131	Injection, acetaminophen, 10 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J0132	Injection, acetylcysteine, 100 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J0133	Injection, acyclovir, 5 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J0135	Injection, adalimumab, 20 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J0153	Injection, adenosine, 1 mg (not to be used to report any adenosine phosphate compounds)	J Codes Drugs	Drugs, Administered by Injection	No	None
J0171	Injection, adrenalin, epinephrine, 0.1 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J0178	Injection, aflibercept, 1 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J0180	Injection, agalsidase beta, 1 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J0185	Injection, aprepitant, 1 mg	Drugs Administered Other than Oral Method	Drugs Administered by Injection	Yes	None
J0190	Injection, biperiden lactate, per 5 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J0200	Injection, alatrofloxacin mesylate, 100 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None

J0202	Injection, Alemtuzumab, 1 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J0205	Injection, alglucerase, per 10 units	J Codes Drugs	Drugs, Administered by Injection	No	None
J0207	Injection, amifostine, 500 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J0210	Injection, methyl dopate HCl, up to 250 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J0215	Injection, alefacept, 0.5 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J0220	Injection, alglucosidase alfa, 10 mg, not otherwise specified	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J0221	Injection, alglucosidase alfa, (Lumizyme), 10 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J0223	Injection, givosiran, 0.5 mg	J Codes Drugs	Drugs, Administered by Injection	No	New Code Effective 7/1/2020
J0256	Injection, alpha 1 proteinase inhibitor (human), not otherwise specified, 10 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J0257	Injection, alpha 1 proteinase inhibitor (human), (GLASSIA), 10 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J0270	Injection, alprostadil, 1.25 mcg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	J Codes Drugs	Drugs, Administered by Injection	No	None
J0275	Alprostadil urethral suppository (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	J Codes Drugs	Drugs, Administered by Injection	No	None
J0278	Injection, amikacin sulfate, 100 mg	J Codes Drugs	Drugs, Administered by Injection	No	None

J0280	Injection, aminophyllin, up to 250 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J0282	Injection, amiodarone hydrochloride, 30 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J0285	Injection, amphotericin B, 50 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J0287	Injection, amphotericin B lipid complex, 10 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J0288	Injection, amphotericin B cholesteryl sulfate complex, 10 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J0289	Injection, amphotericin B liposome, 10 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J0290	Injection, ampicillin sodium, 500 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J0295	Injection, ampicillin sodium/sulbactam sodium, per 1.5 gm	J Codes Drugs	Drugs, Administered by Injection	No	None
J0300	Injection, amobarbital, up to 125 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J0330	Injection, succinylcholine chloride, up to 20 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J0348	Injection, anidulafungin, 1 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J0350	Injection, anistreplase, per 30 units	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J0360	Injection, hydralazine HCl, up to 20 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J0364	Injection, apomorphine hydrochloride, 1 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J0365	Injection, aprotonin, 10,000 kiu	J Codes Drugs	Drugs, Administered by Injection	No	None
J0380	Injection, metaraminol bitartrate, per 10 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J0390	Injection, chloroquine hydrochloride, up to 250 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J0395	Injection, arbutamine HCl, 1 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J0400	Injection, aripiprazole, intramuscular, 0.25 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J0401	Injection, aripiprazole, extended release, 1 mg	J Codes Drugs	Drugs, Administered by Injection	No	None

J0456	Injection, azithromycin, 500 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J0461	Injection, atropine sulfate, 0.01 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J0470	Injection, dimercaprol, per 100 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J0475	Injection, baclofen, 10 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	PA Effective 9/17/2019
J0476	Injection, baclofen, 50 mcg for intrathecal trial	J Codes Drugs	Drugs, Administered by Injection	No	None
J0480	Injection, basiliximab, 20 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J0485	Injection, belatacept, 1 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J0490	Injection, belimumab, 10 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J0500	Injection, dicyclomine HCl, up to 20 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J0515	Injection, benzotropine mesylate, per 1 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J0517	Injection, benralizumab, 1 mg	Drugs Administered Other than Oral Method	Drugs Administered by Injection	Yes	None
J0520	Injection, bethanechol chloride, Myotonachol or Urecholine, up to 5 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J0558	Injection, penicillin G benzathine and penicillin G procaine, 100,000 units	J Codes Drugs	Drugs, Administered by Injection	No	None
J0561	Injection, penicillin G benzathine, 100,000 units	J Codes Drugs	Drugs, Administered by Injection	No	None
J0565	Injection, bezlotoxumab, 10 mg	Drugs Administered other than oral method	Drugs administered by injection	Yes	None
J0567	Injection, cerliponase alfa, 1 mg	Drugs Administered Other than Oral Method	Drugs Administered by Injection	No	None
J0570	Buprenorphine implant, 74.2 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J0571	Buprenorphine, oral, 1 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J0572	Buprenorphine/naloxone, oral, less than or equal to 3 mg Buprenorphine	J Codes Drugs	Drugs, Administered by Injection	No	None

J0573	Buprenorphine/naloxone, oral, greater than 3 mg, but less than or equal to 6 mg Buprenorphine	J Codes Drugs	Drugs, Administered by Injection	No	None
J0574	Buprenorphine/naloxone, oral, greater than 6 mg, but less than or equal to 10 mg Buprenorphine	J Codes Drugs	Drugs, Administered by Injection	No	None
J0575	Buprenorphine/naloxone, oral, greater than 10 mg Buprenorphine	J Codes Drugs	Drugs, Administered by Injection	No	None
J0583	Injection, Bivalirudin, 1 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J0584	Injection, burosumab-twza, 1 mg	Drugs Administered Other than Oral Method	Drugs Administered by Injection	Yes	None
J0585	Injection, onabotulinumtoxinA, 1 unit	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J0586	Injection, abobotulinumtoxinA, 5 units	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J0587	Injection, rimabotulinumtoxinB, 100 units	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J0588	Injection, incobotulinumtoxin A, 1 unit	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J0592	Injection, Buprenorphine hydrochloride, 0.1 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J0594	Injection, busulfan, 1 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J0595	Injection, butorphanol tartrate, 1 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J0596	Injection, C-1 esterase inhibitor (recombinant), Ruconest, 10 units	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J0597	Injection, C-1 esterase inhibitor (human), Berinert, 10 units	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J0598	Injection, C-1 esterase inhibitor (human), Cinryze, 10 units	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J0599	Injection, C-1 esterase inhibitor (human), (Haegarda), 10 units	Drugs Administered Other than Oral Method	Drugs Administered by Injection	Yes	None

J0600	Injection, edetate calcium disodium, up to 1000 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J0604	Cinacalcet, oral, 1 mg, (for ESRD on dialysis)	Drugs Administered other than oral method	Drugs administered by injection	No	None
J0606	Injection, etelcalcetide, 0.1 mg	Drugs Administered other than oral method	Drugs administered by injection	Yes	None
J0610	Injection, calcium gluconate, per 10 ml	J Codes Drugs	Drugs, Administered by Injection	No	None
J0620	Injection, calcium glycerophosphate and calcium lactate, per 10 ml	J Codes Drugs	Drugs, Administered by Injection	No	None
J0630	Injection, calcitonin salmon, up to 400 units	J Codes Drugs	Drugs, Administered by Injection	No	None
J0636	Injection, Calcitriol, 0.1 mcg	J Codes Drugs	Drugs, Administered by Injection	No	None
J0637	Injection, Caspofungin acetate, 5 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J0638	Injection, canakinumab, 1 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J0640	Injection, leucovorin calcium, per 50 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J0641	Injection, levoleucovorin calcium, 0.5 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J0670	Injection, mepivacaine hydrochloride, per 10 ml	J Codes Drugs	Drugs, Administered by Injection	No	None
J0690	Injection, cefazolin sodium, 500 mg	J Codes Drugs	Drugs, Administered by Injection	No	None

J0691	Injection, lefamulin, 1 mg	J Codes Drugs	Drugs, Administered by Injection	No	New Code Effective 7/1/2020
J0692	Injection, Cefepime hydrochloride, 500 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J0694	Injection, ceftoxitin sodium, 1 gm	J Codes Drugs	Drugs, Administered by Injection	No	None
J0695	Injection, ceftolozane 50 mg and tazobactam 25 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J0696	Injection, ceftriaxone sodium, per 250 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J0697	Injection, sterile cefuroxime sodium, per 750 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J0698	Injection, cefotaxime sodium, per gm	J Codes Drugs	Drugs, Administered by Injection	No	None
J0702	Injection, betamethasone acetate 3 mg and betamethasone sodium phosphate 3 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J0706	Injection, caffeine citrate, 5 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J0710	Injection, cephalirin sodium, up to 1 gm	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J0712	Injection, ceftaroline fosamil, 10 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J0713	Injection, ceftazidime, per 500 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J0714	Injection, ceftazidime and avibactam, 0.5 g/0.125 g	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J0715	Injection, ceftizoxime sodium, per 500 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J0716	Injection, Centrurouides immune F(ab)2, up to 120 milligrams	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J0717	Injection, certolizumab pegol, 1 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	J Codes Drugs	Drugs, Administered by Injection	Yes	PA Effective 9/17/2019
J0720	Injection, chloramphenicol sodium succinate, up to 1 gm	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J0725	Injection, chorionic gonadotropin, per 1,000 USP units	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J0735	Injection, clonidine hydrochloride, 1 mg	J Codes Drugs	Drugs, Administered by Injection	No	None

J0740	Injection, cidofovir, 375 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J0742	Injection, imipenem 4 mg, cilastatin 4 mg and relebactam 2 mg	J Codes Drugs	Drugs, Administered by Injection	No	New Code Effective 7/1/2020
J0743	Injection, cilastatin sodium; imipenem, per 250 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J0744	Injection, Ciprofloxacin for intravenous infusion, 200 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J0745	Injection, codeine phosphate, per 30 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J0760	COLCHICINE INJECTION	None	None	No	None
J0770	Injection, colistimethate sodium, up to 150 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J0775	Injection, collagenase, clostridium histolyticum, 0.01 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J0780	Injection, prochlorperazine, up to 10 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J0791	Injection, crizanlizumab-tmca, 5 mg	J Codes Drugs	Drugs, Administered by Injection	No	New Code Effective 7/1/2020
J0795	Injection, corticorelin ovine triflutate, 1 microgram	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J0800	Injection, corticotropin, up to 40 units	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J0833	Injection, cosyntropin, not otherwise specified, 0.25 mg	J Codes Drugs	Drugs, Administered by Injection	No	AMA Termed Code 1/01/2019
J0834	Injection, cosyntropin (Cortrosyn), 0.25 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J0840	Injection, Crotalidae Polyvalent Immune Fab (Ovine), up to 1 gram	J Codes Drugs	Drugs, Administered by Injection	No	None
J0841	Injection, crotalidae immune F(ab') ₂ (equine), 120 mg	Drugs Administered Other than Oral Method	Drugs Administered by Injection	Yes	None
J0850	Injection, cytomegalovirus immune globulin intravenous (human), per vial	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J0875	Injection, dalbavancin, 5 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J0878	Injection, daptomycin, 1 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None

J0881	Injection, darbepoetin alfa, 1 microgram (non-ESRD use)	J Codes Drugs	Drugs, Administered by Injection	Yes	Effective 11/1/19, this code is NO LONGER managed by HealthHelp for medical oncology diagnoses. All requests should be submitted to Meridian.
J0882	Injection, darbepoetin alfa, 1 microgram (for ESRD on dialysis)	J Codes Drugs	Drugs, Administered by Injection	Yes	PA Effective 9/17/2019
J0883	Injection, Argatroban, 1 mg (for non-ESRD use)	J Codes Drugs	Drugs, Administered by Injection	No	None
J0884	Injection, Argatroban, 1 mg (for ESRD on dialysis)	J Codes Drugs	Drugs, Administered by Injection	No	None
J0885	Injection, epoetin alfa, (for non-ESRD use), 1000 units	J Codes Drugs	Drugs, Administered by Injection	Yes	Effective 11/1/19, this code is NO LONGER managed by HealthHelp for medical oncology diagnoses. All requests should be submitted to Meridian.
J0887	Injection, epoetin beta, 1 microgram, (for ESRD on dialysis)	J Codes Drugs	Drugs, Administered by Injection	No	None
J0888	Injection, epoetin beta, 1 microgram, (for non ESRD use)	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J0890	Injection, peginesatide, 0.1 mg (for ESRD on dialysis)	J Codes Drugs	Drugs, Administered by Injection	No	None
J0894	Injection, decitabine, 1 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J0895	Injection, deferoxamine mesylate, 500 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J0896	Injection, luspaterecept-aamt, 0.25 mg	J Codes Drugs	Drugs, Administered by Injection	No	New Code Effective 7/1/2020
J0897	Injection, denosumab, 1 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	Effective 11/1/19, this code is NO LONGER managed by HealthHelp for medical oncology diagnoses. All requests should be submitted to Meridian.
J0945	Injection, brompheniramine maleate, per 10 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J1000	Injection, depo-estradiol cypionate, up to 5 mg	J Codes Drugs	Drugs, Administered by Injection	No	None

J1020	Injection, methylprednisolone acetate, 20 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J1030	Injection, methylprednisolone acetate, 40 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J1040	Injection, methylprednisolone acetate, 80 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J1050	Injection, medroxyprogesterone acetate, 1 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J1071	Injection, testosterone cypionate, 1 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	PA Effective 9/17/2019
J1094	Injection, dexamethasone acetate, 1 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J1095	Injection, dexamethasone 9%	Drugs Administered Other than Oral Method	Drugs Administered by Injection	No	None
J1100	Injection, dexamethasone sodium phosphate, 1 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J1110	Injection, dihydroergotamine mesylate, per 1 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J1120	Injection, acetazolamide sodium, up to 500 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	PA Effective 9/17/2019
J1130	Injection, diclofenac sodium, 0.5 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J1160	Injection, digoxin, up to 0.5 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J1162	Injection, digoxin immune fab (ovine), per vial	J Codes Drugs	Drugs, Administered by Injection	No	None
J1165	Injection, phenytoin sodium, per 50 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J1170	Injection, hydromorphone, up to 4 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J1180	Injection, dyphylline, up to 500 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J1190	Injection, dexrazoxane hydrochloride, per 250 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J1200	Injection, diphenhydramine HCl, up to 50 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J1201	Injection, cetirizine HCl, 0.5 mg	J Codes Drugs	Drugs, Administered by Injection	No	New Code Effective 7/1/2020
J1205	Injection, chlorothiazide sodium, per 500 mg	J Codes Drugs	Drugs, Administered by Injection	No	None

J1212	Injection, DMSO, dimethyl sulfoxide, 50%, 50 ml	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J1230	Injection, methadone HCl, up to 10 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J1240	Injection, dimenhydrinate, up to 50 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J1245	Injection, dipyridamole, per 10 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J1250	Injection, Dobutamine hydrochloride, per 250 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J1260	Injection, dolasetron mesylate, 10 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J1265	Injection, dopamine HCl, 40 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J1267	Injection, doripenem, 10 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J1270	Injection, Doxercalciferol, 1 mcg	J Codes Drugs	Drugs, Administered by Injection	No	None
J1290	Injection, ecallantide, 1 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J1300	Injection, eculizumab, 10 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J1301	Injection, edaravone, 1 mg	Drugs Administered Other than Oral Method	Drugs Administered by Injection	Yes	None
J1320	Injection, amitriptyline HCl, up to 20 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J1322	Injection, elosulfase alfa, 1 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J1324	Injection, enfuvirtide, 1 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J1325	Injection, Epoprostenol, 0.5 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J1327	Injection, eptifibatide, 5 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None

J1330	Injection, ergonovine maleate, up to 0.2 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J1335	Injection, Ertapenem sodium, 500 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J1364	Injection, erythromycin lactobionate, per 500 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J1380	Injection, estradiol valerate, up to 10 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J1410	Injection, estrogen conjugated, per 25 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J1428	Injection, eteplirsen, 10 mg	Drugs Administered other than oral method	Drugs administered by injection	Yes	None
J1429	Injection, golodirsen, 10 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	New Code Effective 7/1/2020
J1430	Injection, ethanolamine oleate, 100 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J1435	Injection, estrone, per 1 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J1436	Injection, etidronate disodium, per 300 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J1438	Injection, etanercept, 25 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	J Codes Drugs	Drugs, Administered by Injection	No	None
J1439	Injection, ferric carboxymaltose, 1 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J1442	Injection, filgrastim (G-CSF), excludes biosimilars, 1 microgram	J Codes Drugs	Drugs, Administered by Injection	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J1443	Injection, ferric pyrophosphate citrate solution, 0.1 mg of iron	J Codes Drugs	Drugs, Administered by Injection	No	None

J1447	Injection, tbo-filgrastim, 1 microgram	J Codes Drugs	Drugs, Administered by Injection	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J1450	Injection fluconazole, 200 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J1451	Injection, fomepizole, 15 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J1452	Injection, fomivirsen sodium, intraocular, 1.65 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J1453	Injection, fosaprepitant, 1 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J1454	Injection, fosnetupitant 235 mg and palonosetron 0.25 mg	Drugs Administered Other than Oral Method	Drugs Administered by Injection	Yes	None
J1455	Injection, foscarnet sodium, per 1000 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J1457	Injection, gallium nitrate, 1 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J1458	Injection, galsulfase, 1 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J1459	Injection, immune globulin (Privigen), intravenous, non-lyophilized (e.g., liquid), 500 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J1460	Injection, gamma globulin, intramuscular, 1 cc	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J1555	Injection, immune globulin (Cuvitru), 100 mg	Drugs Administered other than oral method	Drugs administered by injection	Yes	None
J1556	Injection, immune globulin (BIVIGAM), 500 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None

J1557	Injection, immune globulin, (Gammaplex), intravenous, non-lyophilized (e.g., liquid), 500 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J1558	Injection, immune globulin (xembify), 100 mg	J Codes Drugs	Drugs, Administered by Injection	No	New Code Effective 7/1/2020
J1559	Injection, immune globulin (Hizentra), 100 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J1560	Injection, gamma globulin, intramuscular, over 10 cc	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J1561	Injection, immune globulin, (Gamunex-C/Gammaked), non-lyophilized (e.g., liquid), 500 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	Effective 11/1/19, this code is NO LONGER managed by HealthHelp for medical oncology diagnoses. All requests should be submitted to Meridian.
J1562	Injection, immune globulin (Vivaglobin), 100 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J1568	Injection, immune globulin, (octagam), intravenous, non-lyophilized (e.g., liquid), 500 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J1569	Injection, immune globulin, (Gammagard Liquid), non-lyophilized, (e.g., liquid), 500 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	Effective 11/1/19, this code is NO LONGER managed by HealthHelp for medical oncology diagnoses. All requests should be submitted to Meridian.
J1570	Injection, ganciclovir sodium, 500 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	Effective 11/1/19, this code is NO LONGER managed by HealthHelp for medical oncology diagnoses. All requests should be submitted to Meridian.
J1571	Injection, hepatitis B immune globulin (hepagam b), intramuscular, 0.5 ml	J Codes Drugs	Drugs, Administered by Injection	No	None

J1572	Injection, immune globulin, (Flebogamma/Flebogamma DIF), intravenous, non-lyophilized (e.g., liquid), 500 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	Effective 11/1/19, this code is NO LONGER managed by HealthHelp for medical oncology diagnoses. All requests should be submitted to Meridian.
J1573	Injection, hepatitis B immune globulin (hepagam b), intravenous, 0.5 ml	J Codes Drugs	Drugs, Administered by Injection	Yes	PA Effective 9/17/2019
J1575	Injection, immune globulin/hyaluronidase, (HyQvia), 100 mg immunoglobulin	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J1580	Injection, garamycin, gentamicin, up to 80 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J1590	GATIFLOXACIN INJECTION	None	None	No	None
J1595	Injection, glatiramer acetate, 20 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J1599	Injection, immune globulin, intravenous, non-lyophilized (e.g., liquid), not otherwise specified, 500 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J1600	Injection, gold sodium thiomalate, up to 50 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J1602	Injection, golimumab, 1 mg, for intravenous use	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J1610	Injection, glucagon hydrochloride, per 1 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J1620	Injection, gonadorelin hydrochloride, per 100 mcg	J Codes Drugs	Drugs, Administered by Injection	No	None
J1626	Injection, granisetron hydrochloride, 100 mcg	J Codes Drugs	Drugs, Administered by Injection	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J1627	Injection, granisetron, extended-release, 0.1 mg	Drugs Administered other than oral method	Drugs administered by injection	Yes	None
J1628	Injection, guselkumab, 1 mg	Drugs Administered Other than Oral Method	Drugs Administered by Injection	Yes	None
J1630	Injection, haloperidol, up to 5 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J1631	Injection, haloperidol decanoate, per 50 mg	J Codes Drugs	Drugs, Administered by Injection	No	None

J1640	Injection, hemin, 1 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J1642	Injection, Heparin sodium, (Heparin lock flush), per 10 units	J Codes Drugs	Drugs, Administered by Injection	No	None
J1644	Injection, Heparin sodium, per 1000 units	J Codes Drugs	Drugs, Administered by Injection	No	None
J1645	Injection, dalteparin sodium, per 2500 IU	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J1650	Injection, enoxaparin sodium, 10 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J1652	Injection, Fondaparinux sodium, 0.5 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J1655	Injection, Tinzaparin sodium, 1000 IU	J Codes Drugs	Drugs, Administered by Injection	No	None
J1670	Injection, tetanus immune globulin, human, up to 250 units	J Codes Drugs	Drugs, Administered by Injection	No	None
J1675	Injection, histrelin acetate, 10 micrograms	J Codes Drugs	Drugs, Administered by Injection	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285- 0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J1700	Injection, hydrocortisone acetate, up to 25 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J1710	Injection, hydrocortisone sodium phosphate, up to 50 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J1720	Injection, hydrocortisone sodium succinate, up to 100 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J1725	Injection, hydroxyprogesterone caproate, 1 mg	J Codes Drugs	Drugs, Administered by Injection	No	AMA CodeTermed 1/1/2018
J1726	Injection, hydroxyprogesterone caproate, (Makena), 10 mg	Drugs Administered other than oral method	Drugs administered by injection	Yes	None
J1729	Injection, hydroxyprogesterone caproate, not otherwise specified, 10 mg	Drugs Administered other than oral method	Drugs administered by injection	Yes	None
J1730	Injection, diazoxide, up to 300 mg	J Codes Drugs	Drugs, Administered by Injection	No	None

J1740	Injection, ibandronate sodium, 1 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J1741	Injection, ibuprofen, 100 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J1742	Injection, ibutilide fumarate, 1 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J1743	Injection, idursulfase, 1 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J1744	Injection, icatibant, 1 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J1745	Injection, Infliximab, excludes biosimilar, 10 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J1746	Injection, ibalizumab-uiyk, 10 mg	Drugs Administered Other than Oral Method	Drugs Administered by Injection	Yes	None
J1750	Injection, iron dextran, 50 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	PA Effective 9/17/2019
J1756	Injection, iron sucrose, 1 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	PA Effective 9/17/2019
J1786	Injection, imiglucerase, 10 units	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J1790	Injection, droperidol, up to 5 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J1800	Injection, propranolol HCl, up to 1 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J1810	Injection, droperidol and fentanyl citrate, up to 2 ml ampule	J Codes Drugs	Drugs, Administered by Injection	No	None
J1815	Injection, insulin, per 5 units	J Codes Drugs	Drugs, Administered by Injection	No	None
J1817	Insulin for administration through DME (i.e. insulin pump) per 50 units	J Codes Drugs	Drugs, Administered by Injection	No	None
J1826	Injection, interferon beta-1a, 30 mcg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J1830	Injection, interferon beta-1b, 0.25 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	J Codes Drugs	Drugs, Administered by Injection	No	None
J1833	Injection, isavuconazonium, 1 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J1835	Injection, Itraconazole, 50 mg	J Codes Drugs	Drugs, Administered by Injection	No	None

J1840	Injection, kanamycin sulfate, up to 500 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J1850	Injection, kanamycin sulfate, up to 75 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J1885	Injection, ketorolac tromethamine, per 15 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J1890	Injection, cephalothin sodium, up to 1 gram	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J1930	Injection, lanreotide, 1 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J1931	Injection, laronidase, 0.1 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J1940	Injection, furosemide, up to 20 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J1942	Injection, aripiprazole lauroxil, 1 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J1945	Injection, lepirudin, 50 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J1950	Injection, Leuprolide acetate (for depot suspension), per 3.75 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	Effective 11/1/19, this code is NO LONGER managed by HealthHelp for medical oncology diagnoses. All requests should be submitted to Meridian.
J1953	Injection, levetiracetam, 10 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J1955	Injection, levocarnitine, per 1 gm	J Codes Drugs	Drugs, Administered by Injection	Yes	PA Effective 9/17/2019
J1956	Injection, levofloxacin, 250 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J1960	Injection, levorphanol tartrate, up to 2 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J1980	Injection, hyoscyamine sulfate, up to 0.25 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J1990	Injection, chlordiazepoxide HCl, up to 100 mg	J Codes Drugs	Drugs, Administered by Injection	No	None

J2001	Injection, lidocaine HCl for intravenous infusion, 10 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J2010	Injection, lincomycin HCl, up to 300 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J2020	Injection, linezolid, 200 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J2060	Injection, lorazepam, 2 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J2062	Loxapine for inhalation, 1 mg	Drugs Administered Other than Oral Method	Other Drugs and Biologicals	No	None
J2150	Injection, Mannitol, 25% in 50 ml	J Codes Drugs	Drugs, Administered by Injection	No	None
J2170	Injection, mecasecamin, 1 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J2175	Injection, meperidine hydrochloride, per 100 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J2180	Injection, meperidine and promethazine HCl, up to 50 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J2182	Injection, mepolizumab, 1 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J2185	Injection, meropenem, 100 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J2186	Injection, meropenem, vaborbactam	Drugs Administered Other than Oral Method	Drugs Administered by Injection	No	None
J2210	Injection, methylergonovine maleate, up to 0.2 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J2212	Injection, methylnaltrexone, 0.1 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J2248	Injection, micafungin sodium, 1 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J2250	Injection, midazolam hydrochloride, per 1 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J2260	Injection, milrinone lactate, 5 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J2265	Injection, minocycline hydrochloride, 1 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J2270	Injection, morphine sulfate, up to 10 mg	J Codes Drugs	Drugs, Administered by Injection	No	None

J2274	Injection, morphine sulfate, preservative-free for epidural or intrathecal use, 10 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	PA Effective 9/17/2019
J2278	Injection, ziconotide, 1 microgram	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J2280	Injection, moxifloxacin, 100 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J2300	Injection, nalbuphine hydrochloride, per 10 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J2310	Injection, naloxone hydrochloride, per 1 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J2315	Injection, naltrexone, depot form, 1 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J2320	Injection, nandrolone decanoate, up to 50 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J2323	Injection, natalizumab, 1 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J2325	Injection, Nesiritide, 0.1 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J2326	Injection, nusinersen, 0.1 mg	Drugs Administered other than oral method	Drugs administered by injection	Yes	None
J2350	Injection, ocrelizumab, 1 mg	Drugs Administered other than oral method	Drugs administered by injection	Yes	None
J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J2354	Injection, octreotide, non-depot form for subcutaneous or intravenous injection, 25 mcg	J Codes Drugs	Drugs, Administered by Injection	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.

J2355	Injection, oprelvekin, 5 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J2357	Injection, omalizumab, 5 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J2358	Injection, olanzapine, long-acting, 1 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	Effective 11/1/19, this code is NO LONGER managed by HealthHelp for medical oncology diagnoses. All requests should be submitted to Meridian.
J2360	Injection, orphenadrine citrate, up to 60 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J2370	Injection, phenylephrine HCl, up to 1 ml	J Codes Drugs	Drugs, Administered by Injection	No	None
J2400	Injection, chloroprocaine hydrochloride, per 30 ml	J Codes Drugs	Drugs, Administered by Injection	Yes	PA Effective 9/17/2019
J2405	Injection, ondansetron hydrochloride, per 1 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J2407	Injection, oritavancin, 10 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J2410	Injection, oxymorphone HCl, up to 1 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J2425	Injection, palifermin, 50 micrograms	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J2426	Injection, paliperidone palmitate extended release, 1 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J2430	Injection, pamidronate disodium, per 30 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J2440	Injection, papaverine HCl, up to 60 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None

J2460	Injection, oxytetracycline HCl, up to 50 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J2469	Injection, palonosetron HCl, 25 mcg	J Codes Drugs	Drugs, Administered by Injection	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J2501	Injection, Paricalcitol, 1 mcg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J2502	Injection, pasireotide long acting, 1 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J2503	Injection, pegaptanib sodium, 0.3 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J2504	Injection, pegademase bovine, 25 IU	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J2505	Injection, Pegfilgrastim, 6 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J2507	Injection, pegloticase, 1 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J2510	Injection, penicillin G procaine, aqueous, up to 600,000 units	J Codes Drugs	Drugs, Administered by Injection	No	None
J2513	Injection, pentastarch, 10% solution, 100 ml	J Codes Drugs	Drugs, Administered by Injection	No	None
J2515	Injection, pentobarbital sodium, per 50 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J2540	Injection, penicillin G potassium, up to 600,000 units	J Codes Drugs	Drugs, Administered by Injection	No	None
J2543	Injection, piperacillin sodium/tazobactam sodium, 1 gram/0.125 grams (1.125 grams)	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J2545	Pentamidine isethionate, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per 300 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None

J2547	Injection, peramivir, 1 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J2550	Injection, promethazine HCl, up to 50 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J2560	Injection, phenobarbital sodium, up to 120 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J2562	Injection, plerixafor, 1 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J2590	Injection, oxytocin, up to 10 units	J Codes Drugs	Drugs, Administered by Injection	No	None
J2597	Injection, desmopressin acetate, per 1 mcg	J Codes Drugs	Drugs, Administered by Injection	Yes	PA Effective 9/17/2019
J2650	Injection, prednisolone acetate, up to 1 ml	J Codes Drugs	Drugs, Administered by Injection	No	None
J2670	Injection, tolazoline HCl, up to 25 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J2675	Injection, progesterone, per 50 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J2680	Injection, fluphenazine decanoate, up to 25 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J2690	Injection, procainamide HCl, up to 1 gm	J Codes Drugs	Drugs, Administered by Injection	No	None
J2700	Injection, oxacillin sodium, up to 250 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J2704	Injection, propofol, 10 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J2710	Injection, neostigmine methylsulfate, up to 0.5 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J2720	Injection, protamine sulfate, per 10 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J2724	Injection, protein c concentrate, intravenous, human, 10 IU	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J2725	Injection, protirelin, per 250 mcg	J Codes Drugs	Drugs, Administered by Injection	No	None

J2730	Injection, pralidoxime chloride, up to 1 gm	J Codes Drugs	Drugs, Administered by Injection	No	None
J2760	Injection, phentolamine mesylate, up to 5 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J2765	Injection, metoclopramide HCl, up to 10 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J2770	Injection, quinupristin/dalfopristin, 500 mg (150/350)	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J2778	Injection, ranibizumab, 0.1 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J2780	Injection, ranitidine hydrochloride, 25 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J2783	Injection, rasburicase, 0.5 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J2785	Injection, regadenoson, 0.1 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J2786	Injection, reslizumab, 1 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J2787	Riboflavin 5'-phosphate, ophthalmic solution, up to 3 mL	Drugs Administered Other than Oral Method	Other Drugs and Biologicals	No	None
J2788	Injection, Rho D immune globulin, human, minidose, 50 micrograms (250 I.U.)	J Codes Drugs	Drugs, Administered by Injection	No	None
J2790	Injection, Rho D immune globulin, human, full dose, 300 micrograms (1500 I.U.)	J Codes Drugs	Drugs, Administered by Injection	No	None
J2791	Injection, Rho(D) immune globulin (human), (rhophylac), intramuscular or intravenous, 100 IU	J Codes Drugs	Drugs, Administered by Injection	Yes	PA Effective 9/17/2019
J2792	Injection, Rho D immune globulin, intravenous, human, solvent detergent, 100 IU	J Codes Drugs	Drugs, Administered by Injection	No	None
J2793	Injection, riloncept, 1 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J2794	Injection, risperidone, long acting, 0.5 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	PA Effective 9/17/2019
J2795	Injection, ropivacaine hydrochloride, 1 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J2796	Injection, romiplostim, 10 micrograms	J Codes Drugs	Drugs, Administered by Injection	Yes	Effective 11/1/19, this code is NO LONGER managed by HealthHelp for medical oncology diagnoses. All requests should be submitted to Meridian.

J2797	Injection, rolapitant, 0.5 mg	Drugs Administered Other than Oral Method	Drugs Administered by Injection	Yes	None
J2800	Injection, methocarbamol, up to 10 ml	J Codes Drugs	Drugs, Administered by Injection	No	None
J2805	Injection, sincalide, 5 micrograms	J Codes Drugs	Drugs, Administered by Injection	No	None
J2810	Injection, theophylline, per 40 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J2820	Injection, sargramostim (GM-CSF), 50 mcg	J Codes Drugs	Drugs, Administered by Injection	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J2840	Injection, sebelipase alfa, 1 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J2850	Injection, secretin, synthetic, human, 1 microgram	J Codes Drugs	Drugs, Administered by Injection	No	None
J2860	Injection, siltuximab, 10 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J2910	Injection, aurothioglucose, up to 50 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J2916	Injection, sodium ferric gluconate complex in sucrose injection, 12.5 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J2920	Injection, methylprednisolone sodium succinate, up to 40 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J2930	Injection, methylprednisolone sodium succinate, up to 125 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J2940	Injection, Somatrem, 1 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J2941	Injection, Somatropin, 1 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None

J2950	Injection, promazine HCl, up to 25 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J2993	Injection, Reteplase, 18.1 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J2994	#N/A	None	None	No	Invalid Deleted Code Check for replacement code
J2995	Injection, streptokinase, per 250,000 IU	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J2997	Injection, alteplase recombinant, 1 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	PA Effective 9/17/2019
J3000	Injection, streptomycin, up to 1 gm	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J3010	Injection, fentanyl citrate, 0.1 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J3030	Injection, sumatriptan succinate, 6 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J3060	Injection, taliglucerase alfa, 10 units	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J3070	Injection, pentazocine, 30 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J3090	Injection, tedizolid phosphate, 1 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J3095	Injection, telavancin, 10 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J3101	Injection, Tenecteplase, 1 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J3105	Injection, terbutaline sulfate, up to 1 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J3110	Injection, teriparatide, 10 mcg	J Codes Drugs	Drugs, Administered by Injection	No	None
J3121	Injection, testosterone enanthate, 1 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J3145	Injection, testosterone undecanoate, 1 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J3230	Injection, chlorpromazine HCl, up to 50 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J3240	Injection, Thyrotropin Alpha, 0.9 mg, provided in 1.1 mg vial	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J3243	Injection, tigecycline, 1 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None

J3245	Injection, tildrakizumab, 1 mg	Drugs Administered Other than Oral Method	Drugs Administered by Injection	Yes	None
J3246	Injection, Tirofiban HCl, 0.25 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J3250	Injection, trimethobenzamide HCl, up to 200 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J3260	Injection, tobramycin sulfate, up to 80 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J3262	Injection, tocilizumab, 1 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	Effective 11/1/19, this code is NO LONGER managed by HealthHelp for medical oncology diagnoses. All requests should be submitted to Meridian.
J3265	Injection, torsemide, 10 mg/ml	J Codes Drugs	Drugs, Administered by Injection	No	None
J3280	Injection, thiethylperazine maleate, up to 10 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J3285	Injection, Treprostinil, 1 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J3300	Injection, triamcinolone acetonide, preservative free, 1 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J3301	Injection, triamcinolone acetonide, not otherwise specified, 10 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J3302	Injection, triamcinolone diacetate, per 5 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J3303	Injection, triamcinolone hexacetonide, per 5 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J3304	Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg	Drugs Administered Other than Oral Method	Drugs Administered by Injection	Yes	None
J3305	Injection, trimetrexate glucuronate, per 25 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J3310	Injection, perphenazine, up to 5 mg	J Codes Drugs	Drugs, Administered by Injection	No	None

J3315	Injection, Triptorelin Pamoate, 3.75 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J3316	Injection, triptorelin, extended-release, 3.75 mg	Drugs Administered Other than Oral Method	Drugs Administered by Injection	Yes	ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian
J3320	Injection, spectinomycin dihydrochloride, up to 2 gm	J Codes Drugs	Drugs, Administered by Injection	No	None
J3350	Injection, urea, up to 40 gm	J Codes Drugs	Drugs, Administered by Injection	No	None
J3355	Injection, Urofollitropin, 75 IU	J Codes Drugs	Drugs, Administered by Injection	No	None
J3357	Ustekinumab, for subcutaneous injection, 1 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J3358	Ustekinumab, for intravenous injection, 1 mg	Drugs Administered other than oral method	Drugs administered by injection	Yes	None
J3360	Injection, diazepam, up to 5 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J3364	Injection, urokinase, 5000 IU vial	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J3365	Injection, IV, urokinase, 250,000 I.U. vial	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J3370	Injection, vancomycin HCl, 500 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J3380	Injection, vedolizumab, 1 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	Effective 11/1/19, this code is NO LONGER managed by HealthHelp for medical oncology diagnoses. All requests should be submitted to Meridian.
J3385	Injection, velaglucerase alfa, 100 units	J Codes Drugs	Drugs, Administered by Injection	Yes	None

J3396	Injection, Verteporfin, 0.1 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J3397	Injection, vestronidase alfa-vjvk, 1 mg	Drugs Administered Other than Oral Method	Drugs Administered by Injection	No	None
J3398	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes	Drugs Administered Other than Oral Method	Drugs Administered by Injection	No	None
J3399	Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5x10	J Codes Drugs	Drugs, Administered by Injection	Yes	New Code Effective 7/1/2020
J3400	Injection, triflupromazine HCl, up to 20 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J3410	Injection, hydroxyzine HCl, up to 25 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J3411	Injection, thiamine HCl, 100 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J3415	Injection, pyridoxine HCl, 100 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J3420	Injection, vitamin B-12 cyanocobalamin, up to 1000 mcg	J Codes Drugs	Drugs, Administered by Injection	No	None
J3430	Injection, phytonadione (vitamin K), per 1 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J3465	Injection, voriconazole, 10 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J3470	Injection, hyaluronidase, up to 150 units	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J3471	Injection, hyaluronidase, ovine, preservative free, per 1 USP unit (up to 999 USP units)	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J3472	Injection, hyaluronidase, ovine, preservative free, per 1000 USP units	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J3473	Injection, hyaluronidase, recombinant, 1 USP unit	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J3475	Injection, magnesium sulfate, per 500 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J3480	Injection, potassium chloride, per 2 meq	J Codes Drugs	Drugs, Administered by Injection	No	None

J3485	Injection, zidovudine, 10 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J3486	Injection, ziprasidone mesylate, 10 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J3489	Injection, Zoledronic acid, 1 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J3490	Unclassified drugs	J Codes Drugs	Drugs, Administered by Injection	Yes	Effective 11/1/19, this code is NO LONGER managed by HealthHelp for medical oncology diagnoses. All requests should be submitted to Meridian.
J3520	Edetate disodium, per 150 mg	J Codes Drugs	Drugs, Administered by Injection	No	None
J3530	Nasal vaccine inhalation	J Codes Drugs	Drugs, Administered by Injection	No	None
J3535	Drug administered through a metered dose inhaler	J Codes Drugs	Drugs, Administered by Injection	No	None
J3570	Laetrile, amygdalin, vitamin B17	J Codes Drugs	Drugs, Administered by Injection	No	None
J3590	Unclassified biologics	J Codes Drugs	Drugs, Administered by Injection	Yes	Effective 11/1/19, this code is NO LONGER managed by HealthHelp for medical oncology diagnoses. All requests should be submitted to Meridian.
J3591	Unclassified drug or biological used for ESRD on dialysis	Drugs Administered Other than Oral Method	Unclassified Drugs for ESRD on Dialysis	Yes	None
J7030	Infusion, normal saline solution, 1000 cc	J Codes Drugs	Drugs, Administered by Injection	No	None
J7040	Infusion, normal saline solution, sterile (500 ml = 1 unit)	J Codes Drugs	Drugs, Administered by Injection	No	None

J7042	5% dextrose/normal saline (500 ml = 1 unit)	J Codes Drugs	Drugs, Administered by Injection	No	None
J7050	Infusion, normal saline solution, 250 cc	J Codes Drugs	Drugs, Administered by Injection	No	None
J7060	5% dextrose/water (500 ml = 1 unit)	J Codes Drugs	Drugs, Administered by Injection	No	None
J7169	Injection, coagulation Factor Xa (recombinant), inactivated-zhzo (Andexxa), 10 mg	J Codes Drugs	Drugs, Administered by Injection	No	New Code Effective 7/1/2020
J7070	Infusion, D5W, 1000 cc	J Codes Drugs	Drugs, Administered by Injection	No	None
J7100	Infusion, dextran 40, 500 ml	J Codes Drugs	Drugs, Administered by Injection	No	None
J7110	Infusion, dextran 75, 500 ml	J Codes Drugs	Drugs, Administered by Injection	No	None
J7120	Ringers lactate infusion, up to 1000 cc	J Codes Drugs	Drugs, Administered by Injection	No	None
J7121	5% dextrose in lactated ringers infusion, up to 1000 cc	J Codes Drugs	Drugs, Administered by Injection	No	None
J7131	Hypertonic saline solution, 1 ml	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J7170	Injection, emicizumab-kxwh, 0.5 mg	Drugs Administered Other than Oral Method	Drugs Administered by Injection	Yes	PA Effective 3/17/2020
J7175	Injection, Factor X, (human), 1 I.U.	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J7177	Injection, human fibrinogen concentrate (Fibryga), 1 mg	Drugs Administered Other than Oral Method	Drugs Administered by Injection	Yes	None
J7178	Injection, human fibrinogen concentrate, 1 mg	J Codes Drugs	Clotting Factors	Yes	None
J7179	Injection, von Willebrand factor (recombinant), (VONVENDI), 1 I.U. VWF:RCo	J Codes Drugs	Clotting Factors	Yes	None
J7180	Injection, Factor XIII (antihemophilic factor, human), 1 I.U.	J Codes Drugs	Clotting Factors	Yes	None
J7181	Injection, Factor XIII A-subunit, (recombinant), per IU	J Codes Drugs	Clotting Factors	Yes	None
J7182	Injection, Factor VIII, (antihemophilic factor, recombinant), (NovoEight), per IU	J Codes Drugs	Clotting Factors	Yes	None
J7183	Injection, von Willebrand factor complex (human), Wilate, 1 I.U. VWF:RCo	J Codes Drugs	Clotting Factors	Yes	None
J7185	Injection, Factor VIII (antihemophilic factor, recombinant) (Xyntha), per I.U.	J Codes Drugs	Clotting Factors	Yes	None
J7186	Injection, antihemophilic Factor VIII/von Willebrand factor complex (human), per Factor VIII I.U.	J Codes Drugs	Clotting Factors	Yes	None
J7187	Injection, von Willebrand factor complex (humate p), per IU VWF:RCo	J Codes Drugs	Clotting Factors	Yes	None

J7188	Injection, Factor VIII (antihemophilic factor, recombinant), (obizur), per I.U.	J Codes Drugs	Clotting Factors	No	None
J7189	Factor VIIa (antihemophilic factor, recombinant), per 1 microgram	J Codes Drugs	Clotting Factors	Yes	None
J7190	Factor VIII (antihemophilic factor, human) per I.U.	J Codes Drugs	Clotting Factors	Yes	None
J7191	Factor VIII (antihemophilic factor (porcine)), per I.U.	J Codes Drugs	Clotting Factors	No	None
J7192	Factor VIII (antihemophilic factor, recombinant) per I.U., not otherwise specified	J Codes Drugs	Clotting Factors	Yes	None
J7193	Factor IX (antihemophilic factor, purified, non-recombinant) per I.U.	J Codes Drugs	Clotting Factors	Yes	None
J7194	Factor IX, complex, per I.U.	J Codes Drugs	Clotting Factors	Yes	None
J7195	Injection, Factor IX (antihemophilic factor, recombinant) per IU, not otherwise specified	J Codes Drugs	Clotting Factors	Yes	None
J7196	Injection, antithrombin recombinant, 50 I.U.	J Codes Drugs	Clotting Factors	Yes	None
J7197	Antithrombin III (human), per I.U.	J Codes Drugs	Clotting Factors	Yes	None
J7198	Anti-inhibitor, per I.U.	J Codes Drugs	Clotting Factors	Yes	None
J7199	Hemophilia clotting factor, not otherwise classified	J Codes Drugs	Clotting Factors	Yes	None
J7200	Injection, Factor IX, (antihemophilic factor, recombinant), Rixubis, per IU	J Codes Drugs	Clotting Factors	Yes	None
J7201	Injection, Factor IX, Fc fusion protein, (recombinant), Alprolix, 1 I.U.	J Codes Drugs	Clotting Factors	Yes	None
J7202	Injection, Factor IX, albumin fusion protein, (recombinant), IDELVION, 1 I.U.	J Codes Drugs	Clotting Factors	Yes	None
J7203	Injection Factor IX, (antihemophilic factor, recombinant), glycopegylated, (Rebinyon), 1 IU	Drugs Administered Other than Oral Method	Drugs Administered by Injection	Yes	None
J7204	Injection, Factor VIII, antihemophilic factor (recombinant), (Esperoct), glycopegylated-exei, per IU	J Codes Drugs	Drugs, Administered by Injection	No	New Code Effective 7/1/2020
J7205	Injection, Factor VIII Fc fusion protein (recombinant), per IU	J Codes Drugs	Clotting Factors	Yes	None
J7207	Injection, Factor VIII, (antihemophilic factor, recombinant), pegylated, 1 I.U.	J Codes Drugs	Clotting Factors	Yes	None
J7209	Injection, Factor VIII, (antihemophilic factor, recombinant), (NUWIQ), 1 I.U.	J Codes Drugs	Clotting Factors	Yes	None
J7210	Injection, Factor VIII, (antihemophilic factor, recombinant), (Afstyla), 1 IU	Drugs Administered other than oral method	Clotting Factors	Yes	None
J7211	Injection, Factor VIII, (antihemophilic factor, recombinant), (Kovaltry), 1 IU	Drugs Administered other than oral method	Clotting Factors	Yes	None
J7296	Levonorgestrel-releasing intrauterine contraceptive system, (Kyleena), 19.5 mg	Drugs Administered other than oral method	Contraceptive Systems	No	None
J7297	Levonorgestrel-releasing intrauterine contraceptive system (Liletta), 52 mg	J Codes Drugs	Contraceptive Systems	No	None
J7298	Levonorgestrel-releasing intrauterine contraceptive system (Mirena), 52 mg	J Codes Drugs	Contraceptive Systems	No	None

J7300	Intrauterine copper contraceptive	J Codes Drugs	Contraceptive Systems	No	None
J7301	Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5 mg	J Codes Drugs	Contraceptive Systems	No	None
J7303	Contraceptive supply, hormone containing vaginal ring, each	J Codes Drugs	Contraceptive Systems	No	None
J7304	Contraceptive supply, hormone containing patch, each	J Codes Drugs	Contraceptive Systems	No	None
J7306	Levonorgestrel (contraceptive) implant system, including implants and supplies	J Codes Drugs	Contraceptive Systems	No	None
J7307	Etonogestrel (contraceptive) implant system, including implant and supplies	J Codes Drugs	Contraceptive Systems	No	None
J7308	Aminolevulinic acid HCl for topical administration, 20%, single unit dosage form (354 mg)	J Codes Drugs	Miscellaneous Drugs	Yes	None
J7309	Methyl aminolevulinate (MAL) for topical administration, 16.8%, 1 gram	J Codes Drugs	Miscellaneous Drugs	No	None
J7310	Ganciclovir, 4.5 mg, long-acting implant	J Codes Drugs	Miscellaneous Drugs	Yes	None
J7311	Fluocinolone acetonide, intravitreal implant	J Codes Drugs	Miscellaneous Drugs	Yes	None
J7312	Injection, dexamethasone, intravitreal implant, 0.1 mg	J Codes Drugs	Miscellaneous Drugs	Yes	None
J7313	Injection, fluocinolone acetonide, intravitreal implant, 0.01 mg	J Codes Drugs	Miscellaneous Drugs	Yes	None
J7315	Mitomycin, ophthalmic, 0.2 mg	J Codes Drugs	Miscellaneous Drugs	No	None
J7316	Injection, ocriplasmin, 0.125 mg	J Codes Drugs	Miscellaneous Drugs	Yes	None
J7318	Hyaluronan or derivative, Durolane, for intra-articular injection, 1 mg	Drugs Administered Other than Oral Method	Drugs Administered by Injection	Yes	None
J7320	Hyaluronan or derivative, GenVisc 850, for intra-articular injection, 1 mg	J Codes Drugs	Miscellaneous Drugs	Yes	None
J7321	Hyaluronan or derivative, Hyalgan, Supartz or Visco-3, for intra-articular injection, per dose	J Codes Drugs	Miscellaneous Drugs	Yes	None
J7322	Hyaluronan or derivative, hymovis, for intra-articular injection, 1 mg	J Codes Drugs	Miscellaneous Drugs	Yes	None
J7323	Hyaluronan or derivative, euflexxa, for intra-articular injection, per dose	J Codes Drugs	Miscellaneous Drugs	Yes	None
J7324	Hyaluronan or derivative, orthovisc, for intra-articular injection, per dose	J Codes Drugs	Miscellaneous Drugs	Yes	None
J7325	Hyaluronan or derivative, Synvisc or Synvisc-One, for intra-articular injection, 1 mg	J Codes Drugs	Miscellaneous Drugs	Yes	None
J7326	Hyaluronan or derivative, gel-one, for intra-articular injection, per dose	J Codes Drugs	Miscellaneous Drugs	Yes	None
J7327	Hyaluronan or derivative, Monovisc, for intra-articular injection, per dose	J Codes Drugs	Miscellaneous Drugs	Yes	None
J7328	Hyaluronan or derivative, Gel-Syn, for intra-articular injection, 0.1 mg	J Codes Drugs	Miscellaneous Drugs	Yes	None
J7329	Hyaluronan or derivative, Trivisc, for intra-articular injection, 1 mg	Drugs Administered Other than Oral Method	Drugs Administered by Injection	Yes	None

J7330	Autologous cultured chondrocytes, implant	J Codes Drugs	Miscellaneous Drugs	No	As of 10/1/20 This Service is within the scope of TurningPoint delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates.
J7333	Hyaluronan or derivative, Visco-3, for intra-articular injection, per dose	J Codes Drugs	Drugs, Administered by Injection	Yes	New AMA Code; PA Effective 7/01/2020
J7336	Capsaicin 8% patch, per square centimeter	J Codes Drugs	Miscellaneous Drugs	No	None
J7340	Carbidopa 5 mg/levodopa 20 mg enteral suspension, 100 ml	J Codes Drugs	Miscellaneous Drugs	No	None
J7342	Installation, Ciprofloxacin otic suspension, 6 mg	J Codes Drugs	Miscellaneous Drugs	No	None
J7345	Aminolevulinic acid HCl for topical administration, 10% gel, 10 mg	Drugs Administered other than oral method	Contraceptive Systems	Yes	None
J7500	Azathioprine, oral, 50 mg	J Codes Drugs	Immunosuppressive Drugs	No	None
J7501	Azathioprine, parenteral, 100 mg	J Codes Drugs	Immunosuppressive Drugs	Yes	None
J7502	Cyclosporine, oral, 100 mg	J Codes Drugs	Immunosuppressive Drugs	No	None
J7503	Tacrolimus, extended release, (Envarsus XR), oral, 0.25 mg	J Codes Drugs	Immunosuppressive Drugs	No	None
J7504	Lymphocyte immune globulin, antithymocyte globulin, equine, parenteral, 250 mg	J Codes Drugs	Immunosuppressive Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J7505	Muromonab-CD3, parenteral, 5 mg	J Codes Drugs	Immunosuppressive Drugs	No	None
J7507	Tacrolimus, immediate release, oral, 1 mg	J Codes Drugs	Immunosuppressive Drugs	No	None
J7508	Tacrolimus, extended release, (Astagraf XL), oral, 0.1 mg	J Codes Drugs	Immunosuppressive Drugs	No	None
J7509	Methylprednisolone oral, per 4 mg	J Codes Drugs	Immunosuppressive Drugs	No	None
J7510	Prednisolone oral, per 5 mg	J Codes Drugs	Immunosuppressive Drugs	No	None
J7511	Lymphocyte immune globulin, antithymocyte globulin, rabbit, parenteral, 25 mg	J Codes Drugs	Immunosuppressive Drugs	Yes	Effective 11/1/19, this code is NO LONGER managed by HealthHelp for medical oncology diagnoses. All requests should be submitted to Meridian.
J7512	Prednisone, immediate release or delayed release, oral, 1 mg	J Codes Drugs	Immunosuppressive Drugs	No	None
J7513	Daclizumab, parenteral, 25 mg	J Codes Drugs	Immunosuppressive Drugs	No	None

J7515	Cyclosporine, oral, 25 mg	J Codes Drugs	Immunosuppressive Drugs	No	None
J7516	Cyclosporin, parenteral, 250 mg	J Codes Drugs	Immunosuppressive Drugs	No	None
J7517	Mycophenolate mofetil, oral, 250 mg	J Codes Drugs	Immunosuppressive Drugs	No	None
J7518	Mycophenolic acid, oral, 180 mg	J Codes Drugs	Immunosuppressive Drugs	No	None
J7520	Sirolimus, oral, 1 mg	J Codes Drugs	Immunosuppressive Drugs	No	None
J7525	Tacrolimus, parenteral, 5 mg	J Codes Drugs	Immunosuppressive Drugs	Yes	None
J7527	Everolimus, oral, 0.25 mg	J Codes Drugs	Immunosuppressive Drugs	No	None
J7599	Immunosuppressive drug, not otherwise classified	J Codes Drugs	Immunosuppressive Drugs	Yes	None
J7604	Acetylcysteine, inhalation solution, compounded product, administered through DME, unit dose form, per gram	J Codes Drugs	Inhalation Solutions	Yes	None
J7605	Arformoterol, inhalation solution, FDA approved final product, non-compounded, administered through DME, unit dose form, 15 micrograms	J Codes Drugs	Inhalation Solutions	Yes	None
J7606	Formoterol fumarate, inhalation solution, FDA approved final product, non-compounded, administered through DME, unit dose form, 20 micrograms	J Codes Drugs	Inhalation Solutions	Yes	None
J7607	Levalbuterol, inhalation solution, compounded product, administered through DME, concentrated form, 0.5 mg	J Codes Drugs	Inhalation Solutions	Yes	None
J7608	Acetylcysteine, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per gram	J Codes Drugs	Inhalation Solutions	No	None
J7610	Albuterol, inhalation solution, compounded product, administered through DME, concentrated form, 1 mg	J Codes Drugs	Inhalation Solutions	Yes	None
J7611	Albuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, concentrated form, 1 mg	J Codes Drugs	Inhalation Solutions	Yes	None
J7612	Levalbuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, concentrated form, 0.5 mg	J Codes Drugs	Inhalation Solutions	Yes	None
J7613	Albuterol, inhalation solution, compounded product, administered through DME, unit dose, 1 mg	J Codes Drugs	Inhalation Solutions	Yes	None
J7613	Albuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose, 1 mg	J Codes Drugs	Inhalation Solutions	Yes	None
J7614	Levalbuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose, 0.5 mg	J Codes Drugs	Inhalation Solutions	Yes	None
J7615	Levalbuterol, inhalation solution, compounded product, administered through DME, unit dose, 0.5 mg	J Codes Drugs	Inhalation Solutions	Yes	None

J7620	Albuterol, up to 2.5 mg and ipratropium bromide, up to 0.5 mg, FDA-approved final product, non-compounded, administered through DME	J Codes Drugs	Inhalation Solutions	Yes	None
J7622	Beclomethasone, inhalation solution, compounded product, administered through DME, unit dose form, per milligram	J Codes Drugs	Inhalation Solutions	No	None
J7624	Betamethasone, inhalation solution, compounded product, administered through DME, unit dose form, per milligram	J Codes Drugs	Inhalation Solutions	No	None
J7626	Budesonide, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, up to 0.5 mg	J Codes Drugs	Inhalation Solutions	Yes	None
J7627	Budesonide, inhalation solution, compounded product, administered through DME, unit dose form, up to 0.5 mg	J Codes Drugs	Inhalation Solutions	Yes	None
J7628	Bitolterol mesylate, inhalation solution, compounded product, administered through DME, concentrated form, per milligram	J Codes Drugs	Inhalation Solutions	Yes	None
J7629	Bitolterol mesylate, inhalation solution, compounded product, administered through DME, unit dose form, per milligram	J Codes Drugs	Inhalation Solutions	Yes	None
J7631	Cromolyn sodium, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per 10 milligrams	J Codes Drugs	Inhalation Solutions	Yes	None
J7632	Cromolyn sodium, inhalation solution, compounded product, administered through DME, unit dose form, per 10 milligrams	J Codes Drugs	Inhalation Solutions	Yes	None
J7633	Budesonide, inhalation solution, FDA-approved final product, non-compounded, administered through DME, concentrated form, per 0.25 milligram	J Codes Drugs	Inhalation Solutions	No	None
J7634	Budesonide, inhalation solution, compounded product, administered through DME, concentrated form, per 0.25 milligram	J Codes Drugs	Inhalation Solutions	Yes	None
J7635	Atropine, inhalation solution, compounded product, administered through DME, concentrated form, per milligram	J Codes Drugs	Inhalation Solutions	Yes	None
J7636	Atropine, inhalation solution, compounded product, administered through DME, unit dose form, per milligram	J Codes Drugs	Inhalation Solutions	Yes	None
J7637	Dexamethasone, inhalation solution, compounded product, administered through DME, concentrated form, per milligram	J Codes Drugs	Inhalation Solutions	Yes	None
J7638	Dexamethasone, inhalation solution, compounded product, administered through DME, unit dose form, per milligram	J Codes Drugs	Inhalation Solutions	Yes	None

J7639	Dornase alfa, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per milligram	J Codes Drugs	Inhalation Solutions	Yes	None
J7640	Formoterol, inhalation solution, compounded product, administered through DME, unit dose form, 12 micrograms	J Codes Drugs	Inhalation Solutions	Yes	None
J7641	Flunisolide, inhalation solution, compounded product, administered through DME, unit dose, per milligram	J Codes Drugs	Inhalation Solutions	No	None
J7642	Glycopyrrolate, inhalation solution, compounded product, administered through DME, concentrated form, per milligram	J Codes Drugs	Inhalation Solutions	Yes	None
J7643	Glycopyrrolate, inhalation solution, compounded product, administered through DME, unit dose form, per milligram	J Codes Drugs	Inhalation Solutions	Yes	None
J7644	Ipratropium bromide, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per milligram	J Codes Drugs	Inhalation Solutions	Yes	None
J7645	Ipratropium bromide, inhalation solution, compounded product, administered through DME, unit dose form, per milligram	J Codes Drugs	Inhalation Solutions	Yes	None
J7647	Isoetharine HCl, inhalation solution, compounded product, administered through DME, concentrated form, per milligram	J Codes Drugs	Inhalation Solutions	Yes	None
J7648	Isoetharine HCl, inhalation solution, FDA-approved final product, non-compounded, administered through DME, concentrated form, per milligram	J Codes Drugs	Inhalation Solutions	Yes	None
J7649	Isoetharine HCl, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per milligram	J Codes Drugs	Inhalation Solutions	No	None
J7650	Isoetharine HCl, inhalation solution, compounded product, administered through DME, unit dose form, per milligram	J Codes Drugs	Inhalation Solutions	Yes	None
J7657	Isoproterenol HCl, inhalation solution, compounded product, administered through DME, concentrated form, per milligram	J Codes Drugs	Inhalation Solutions	Yes	None
J7658	Isoproterenol HCl, inhalation solution, FDA-approved final product, non-compounded, administered through DME, concentrated form, per milligram	J Codes Drugs	Inhalation Solutions	Yes	None
J7659	Isoproterenol HCl, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per milligram	J Codes Drugs	Inhalation Solutions	Yes	None
J7660	Isoproterenol HCl, inhalation solution, compounded product, administered through DME, unit dose form, per milligram	J Codes Drugs	Inhalation Solutions	Yes	None
J7665	Mannitol, administered through an inhaler, 5 mg	J Codes Drugs	Inhalation Solutions	No	None

J7667	Metaproterenol sulfate, inhalation solution, compounded product, concentrated form, per 10 milligrams	J Codes Drugs	Inhalation Solutions	Yes	None
J7668	Metaproterenol sulfate, inhalation solution, FDA-approved final product, non-compounded, administered through DME, concentrated form, per 10 milligrams	J Codes Drugs	Inhalation Solutions	Yes	None
J7669	Metaproterenol sulfate, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per 10 milligrams	J Codes Drugs	Inhalation Solutions	No	None
J7670	Metaproterenol sulfate, inhalation solution, compounded product, administered through DME, unit dose form, per 10 milligrams	J Codes Drugs	Inhalation Solutions	Yes	None
J7674	Methacholine chloride administered as inhalation solution through a nebulizer, per 1 mg	J Codes Drugs	Inhalation Solutions	No	None
J7676	Pentamidine isethionate, inhalation solution, compounded product, administered through DME, unit dose form, per 300 mg	J Codes Drugs	Inhalation Solutions	Yes	None
J7680	Terbutaline sulfate, inhalation solution, compounded product, administered through DME, concentrated form, per milligram	J Codes Drugs	Inhalation Solutions	Yes	None
J7681	Terbutaline sulfate, inhalation solution, compounded product, administered through DME, unit dose form, per milligram	J Codes Drugs	Inhalation Solutions	Yes	None
J7682	Tobramycin, inhalation solution, FDA-approved final product, non-compounded, unit dose form, administered through DME, per 300 milligrams	J Codes Drugs	Inhalation Solutions	Yes	None
J7683	Triamcinolone, inhalation solution, compounded product, administered through DME, concentrated form, per milligram	J Codes Drugs	Inhalation Solutions	Yes	None
J7684	Triamcinolone, inhalation solution, compounded product, administered through DME, unit dose form, per milligram	J Codes Drugs	Inhalation Solutions	Yes	None
J7685	Tobramycin, inhalation solution, compounded product, administered through DME, unit dose form, per 300 milligrams	J Codes Drugs	Inhalation Solutions	Yes	None
J7686	Treprostinil, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, 1.74 mg	J Codes Drugs	Inhalation Solutions	Yes	None
J7699	NOC drugs, inhalation solution administered through DME	J Codes Drugs	Drugs, Not Otherwise Classified	Yes	None
J7799	NOC drugs, other than inhalation drugs, administered through DME	J Codes Drugs	Drugs, Not Otherwise Classified	Yes	None
J7999	Compounded drug, not otherwise classified	J Codes Drugs	Drugs, Not Otherwise Classified	Yes	None

J8498	Antiemetic drug, rectal/suppository, not otherwise specified	J Codes Drugs	Drugs, Not Otherwise Classified	No	None
J8499	Prescription drug, oral, non chemotherapeutic, NOS	J Codes Drugs	Drugs, Not Otherwise Classified	Yes	Effective 11/1/19, this code is NO LONGER managed by HealthHelp for medical oncology diagnoses. All requests should be submitted to Meridian. Emergency contraceptive NDCs are excluded from PA requirement.
J8501	Aprepitant, oral, 5 mg	J Codes Chemotherapy Drugs	Oral Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J8510	Busulfan; oral, 2 mg	J Codes Chemotherapy Drugs	Oral Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J8515	Cabergoline, oral, 0.25 mg	J Codes Chemotherapy Drugs	Oral Chemotherapy Drugs	No	None
J8520	Capecitabine, oral, 150 mg	J Codes Chemotherapy Drugs	Oral Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J8521	Capecitabine, oral, 500 mg	J Codes Chemotherapy Drugs	Oral Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.

J8530	Cyclophosphamide; oral, 25 mg	J Codes Chemotherapy Drugs	Oral Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J8540	Dexamethasone, oral, 0.25 mg	J Codes Chemotherapy Drugs	Oral Chemotherapy Drugs	No	None
J8560	Etoposide; oral, 50 mg	J Codes Chemotherapy Drugs	Oral Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J8562	Fludarabine phosphate, oral, 10 mg	J Codes Chemotherapy Drugs	Oral Chemotherapy Drugs	No	None
J8565	Gefitinib, oral, 250 mg	J Codes Chemotherapy Drugs	Oral Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J8597	Antiemetic drug, oral, not otherwise specified	J Codes Chemotherapy Drugs	Oral Chemotherapy Drugs	No	None
J8600	Melphalan; oral, 2 mg	J Codes Chemotherapy Drugs	Oral Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.

J8610	Methotrexate; oral, 2.5 mg	J Codes Chemotherapy Drugs	Oral Chemotherapy Drugs	Yes	Effective 11/1/19, this code is NO LONGER managed by HealthHelp for medical oncology diagnoses. All requests should be submitted to Meridian.
J8650	Nabilone, oral, 1 mg	J Codes Chemotherapy Drugs	Oral Chemotherapy Drugs	No	None
J8655	Netupitant 300 mg and palonosetron 0.5 mg	J Codes Chemotherapy Drugs	Oral Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J8670	Rolapitant, oral, 1 mg	J Codes Chemotherapy Drugs	Oral Chemotherapy Drugs	No	None
J8700	Temozolomide, oral, 5 mg	J Codes Chemotherapy Drugs	Oral Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J8705	Topotecan, oral, 0.25 mg	J Codes Chemotherapy Drugs	Oral Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J8999	Prescription drug, oral, chemotherapeutic, NOS	J Codes Chemotherapy Drugs	Oral Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.

J9000	Injection, doxorubicin hydrochloride, 10 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J9015	Injection, aldesleukin, per single use vial	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J9017	Injection, arsenic trioxide, 1 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J9019	Injection, asparaginase (Erwinaze), 1,000 IU	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J9020	Injection, asparaginase, not otherwise specified, 10,000 units	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.

J9022	Injection, atezolizumab, 10 mg	Chemotherapy Drugs	Chemotherapy Drugs, administered by injection	Yes	None
J9023	Injection, avelumab, 10 mg	Chemotherapy Drugs	Chemotherapy Drugs, administered by injection	Yes	None
J9025	Injection, azacitidine, 1 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J9027	Injection, clofarabine, 1 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J9031	BCG (intravesical) per instillation	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J9032	Injection, belinostat, 10 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.

J9033	Injection, bendamustine HCl (Treanda), 1 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J9034	Injection, bendamustine HCl (Bendeka), 1 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J9035	Injection, bevacizumab, 10 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	Effective 11/1/19, this code is NO LONGER managed by HealthHelp for medical oncology diagnoses. All requests should be submitted to Meridian.
J9039	Injection, blinatumomab, 1 microgram	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J9040	Injection, bleomycin sulfate, 15 units	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.

J9041	Injection, bortezomib, 0.1 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J9042	Injection, brentuximab vedotin, 1 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J9043	Injection, cabazitaxel, 1 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J9044	Injection, bortezomib, not otherwise specified, 0.1 mg	Drugs Administered Other than Oral Method	Drugs Administerd by Injection	Yes	None
J9045	Injection, carboplatin, 50 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.

J9047	Injection, carfilzomib, 1 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J9050	Injection, carmustine, 100 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J9055	Injection, cetuximab, 10 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J9057	Injection, copanlisib, 1 mg	Drugs Administered Other than Oral Method	Drugs Administerd by Injection	Yes	None
J9060	Injection, cisplatin, powder or solution, 10 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.

J9065	Injection, cladribine, per 1 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J9070	Cyclophosphamide, 100 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J9098	Injection, cytarabine liposome, 10 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J9100	Injection, cytarabine, 100 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J9120	Injection, dactinomycin, 0.5 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.

J9130	Dacarbazine, 100 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J9145	Injection, daratumumab, 10 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J9150	Injection, daunorubicin, 10 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J9151	Injection, daunorubicin citrate, liposomal formulation, 10 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	No	None
J9153	Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine	Drugs Administered Other than Oral Method	Drugs Administered by Injection	Yes	Effective 11/01/2019 - FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian

J9155	Injection, degarelix, 1 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J9160	Injection, denileukin diftitox, 300 micrograms	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	No	None
J9165	Injection, diethylstilbestrol diphosphate, 250 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J9171	Injection, docetaxel, 1 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J9173	Injection, durvalumab, 10 mg	Drugs Administered Other than Oral Method	Drugs Administered by Injection	Yes	Effective 11/01/2019 - FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian

J9175	Injection, Elliotts' B solution, 1 ml	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J9176	Injection, elotuzumab, 1 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J9177	Injection, enfortumab vedotin-ejfv, 0.25 mg	J Codes Drugs	Drugs, Administered by Injection	No	New Code Effective 7/1/2020
J9178	Injection, epirubicin HCl, 2 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J9179	Injection, eribulin mesylate, 0.1 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.

J9181	Injection, etoposide, 10 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J9185	Injection, fludarabine phosphate, 50 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J9190	Injection, fluorouracil, 500 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J9198	Injection, gemcitabine hydrochloride, (Infugem), 100 mg	J Codes Drugs	Drugs, Administered by Injection	No	New Code Effective 7/1/2020
J9200	Injection, floxuridine, 500 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.

J9201	Injection, gemcitabine hydrochloride, 200 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J9202	Goserelin acetate implant, per 3.6 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J9203	Injection, gemtuzumab ozogamicin, 0.1 mg	Chemotherapy Drugs	Chemotherapy Drugs, administered by injection	Yes	None
J9205	Injection, irinotecan liposome, 1 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J9206	Injection, irinotecan, 20 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.

J9207	Injection, ixabepilone, 1 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J9208	Injection, ifosfamide, 1 gram	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J9209	Injection, mesna, 200 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J9211	Injection, idarubicin hydrochloride, 5 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J9212	Injection, interferon alfacon-1, recombinant, 1 microgram	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	No	None
J9213	Injection, interferon, alfa-2a, recombinant, 3 million units	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	No	None

J9214	Injection, interferon, alfa-2b, recombinant, 1 million units	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J9215	Injection, interferon, alfa-N3, (human leukocyte derived), 250,000 IU	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J9216	Injection, interferon, gamma 1-B, 3 million units	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J9217	Leuprolide acetate (for depot suspension), 7.5 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J9218	Leuprolide acetate, per 1 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	Effective 11/1/19, this code is NO LONGER managed by HealthHelp for medical oncology diagnoses. All requests should be submitted to Meridian.
J9219	Leuprolide acetate implant, 65 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	No	None

J9225	Histrelin implant (vantas), 50 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J9226	Histrelin implant (supprelin la), 50 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	Effective 11/1/19, this code is NO LONGER managed by HealthHelp for medical oncology diagnoses. All requests should be submitted to Meridian.
J9228	Injection, ipilimumab, 1 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J9229	Injection, inotuzumab ozogamicin, 0.1 mg	Drugs Administered Other than Oral Method	Drugs Administerd by Injection	Yes	Effective 11/01/2019 - FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian
J9230	Injection, mechlorethamine hydrochloride, (nitrogen mustard), 10 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian

J9245	Injection, melphalan hydrochloride, 50 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J9246	Injection, melphalan (Evomela), 1 mg	J Codes Chemotherapy Drugs	Oral Chemotherapy Drugs	No	New Code Effective 7/1/2020
J9250	Methotrexate sodium, 5 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	Effective 11/1/19, this code is NO LONGER managed by HealthHelp for medical oncology diagnoses. All requests should be submitted to Meridian.
J9260	Methotrexate sodium, 50 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	No	None
J9261	Injection, nelarabine, 50 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J9262	Injection, omacetaxine mepesuccinate, 0.01 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J9263	Injection, oxaliplatin, 0.5 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.

J9264	Injection, paclitaxel protein-bound particles, 1 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J9266	Injection, pegaspargase, per single dose vial	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J9267	Injection, paclitaxel, 1 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J9268	Injection, pentostatin, 10 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J9270	Injection, plicamycin, 2.5 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	No	None

J9271	Injection, pembrolizumab, 1 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J9280	Injection, mitomycin, 5 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J9285	Injection, olaratumab, 10 mg	Chemotherapy Drugs	Chemotherapy Drugs, administered by injection	Yes	None
J9293	Injection, mitoxantrone hydrochloride, per 5 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J9295	Injection, necitumumab, 1 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.

J9299	Injection, nivolumab, 1 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J9300	Injection, gemtuzumab ozogamicin, 5 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	No	AMA Deleted Code Code invalid as of 1/1/2018 Check for replacement code
J9301	Injection, obinutuzumab, 10 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J9302	Injection, ofatumumab, 10 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J9303	Injection, panitumumab, 10 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.

J9305	Injection, pemetrexed, 10 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J9306	Injection, pertuzumab, 1 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J9307	Injection, pralatrexate, 1 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J9308	Injection, ramucirumab, 5 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J9310	Injection, rituximab, 100 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	No	AMA Termed Code 1/01/2019
J9311	Injection, rituximab 10 mg and hyaluronidase	Drugs Administered Other than Oral Method	Drugs Administerd by Injection	Yes	None
J9312	Injection, rituximab, 10 mg	Drugs Administered Other than Oral Method	Drugs Administerd by Injection	Yes	None

J9315	Injection, romidepsin, 1 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J9320	Injection, streptozocin, 1 gram	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J9325	Injection, talimogene laherparepvec, per 1 million plaque forming units	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J9328	Injection, temozolomide, 1 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J9330	Injection, temsirolimus, 1 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.

J9340	Injection, thiotepa, 15 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J9351	Injection, topotecan, 0.1 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J9352	Injection, trabectedin, 0.1 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J9354	Injection, ado-trastuzumab emtansine, 1 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J9355	Injection, trastuzumab, 10 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.

J9357	Injection, valrubicin, intravesical, 200 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J9358	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg	J Codes Drugs	Drugs, Administered by Injection	No	New Code Effective 7/1/2020
J9360	Injection, vinblastine sulfate, 1 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J9370	Vincristine sulfate, 1 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J9371	Injection, vincristine sulfate liposome, 1 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.

J9390	Injection, vinorelbine tartrate, 10 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J9395	Injection, Fulvestrant, 25 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J9400	Injection, ziv-aflibercept, 1 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J9600	Injection, porfimer sodium, 75 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J9999	Not otherwise classified, antineoplastic drugs	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.

K0001	Standard wheelchair	Durable Medical Equipment	Wheelchairs, Components, and Accessories	No	Not covered in Long Term Care Setting
K0002	Standard hemi (low seat) wheelchair	Durable Medical Equipment	Wheelchairs, Components, and Accessories	No	Not covered in Long Term Care Setting
K0003	Lightweight wheelchair	Durable Medical Equipment	Wheelchairs, Components, and Accessories	Yes	Not covered in Long Term Care Setting
K0004	High strength, lightweight wheelchair	Durable Medical Equipment	Wheelchairs, Components, and Accessories	Yes	Not covered in Long Term Care Setting
K0005	Ultralightweight wheelchair	Durable Medical Equipment	Wheelchairs, Components, and Accessories	Yes	Not covered in Long Term Care Setting
K0006	Heavy duty wheelchair	Durable Medical Equipment	Wheelchairs, Components, and Accessories	Yes	Not covered in Long Term Care Setting
K0007	Extra heavy duty wheelchair	Durable Medical Equipment	Wheelchairs, Components, and Accessories	Yes	Not covered in Long Term Care Setting
K0008	Custom manual wheelchair/base	Durable Medical Equipment	Wheelchairs, Components, and Accessories	No	None
K0009	Other manual wheelchair/base	Durable Medical Equipment	Wheelchairs, Components, and Accessories	No	None
K0010	Standard - weight frame motorized/power wheelchair	Durable Medical Equipment	Wheelchairs, Components, and Accessories	Yes	Not covered in Long Term Care Setting
K0011	Standard - weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking	Durable Medical Equipment	Wheelchairs, Components, and Accessories	Yes	Not covered in Long Term Care Setting
K0012	Lightweight portable motorized/power wheelchair	Durable Medical Equipment	Wheelchairs, Components, and Accessories	Yes	Not covered in Long Term Care Setting
K0013	Custom motorized/power wheelchair base	Durable Medical Equipment	Wheelchairs, Components, and Accessories	No	Not covered in Long Term Care Setting
K0014	Other motorized/power wheelchair base	Durable Medical Equipment	Wheelchairs, Components, and Accessories	No	Not covered in Long Term Care Setting
K0015	Detachable, non-adjustable height armrest, replacement only, each	Durable Medical Equipment	Wheelchairs, Components, and Accessories	Yes	PA Required Effective 4/7/2018

K0017	Detachable, adjustable height armrest, base, replacement only, each	Durable Medical Equipment	Wheelchairs, Components, and Accessories	Yes	Not covered in Long Term Care Setting
K0018	Detachable, adjustable height armrest, upper portion, replacement only, each	Durable Medical Equipment	Wheelchairs, Components, and Accessories	Yes	Not covered in Long Term Care Setting
K0019	Arm pad, replacement only, each	Durable Medical Equipment	Wheelchairs, Components, and Accessories	Yes	Not covered in Long Term Care Setting
K0020	Fixed, adjustable height armrest, pair	Durable Medical Equipment	Wheelchairs, Components, and Accessories	Yes	Not covered in Long Term Care Setting
K0037	High mount flip-up footrest, replacement only, each	Durable Medical Equipment	Wheelchairs, Components, and Accessories	Yes	Not covered in Long Term Care Setting
K0038	Leg strap, each	Durable Medical Equipment	Wheelchairs, Components, and Accessories	Yes	Not covered in Long Term Care Setting
K0039	Leg strap, H style, each	Durable Medical Equipment	Wheelchairs, Components, and Accessories	Yes	Not covered in Long Term Care Setting
K0040	Adjustable angle footplate, each	Durable Medical Equipment	Wheelchairs, Components, and Accessories	Yes	Not covered in Long Term Care Setting
K0041	Large size footplate, each	Durable Medical Equipment	Wheelchairs, Components, and Accessories	Yes	Not covered in Long Term Care Setting
K0042	Standard size footplate, replacement only, each	Durable Medical Equipment	Wheelchairs, Components, and Accessories	Yes	Not covered in Long Term Care Setting
K0043	Footrest, lower extension tube, replacement only, each	Durable Medical Equipment	Wheelchairs, Components, and Accessories	Yes	Not covered in Long Term Care Setting
K0044	Footrest, upper hanger bracket, replacement only, each	Durable Medical Equipment	Wheelchairs, Components, and Accessories	Yes	PA Required Effective 4/7/2018
K0045	Footrest, complete assembly, replacement only, each	Durable Medical Equipment	Wheelchairs, Components, and Accessories	Yes	Not covered in Long Term Care Setting
K0046	Elevating legrest, lower extension tube, replacement only, each	Durable Medical Equipment	Wheelchairs, Components, and Accessories	Yes	Not covered in Long Term Care Setting
K0047	Elevating legrest, upper hanger bracket, replacement only, each	Durable Medical Equipment	Wheelchairs, Components, and Accessories	Yes	Not covered in Long Term Care Setting

K0050	Ratchet assembly, replacement only	Durable Medical Equipment	Wheelchairs, Components, and Accessories	Yes	Not covered in Long Term Care Setting
K0051	Cam release assembly, footrest or legrest, replacement only, each	Durable Medical Equipment	Wheelchairs, Components, and Accessories	Yes	Not covered in Long Term Care Setting
K0052	Swingaway, detachable footrests, replacement only, each	Durable Medical Equipment	Wheelchairs, Components, and Accessories	Yes	Not covered in Long Term Care Setting
K0053	Elevating footrests, articulating (telescoping), each	Durable Medical Equipment	Wheelchairs, Components, and Accessories	Yes	Not covered in Long Term Care Setting
K0056	Seat height less than 17" or equal to or greater than 21" for a high strength, lightweight, or ultralightweight wheelchair	Durable Medical Equipment	Wheelchairs, Components, and Accessories	Yes	Not covered in Long Term Care Setting
K0065	Spoke protectors, each	Durable Medical Equipment	Wheelchairs, Components, and Accessories	No	Not covered in Long Term Care Setting
K0069	Rear wheel assembly, complete, with solid tire, spokes or molded, replacement only, each	Durable Medical Equipment	Wheelchairs, Components, and Accessories	No	Not covered in Long Term Care Setting
K0070	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, replacement only, each	Durable Medical Equipment	Wheelchairs, Components, and Accessories	No	Not covered in Long Term Care Setting
K0071	Front caster assembly, complete, with pneumatic tire, replacement only, each	Durable Medical Equipment	Wheelchairs, Components, and Accessories	No	Not covered in Long Term Care Setting
K0072	Front caster assembly, complete, with semi-pneumatic tire, replacement only, each	Durable Medical Equipment	Wheelchairs, Components, and Accessories	No	Not covered in Long Term Care Setting
K0073	Caster pin lock, each	Durable Medical Equipment	Wheelchairs, Components, and Accessories	No	Not covered in Long Term Care Setting
K0077	Front caster assembly, complete, with solid tire, replacement only, each	Durable Medical Equipment	Wheelchairs, Components, and Accessories	No	Not covered in Long Term Care Setting
K0098	Drive belt for power wheelchair, replacement only	Durable Medical Equipment	Wheelchairs, Components, and Accessories	No	None
K0105	IV hanger, each	Durable Medical Equipment	Wheelchairs, Components, and Accessories	No	Not covered in Long Term Care Setting
K0108	Wheelchair component or accessory, not otherwise specified	Durable Medical Equipment	Wheelchairs, Components, and Accessories	Yes	PA Required Effective 4/7/2018

K0195	Elevating leg rests, pair (for use with capped rental wheelchair base)	Durable Medical Equipment	Wheelchairs, Components, and Accessories	No	None
K0455	Infusion pump used for uninterrupted parenteral administration of medication, (e.g., Epoprostenol or treprostamol)	Durable Medical Equipment	Infusion Pumps and Supplies	No	None
K0462	Temporary replacement for patient owned equipment being repaired, any type	Durable Medical Equipment	Infusion Pumps and Supplies	Yes	None
K0552	Supplies for external non-insulin drug infusion pump, syringe type cartridge, sterile, each	Durable Medical Equipment	Infusion Pumps and Supplies	No	Not covered in Long Term Care Setting
K0553	Supply Allowance for therapeutic continuous glucose monitor (CGM), includes all supplies and accessories, one month supply = one month of service	Durable Medical Equipment	Infusion Pumps and Supplies	Yes	None
K0554	Receiver (monitor); dedicated for use with therapeutic continuous glucose monitor system	Durable Medical Equipment	Infusion Pumps and Supplies	Yes	None
K0601	Replacement battery for external infusion pump owned by patient, silver oxide, 1.5 volt, each	Durable Medical Equipment	Infusion Pumps and Supplies	No	Not covered in Long Term Care Setting
K0602	Replacement battery for external infusion pump owned by patient, silver oxide, 3 volt, each	Durable Medical Equipment	Infusion Pumps and Supplies	No	Not covered in Long Term Care Setting
K0603	Replacement battery for external infusion pump owned by patient, alkaline, 1.5 volt, each	Durable Medical Equipment	Infusion Pumps and Supplies	No	Not covered in Long Term Care Setting
K0604	Replacement battery for external infusion pump owned by patient, lithium, 3.6 volt, each	Durable Medical Equipment	Infusion Pumps and Supplies	No	Not covered in Long Term Care Setting
K0605	Replacement battery for external infusion pump owned by patient, lithium, 4.5 volt, each	Durable Medical Equipment	Infusion Pumps and Supplies	No	Not covered in Long Term Care Setting
K0606	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type	Durable Medical Equipment	Automated External Defibrillator and Supplies	Yes	Not covered in Long Term Care Setting
K0607	Replacement battery for automated external defibrillator, garment type only, each	Durable Medical Equipment	Automated External Defibrillator and Supplies	No	Not covered in Long Term Care Setting
K0608	Replacement garment for use with automated external defibrillator, each	Durable Medical Equipment	Automated External Defibrillator and Supplies	No	Not covered in Long Term Care Setting
K0609	Replacement electrodes for use with automated external defibrillator, garment type only, each	Durable Medical Equipment	Automated External Defibrillator and Supplies	No	Not covered in Long Term Care Setting
K0669	Wheelchair accessory, wheelchair seat or back cushion, does not meet specific code criteria or no written coding verification from DME PDAC	Durable Medical Equipment	Miscellaneous DME and Accessories	No	Not covered in Long Term Care Setting
K0672	Addition to lower extremity orthosis, removable soft interface, all components, replacement only, each	Durable Medical Equipment	Miscellaneous DME and Accessories	No	None

K0730	Controlled dose inhalation drug delivery system	Durable Medical Equipment	Miscellaneous DME and Accessories	No	None
K0733	Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each (e.g., gel cell, absorbed glassmat)	Durable Medical Equipment	Miscellaneous DME and Accessories	No	Not covered in Long Term Care Setting
K0738	Portable gaseous oxygen system, rental; home compressor used to fill portable oxygen cylinders; includes portable containers, regulator, flowmeter, humidifier, cannula or mask, and tubing	Durable Medical Equipment	Miscellaneous DME and Accessories	No	Effective 3/01/2020, PA Requirement lifted during COVID-19 Crisis
K0739	Repair or nonroutine service for durable medical equipment other than oxygen equipment requiring the skill of a technician, labor component, per 15 minutes	Durable Medical Equipment	Miscellaneous DME and Accessories	No	Not covered in Long Term Care Setting
K0740	Repair or nonroutine service for oxygen equipment requiring the skill of a technician, labor component, per 15 minutes	Durable Medical Equipment	Miscellaneous DME and Accessories	No	None
K0743	Suction pump, home model, portable, for use on wounds	Durable Medical Equipment	Miscellaneous DME and Accessories	No	None
K0744	Absorptive wound dressing for use with suction pump, home model, portable, pad size 16 square inches or less	Durable Medical Equipment	Miscellaneous DME and Accessories	No	None
K0745	Absorptive wound dressing for use with suction pump, home model, portable, pad size more than 16 square inches but less than or equal to 48 square inches	Durable Medical Equipment	Miscellaneous DME and Accessories	No	None
K0746	Absorptive wound dressing for use with suction pump, home model, portable, pad size greater than 48 square inches	Durable Medical Equipment	Miscellaneous DME and Accessories	No	None
K0800	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds	Durable Medical Equipment	Power Operated Vehicle and Accessories	Yes	Not covered in Long Term Care Setting
K0801	Power operated vehicle, group 1 heavy duty, patient weight capacity 301 to 450 pounds	Durable Medical Equipment	Power Operated Vehicle and Accessories	Yes	Not covered in Long Term Care Setting
K0802	Power operated vehicle, group 1 very heavy duty, patient weight capacity 451 to 600 pounds	Durable Medical Equipment	Power Operated Vehicle and Accessories	Yes	Not covered in Long Term Care Setting
K0806	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds	Durable Medical Equipment	Power Operated Vehicle and Accessories	Yes	Not covered in Long Term Care Setting
K0807	Power operated vehicle, group 2 heavy duty, patient weight capacity 301 to 450 pounds	Durable Medical Equipment	Power Operated Vehicle and Accessories	Yes	Not covered in Long Term Care Setting
K0808	Power operated vehicle, group 2 very heavy duty, patient weight capacity 451 to 600 pounds	Durable Medical Equipment	Power Operated Vehicle and Accessories	Yes	Not covered in Long Term Care Setting
K0812	Power operated vehicle, not otherwise classified	Durable Medical Equipment	Power Operated Vehicle and Accessories	Yes	Not covered in Long Term Care Setting

K0813	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds	Durable Medical Equipment	Wheelchairs, Power Operated	Yes	Not covered in Long Term Care Setting
K0814	Power wheelchair, group 1 standard, portable, captains chair, patient weight capacity up to and including 300 pounds	Durable Medical Equipment	Wheelchairs, Power Operated	Yes	Not covered in Long Term Care Setting
K0815	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds	Durable Medical Equipment	Wheelchairs, Power Operated	Yes	Not covered in Long Term Care Setting
K0816	Power wheelchair, group 1 standard, captains chair, patient weight capacity up to and including 300 pounds	Durable Medical Equipment	Wheelchairs, Power Operated	Yes	Not covered in Long Term Care Setting
K0820	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Durable Medical Equipment	Wheelchairs, Power Operated	Yes	Not covered in Long Term Care Setting
K0821	Power wheelchair, group 2 standard, portable, captains chair, patient weight capacity up to and including 300 pounds	Durable Medical Equipment	Wheelchairs, Power Operated	Yes	Not covered in Long Term Care Setting
K0822	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Durable Medical Equipment	Wheelchairs, Power Operated	Yes	Not covered in Long Term Care Setting
K0823	Power wheelchair, group 2 standard, captains chair, patient weight capacity up to and including 300 pounds	Durable Medical Equipment	Wheelchairs, Power Operated	Yes	Not covered in Long Term Care Setting
K0824	Power wheelchair, group 2 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Durable Medical Equipment	Wheelchairs, Power Operated	Yes	Not covered in Long Term Care Setting
K0825	Power wheelchair, group 2 heavy duty, captains chair, patient weight capacity 301 to 450 pounds	Durable Medical Equipment	Wheelchairs, Power Operated	Yes	Not covered in Long Term Care Setting
K0826	Power wheelchair, group 2 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Durable Medical Equipment	Wheelchairs, Power Operated	Yes	Not covered in Long Term Care Setting
K0827	Power wheelchair, group 2 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds	Durable Medical Equipment	Wheelchairs, Power Operated	Yes	Not covered in Long Term Care Setting
K0828	Power wheelchair, group 2 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more	Durable Medical Equipment	Wheelchairs, Power Operated	Yes	Not covered in Long Term Care Setting
K0829	Power wheelchair, group 2 extra heavy duty, captains chair, patient weight 601 pounds or more	Durable Medical Equipment	Wheelchairs, Power Operated	Yes	Not covered in Long Term Care Setting
K0830	Power wheelchair, group 2 standard, seat elevator, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Durable Medical Equipment	Wheelchairs, Power Operated	Yes	Not covered in Long Term Care Setting
K0831	Power wheelchair, group 2 standard, seat elevator, captains chair, patient weight capacity up to and including 300 pounds	Durable Medical Equipment	Wheelchairs, Power Operated	Yes	Not covered in Long Term Care Setting
K0835	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Durable Medical Equipment	Wheelchairs, Power Operated	Yes	Not covered in Long Term Care Setting
K0836	Power wheelchair, group 2 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds	Durable Medical Equipment	Wheelchairs, Power Operated	Yes	Not covered in Long Term Care Setting

K0837	Power wheelchair, group 2 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Durable Medical Equipment	Wheelchairs, Power Operated	Yes	Not covered in Long Term Care Setting
K0838	Power wheelchair, group 2 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds	Durable Medical Equipment	Wheelchairs, Power Operated	Yes	Not covered in Long Term Care Setting
K0839	Power wheelchair, group 2 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Durable Medical Equipment	Wheelchairs, Power Operated	Yes	Not covered in Long Term Care Setting
K0840	Power wheelchair, group 2 extra heavy duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more	Durable Medical Equipment	Wheelchairs, Power Operated	Yes	Not covered in Long Term Care Setting
K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Durable Medical Equipment	Wheelchairs, Power Operated	Yes	Not covered in Long Term Care Setting
K0842	Power wheelchair, group 2 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds	Durable Medical Equipment	Wheelchairs, Power Operated	Yes	Not covered in Long Term Care Setting
K0843	Power wheelchair, group 2 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Durable Medical Equipment	Wheelchairs, Power Operated	Yes	Not covered in Long Term Care Setting
K0848	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Durable Medical Equipment	Wheelchairs, Power Operated	Yes	Not covered in Long Term Care Setting
K0849	Power wheelchair, group 3 standard, captains chair, patient weight capacity up to and including 300 pounds	Durable Medical Equipment	Wheelchairs, Power Operated	Yes	Not covered in Long Term Care Setting
K0850	Power wheelchair, group 3 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Durable Medical Equipment	Wheelchairs, Power Operated	Yes	Not covered in Long Term Care Setting
K0851	Power wheelchair, group 3 heavy duty, captains chair, patient weight capacity 301 to 450 pounds	Durable Medical Equipment	Wheelchairs, Power Operated	Yes	Not covered in Long Term Care Setting
K0852	Power wheelchair, group 3 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Durable Medical Equipment	Wheelchairs, Power Operated	Yes	Not covered in Long Term Care Setting
K0853	Power wheelchair, group 3 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds	Durable Medical Equipment	Wheelchairs, Power Operated	Yes	Not covered in Long Term Care Setting
K0854	Power wheelchair, group 3 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more	Durable Medical Equipment	Wheelchairs, Power Operated	Yes	Not covered in Long Term Care Setting
K0855	Power wheelchair, group 3 extra heavy duty, captains chair, patient weight capacity 601 pounds or more	Durable Medical Equipment	Wheelchairs, Power Operated	Yes	Not covered in Long Term Care Setting
K0856	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Durable Medical Equipment	Wheelchairs, Power Operated	Yes	Not covered in Long Term Care Setting
K0857	Power wheelchair, group 3 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds	Durable Medical Equipment	Wheelchairs, Power Operated	Yes	Not covered in Long Term Care Setting

K0858	Power wheelchair, group 3 heavy duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds	Durable Medical Equipment	Wheelchairs, Power Operated	Yes	Not covered in Long Term Care Setting
K0859	Power wheelchair, group 3 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds	Durable Medical Equipment	Wheelchairs, Power Operated	Yes	Not covered in Long Term Care Setting
K0860	Power wheelchair, group 3 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Durable Medical Equipment	Wheelchairs, Power Operated	Yes	Not covered in Long Term Care Setting
K0861	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Durable Medical Equipment	Wheelchairs, Power Operated	Yes	Not covered in Long Term Care Setting
K0862	Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Durable Medical Equipment	Wheelchairs, Power Operated	Yes	Not covered in Long Term Care Setting
K0863	Power wheelchair, group 3 very heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Durable Medical Equipment	Wheelchairs, Power Operated	Yes	Not covered in Long Term Care Setting
K0864	Power wheelchair, group 3 extra heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more	Durable Medical Equipment	Wheelchairs, Power Operated	Yes	Not covered in Long Term Care Setting
K0868	Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Durable Medical Equipment	Wheelchairs, Power Operated	Yes	Not covered in Long Term Care Setting
K0869	Power wheelchair, group 4 standard, captains chair, patient weight capacity up to and including 300 pounds	Durable Medical Equipment	Wheelchairs, Power Operated	Yes	Not covered in Long Term Care Setting
K0870	Power wheelchair, group 4 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Durable Medical Equipment	Wheelchairs, Power Operated	Yes	Not covered in Long Term Care Setting
K0871	Power wheelchair, group 4 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Durable Medical Equipment	Wheelchairs, Power Operated	Yes	Not covered in Long Term Care Setting
K0877	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Durable Medical Equipment	Wheelchairs, Power Operated	Yes	Not covered in Long Term Care Setting
K0878	Power wheelchair, group 4 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds	Durable Medical Equipment	Wheelchairs, Power Operated	Yes	Not covered in Long Term Care Setting
K0879	Power wheelchair, group 4 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Durable Medical Equipment	Wheelchairs, Power Operated	Yes	Not covered in Long Term Care Setting
K0880	Power wheelchair, group 4 very heavy duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds	Durable Medical Equipment	Wheelchairs, Power Operated	Yes	Not covered in Long Term Care Setting
K0884	Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Durable Medical Equipment	Wheelchairs, Power Operated	Yes	Not covered in Long Term Care Setting

K0885	Power wheelchair, group 4 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds	Durable Medical Equipment	Wheelchairs, Power Operated	Yes	Not covered in Long Term Care Setting
K0886	Power wheelchair, group 4 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Durable Medical Equipment	Wheelchairs, Power Operated	Yes	Not covered in Long Term Care Setting
K0890	Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	Durable Medical Equipment	Wheelchairs, Power Operated	Yes	Not covered in Long Term Care Setting
K0891	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	Durable Medical Equipment	Wheelchairs, Power Operated	Yes	Not covered in Long Term Care Setting
K0898	Power wheelchair, not otherwise classified	Durable Medical Equipment	Wheelchairs, Power Operated	Yes	Not covered in Long Term Care Setting
K0899	Power mobility device, not coded by DME PDAC or does not meet criteria	Durable Medical Equipment	Wheelchairs, Power Operated	Yes	Not covered in Long Term Care Setting
K0900	Customized durable medical equipment, other than wheelchair	Durable Medical Equipment	Customized DME, Other Than Wheelchair	Yes	Not covered in Long Term Care Setting
K0901	KO SINGLE UPRIGHT PRE OTS	None	None	No	None
K0902	KO DOUBLE UPRIGHT PRE OTS	None	None	No	None
L0112	Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated	Orthotic Procedures and Services	Cervical Orthotics	Yes	Not covered in Long Term Care Setting
L0113	Cranial cervical orthosis, torticollis type, with or without joint, with or without soft interface material, prefabricated, includes fitting and adjustment	Orthotic Procedures and Services	Cervical Orthotics	No	None
L0120	Cervical, flexible, non-adjustable, prefabricated, off-the-shelf (foam collar)	Orthotic Procedures and Services	Cervical Orthotics	No	Not covered in Long Term Care Setting
L0130	Cervical, flexible, thermoplastic collar, molded to patient	Orthotic Procedures and Services	Cervical Orthotics	No	None
L0140	Cervical, semi-rigid, adjustable (plastic collar)	Orthotic Procedures and Services	Cervical Orthotics	No	Not covered in Long Term Care Setting
L0150	Cervical, semi-rigid, adjustable molded chin cup (plastic collar with mandibular/occipital piece)	Orthotic Procedures and Services	Cervical Orthotics	No	Not covered in Long Term Care Setting
L0160	Cervical, semi-rigid, wire frame occipital/mandibular support, prefabricated, off-the-shelf	Orthotic Procedures and Services	Cervical Orthotics	No	Not covered in Long Term Care Setting
L0170	Cervical, collar, molded to patient model	Orthotic Procedures and Services	Cervical Orthotics	No	Not covered in Long Term Care Setting
L0172	Cervical, collar, semi-rigid thermoplastic foam, two-piece, prefabricated, off-the-shelf	Orthotic Procedures and Services	Cervical Orthotics	No	Not covered in Long Term Care Setting
L0174	Cervical, collar, semi-rigid, thermoplastic foam, two piece with thoracic extension, prefabricated, off-the-shelf	Orthotic Procedures and Services	Cervical Orthotics	No	Not covered in Long Term Care Setting

L0180	Cervical, multiple post collar, occipital/mandibular supports, adjustable	Orthotic Procedures and Services	Cervical Orthotics Multi-Post Collar	No	Not covered in Long Term Care Setting
L0190	Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars (SOMI, Guilford, Taylor types)	Orthotic Procedures and Services	Cervical Orthotics Multi-Post Collar	No	Not covered in Long Term Care Setting
L0200	Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars, and thoracic extension	Orthotic Procedures and Services	Cervical Orthotics Multi-Post Collar	No	Not covered in Long Term Care Setting
L0220	Thoracic, rib belt, custom fabricated	Orthotic Procedures and Services	Thoracic Rib Belts	No	Not covered in Long Term Care Setting
L0450	TLSO, flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated, off-the-shelf	Orthotic Procedures and Services	Thoracic-Lumbar-Sacral Orthotic (TLSO) Orthotics	No	Not covered in Long Term Care Setting
L0452	TLSO, flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, custom fabricated	Orthotic Procedures and Services	Thoracic-Lumbar-Sacral Orthotic (TLSO) Orthotics	No	None
L0454	TLSO flexible, provides trunk support, extends from sacrococcygeal junction to above T-9 vertebra, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Orthotic Procedures and Services	Thoracic-Lumbar-Sacral Orthotic (TLSO) Orthotics	No	Not covered in Long Term Care Setting
L0455	TLSO, flexible, provides trunk support, extends from sacrococcygeal junction to above T-9 vertebra, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated, off-the-shelf	Orthotic Procedures and Services	Thoracic-Lumbar-Sacral Orthotic (TLSO) Orthotics	No	Not covered in Long Term Care Setting
L0456	TLSO, flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks, includes straps and closures, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Orthotic Procedures and Services	Thoracic-Lumbar-Sacral Orthotic (TLSO) Orthotics	No	Not covered in Long Term Care Setting

L0457	<p>TLSO, flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks, includes straps and closures, prefabricated, off-the-shelf</p>	Orthotic Procedures and Services	Thoracic-Lumbar-Sacral Orthotic (TLSO) Orthotics	No	Not covered in Long Term Care Setting
L0458	<p>TLSO, triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment</p>	Orthotic Procedures and Services	Thoracic-Lumbar-Sacral Orthotic (TLSO) Orthotics	No	Not covered in Long Term Care Setting
L0460	<p>TLSO, triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise</p>	Orthotic Procedures and Services	Thoracic-Lumbar-Sacral Orthotic (TLSO) Orthotics	No	Not covered in Long Term Care Setting
L0462	<p>TLSO, triplanar control, modular segmented spinal system, three rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment</p>	Orthotic Procedures and Services	Thoracic-Lumbar-Sacral Orthotic (TLSO) Orthotics	No	Not covered in Long Term Care Setting

L0464	<p>TLSO, triplanar control, modular segmented spinal system, four rigid plastic shells, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment</p>	Orthotic Procedures and Services	Thoracic-Lumbar-Sacral Orthotic (TLSO) Orthotics	Yes	Not covered in Long Term Care Setting
L0466	<p>TLSO, sagittal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, restricts gross trunk motion in sagittal plane, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise</p>	Orthotic Procedures and Services	Thoracic-Lumbar-Sacral Orthotic (TLSO) Orthotics	No	Not covered in Long Term Care Setting
L0467	<p>TLSO, sagittal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, restricts gross trunk motion in sagittal plane, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated, off-the-shelf</p>	Orthotic Procedures and Services	Thoracic-Lumbar-Sacral Orthotic (TLSO) Orthotics	No	Not covered in Long Term Care Setting
L0468	<p>TLSO, sagittal-coronal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction over scapulae, lateral strength provided by pelvic, thoracic, and lateral frame pieces, restricts gross trunk motion in sagittal, and coronal planes, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise</p>	Orthotic Procedures and Services	Thoracic-Lumbar-Sacral Orthotic (TLSO) Orthotics	No	Not covered in Long Term Care Setting
L0469	<p>TLSO, sagittal-coronal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction over scapulae, lateral strength provided by pelvic, thoracic, and lateral frame pieces, restricts gross trunk motion in sagittal and coronal planes, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated, off-the-shelf</p>	Orthotic Procedures and Services	Thoracic-Lumbar-Sacral Orthotic (TLSO) Orthotics	No	Not covered in Long Term Care Setting

L0470	<p>TLSO, triplanar control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction to scapula, lateral strength provided by pelvic, thoracic, and lateral frame pieces, rotational strength provided by subclavicular extensions, restricts gross trunk motion in sagittal, coronal, and transverse planes, provides intracavitary pressure to reduce load on the intervertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment</p>	Orthotic Procedures and Services	Thoracic-Lumbar-Sacral Orthotic (TLSO) Orthotics	No	Not covered in Long Term Care Setting
L0472	<p>TLSO, triplanar control, hyperextension, rigid anterior and lateral frame extends from symphysis pubis to sternal notch with two anterior components (one pubic and one sternal), posterior and lateral pads with straps and closures, limits spinal flexion, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment</p>	Orthotic Procedures and Services	Thoracic-Lumbar-Sacral Orthotic (TLSO) Orthotics	No	Not covered in Long Term Care Setting
L0480	<p>TLSO, triplanar control, one piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated</p>	Orthotic Procedures and Services	Thoracic-Lumbar-Sacral Orthotic (TLSO) Orthotics	Yes	None
L0482	<p>TLSO, triplanar control, one piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated</p>	Orthotic Procedures and Services	Thoracic-Lumbar-Sacral Orthotic (TLSO) Orthotics	Yes	None
L0484	<p>TLSO, triplanar control, two piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated</p>	Orthotic Procedures and Services	Thoracic-Lumbar-Sacral Orthotic (TLSO) Orthotics	Yes	None

L0486	<p>TLSO, triplanar control, two piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated</p>	Orthotic Procedures and Services	Thoracic-Lumbar-Sacral Orthotic (TLSO) Orthotics	Yes	PA Required Effective 4/7/2018
L0488	<p>TLSO, triplanar control, one piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, prefabricated, includes fitting and adjustment</p>	Orthotic Procedures and Services	Thoracic-Lumbar-Sacral Orthotic (TLSO) Orthotics	No	Not covered in Long Term Care Setting
L0490	<p>TLSO, sagittal-coronal control, one piece rigid plastic shell, with overlapping reinforced anterior, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates at or before the T-9 vertebra, anterior extends from symphysis pubis to xiphoid, anterior opening, restricts gross trunk motion in sagittal and coronal planes, prefabricated, includes fitting and adjustment</p>	Orthotic Procedures and Services	Thoracic-Lumbar-Sacral Orthotic (TLSO) Orthotics	No	Not covered in Long Term Care Setting
L0491	<p>TLSO, sagittal-coronal control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal and coronal planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment</p>	Orthotic Procedures and Services	Thoracic-Lumbar-Sacral Orthotic (TLSO) Orthotics	No	Not covered in Long Term Care Setting
L0492	<p>TLSO, sagittal-coronal control, modular segmented spinal system, three rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal and coronal planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment</p>	Orthotic Procedures and Services	Thoracic-Lumbar-Sacral Orthotic (TLSO) Orthotics	No	None

L0621	Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, off-the-shelf	Orthotic Procedures and Services	Sacral Orthotics	No	Not covered in Long Term Care Setting
L0622	Sacroiliac orthosis, flexible, provides pelvic-sacral support, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated	Orthotic Procedures and Services	Sacral Orthotics	No	None
L0623	Sacroiliac orthosis, provides pelvic-sacral support, with rigid or semi-rigid panels over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, prefabricated, off-the-shelf	Orthotic Procedures and Services	Sacral Orthotics	No	Not covered in Long Term Care Setting
L0624	Sacroiliac orthosis, provides pelvic-sacral support, with rigid or semi-rigid panels placed over the sacrum and abdomen, reduces motion about the sacroiliac joint, includes straps, closures, may include pendulous abdomen design, custom fabricated	Orthotic Procedures and Services	Sacral Orthotics	No	None
L0625	Lumbar orthosis, flexible, provides lumbar support, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include pendulous abdomen design, shoulder straps, stays, prefabricated, off-the-shelf	Orthotic Procedures and Services	Lumbar Orthotics	No	Not covered in Long Term Care Setting
L0626	Lumbar orthosis, sagittal control, with rigid posterior panel(s), posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Orthotic Procedures and Services	Lumbar Orthotics	No	Not covered in Long Term Care Setting
L0627	Lumbar orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Orthotic Procedures and Services	Lumbar Orthotics	No	Not covered in Long Term Care Setting

L0628	Lumbar-sacral orthosis, flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	Orthotic Procedures and Services	Lumbar-Sacral Orthotics	No	Not covered in Long Term Care Setting
L0629	Lumbar-sacral orthosis, flexible, provides lumbo-sacral support, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include stays, shoulder straps, pendulous abdomen design, custom fabricated	Orthotic Procedures and Services	Lumbar-Sacral Orthotics	No	None
L0630	Lumbar-sacral orthosis, sagittal control, with rigid posterior panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Orthotic Procedures and Services	Lumbar-Sacral Orthotics	No	Not covered in Long Term Care Setting
L0631	Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Orthotic Procedures and Services	Lumbar-Sacral Orthotics	No	Not covered in Long Term Care Setting
L0632	Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated	Orthotic Procedures and Services	Lumbar-Sacral Orthotics	No	None

L0633	Lumbar-sacral orthosis, sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Orthotic Procedures and Services	Lumbar-Sacral Orthotics	No	Not covered in Long Term Care Setting
L0634	Lumbar-sacral orthosis, sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, custom fabricated	Orthotic Procedures and Services	Lumbar-Sacral Orthotics	No	None
L0635	Lumbar-sacral orthosis, sagittal-coronal control, lumbar flexion, rigid posterior frame/panel(s), lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, prefabricated, includes fitting and adjustment	Orthotic Procedures and Services	Lumbar-Sacral Orthotics	No	Not covered in Long Term Care Setting
L0636	Lumbar sacral orthosis, sagittal-coronal control, lumbar flexion, rigid posterior frame/panels, lateral articulating design to flex the lumbar spine, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, anterior panel, pendulous abdomen design, custom fabricated	Orthotic Procedures and Services	Lumbar-Sacral Orthotics	Yes	None

L0637	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Orthotic Procedures and Services	Lumbar-Sacral Orthotics	No	Not covered in Long Term Care Setting
L0638	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panels, posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, custom fabricated	Orthotic Procedures and Services	Lumbar-Sacral Orthotics	Yes	None
L0639	Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Orthotic Procedures and Services	Lumbar-Sacral Orthotics	Yes	Not covered in Long Term Care Setting
L0640	Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, custom fabricated	Orthotic Procedures and Services	Lumbar-Sacral Orthotics	No	None
L0641	Lumbar orthosis, sagittal control, with rigid posterior panel(s), posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	Orthotic Procedures and Services	Lumbar Orthotics Sagittal Control	No	Not covered in Long Term Care Setting

L0642	Lumbar orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	Orthotic Procedures and Services	Lumbar Orthotics Sagittal Control	No	Not covered in Long Term Care Setting
L0643	Lumbar-sacral orthosis, sagittal control, with rigid posterior panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	Orthotic Procedures and Services	Lumbar-Sacral Orthotics Sagittal Control	No	Not covered in Long Term Care Setting
L0648	Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	Orthotic Procedures and Services	Lumbar-Sacral Orthotics Sagittal Control	No	Not covered in Long Term Care Setting
L0649	Lumbar-sacral orthosis, sagittal-coronal control, with rigid posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panels, produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	Orthotic Procedures and Services	Lumbar-Sacral Orthotics Sagittal Control	No	Not covered in Long Term Care Setting
L0650	Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, lateral strength provided by rigid lateral frame/panel(s), produces intracavitary pressure to reduce load on intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, off-the-shelf	Orthotic Procedures and Services	Lumbar-Sacral Orthotics Sagittal Control	No	Not covered in Long Term Care Setting
L0651	Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s)/panel(s), posterior extends from sacrococcygeal junction to T-9 vertebra, anterior extends from symphysis pubis to xyphoid, produces intracavitary pressure to reduce load on the intervertebral discs, overall strength is provided by overlapping rigid material and stabilizing closures, includes straps, closures, may include soft interface, pendulous abdomen design, prefabricated, off-the-shelf	Orthotic Procedures and Services	Lumbar-Sacral Orthotics Sagittal Control	yes	Not covered in Long Term Care Setting

L0700	Cervical-thoracic-lumbar-sacral-orthoses (CTLSO), anterior-posterior-lateral control, molded to patient model, (Minerva type)	Orthotic Procedures and Services	Cervical-Thoracic-Lumbar-Sacral Orthotic	Yes	None
L0710	CTLSO, anterior-posterior-lateral-control, molded to patient model, with interface material, (Minerva type)	Orthotic Procedures and Services	Cervical-Thoracic-Lumbar-Sacral Orthotic	Yes	None
L0810	Halo procedure, cervical halo incorporated into jacket vest	Orthotic Procedures and Services	Cervical Halo Procedure	Yes	None
L0820	Halo procedure, cervical halo incorporated into plaster body jacket	Orthotic Procedures and Services	Cervical Halo Procedure	Yes	None
L0830	Halo procedure, cervical halo incorporated into Milwaukee type orthosis	Orthotic Procedures and Services	Cervical Halo Procedure	Yes	None
L0859	Addition to halo procedure, magnetic resonance image compatible systems, rings and pins, any material	Orthotic Procedures and Services	Cervical Halo Procedure	No	Not covered in Long Term Care Setting
L0861	Addition to halo procedure, replacement liner/interface material	Orthotic Procedures and Services	Cervical Halo Procedure	No	None
L0970	TLSO, corset front	Orthotic Procedures and Services	Accessories for Spinal Orthotics	No	Not covered in Long Term Care Setting
L0972	LSO, corset front	Orthotic Procedures and Services	Accessories for Spinal Orthotics	No	Not covered in Long Term Care Setting
L0974	TLSO, full corset	Orthotic Procedures and Services	Accessories for Spinal Orthotics	No	Not covered in Long Term Care Setting
L0976	LSO, full corset	Orthotic Procedures and Services	Accessories for Spinal Orthotics	No	Not covered in Long Term Care Setting
L0978	Axillary crutch extension	Orthotic Procedures and Services	Accessories for Spinal Orthotics	No	Not covered in Long Term Care Setting
L0980	Peroneal straps, prefabricated, off-the-shelf, pair	Orthotic Procedures and Services	Accessories for Spinal Orthotics	No	Not covered in Long Term Care Setting
L0982	Stocking supporter grips, prefabricated, off-the-shelf, set of four (4)	Orthotic Procedures and Services	Accessories for Spinal Orthotics	No	Not covered in Long Term Care Setting
L0984	Protective body sock, prefabricated, off-the-shelf, each	Orthotic Procedures and Services	Accessories for Spinal Orthotics	No	Not covered in Long Term Care Setting
L0999	Addition to spinal orthosis, not otherwise specified	Orthotic Procedures and Services	Accessories for Spinal Orthotics	Yes	Not covered in Long Term Care Setting
L1000	Cervical-thoracic-lumbar-sacral orthosis (CTLSO) (Milwaukee), inclusive of furnishing initial orthosis, including model	Orthotic Procedures and Services	Scoliosis Orthotic Devices	Yes	None
L1001	Cervical thoracic lumbar sacral orthosis, immobilizer, infant size, prefabricated, includes fitting and adjustment	Orthotic Procedures and Services	Scoliosis Orthotic Devices	No	Not covered in Long Term Care Setting
L1005	Tension based scoliosis orthosis and accessory pads, includes fitting and adjustment	Orthotic Procedures and Services	Scoliosis Orthotic Devices	Yes	Not covered in Long Term Care Setting

L1010	Addition to cervical-thoracic-lumbar-sacral orthosis (CTLSO) or scoliosis orthosis, axilla sling	Orthotic Procedures and Services	Scoliosis Orthotic Devices	No	None
L1020	Addition to CTLSO or scoliosis orthosis, kyphosis pad	Orthotic Procedures and Services	Scoliosis Orthotic Devices	No	None
L1025	Addition to CTLSO or scoliosis orthosis, kyphosis pad, floating	Orthotic Procedures and Services	Scoliosis Orthotic Devices	No	None
L1030	Addition to CTLSO or scoliosis orthosis, lumbar bolster pad	Orthotic Procedures and Services	Scoliosis Orthotic Devices	No	None
L1040	Addition to CTLSO or scoliosis orthosis, lumbar or lumbar rib pad	Orthotic Procedures and Services	Scoliosis Orthotic Devices	No	None
L1050	Addition to CTLSO or scoliosis orthosis, sternal pad	Orthotic Procedures and Services	Scoliosis Orthotic Devices	No	None
L1060	Addition to CTLSO or scoliosis orthosis, thoracic pad	Orthotic Procedures and Services	Scoliosis Orthotic Devices	No	None
L1070	Addition to CTLSO or scoliosis orthosis, trapezius sling	Orthotic Procedures and Services	Scoliosis Orthotic Devices	No	None
L1080	Addition to CTLSO or scoliosis orthosis, outrigger	Orthotic Procedures and Services	Scoliosis Orthotic Devices	No	None
L1085	Addition to CTLSO or scoliosis orthosis, outrigger, bilateral with vertical extensions	Orthotic Procedures and Services	Scoliosis Orthotic Devices	No	None
L1090	Addition to CTLSO or scoliosis orthosis, lumbar sling	Orthotic Procedures and Services	Scoliosis Orthotic Devices	No	None
L1100	Addition to CTLSO or scoliosis orthosis, ring flange, plastic or leather	Orthotic Procedures and Services	Scoliosis Orthotic Devices	No	None
L1110	Addition to CTLSO or scoliosis orthosis, ring flange, plastic or leather, molded to patient model	Orthotic Procedures and Services	Scoliosis Orthotic Devices	No	None
L1120	Addition to CTLSO, scoliosis orthosis, cover for upright, each	Orthotic Procedures and Services	Scoliosis Orthotic Devices	No	None
L1200	Thoracic-lumbar-sacral-orthosis (TLSO), inclusive of furnishing initial orthosis only	Orthotic Procedures and Services	Thoracic-Lumbar-Sacral Orthotic (TLSO)(Low Profile Additions)	Yes	None
L1210	Addition to TLSO, (low profile), lateral thoracic extension	Orthotic Procedures and Services	Thoracic-Lumbar-Sacral Orthotic (TLSO)(Low Profile Additions)	No	None
L1220	Addition to TLSO, (low profile), anterior thoracic extension	Orthotic Procedures and Services	Thoracic-Lumbar-Sacral Orthotic (TLSO)(Low Profile Additions)	No	None

L1230	Addition to TLSO, (low profile), Milwaukee type superstructure	Orthotic Procedures and Services	Thoracic-Lumbar-Sacral Orthotic (TLSO)(Low Profile Additions)	No	None
L1240	Addition to TLSO, (low profile), lumbar derotation pad	Orthotic Procedures and Services	Thoracic-Lumbar-Sacral Orthotic (TLSO)(Low Profile Additions)	No	None
L1250	Addition to TLSO, (low profile), anterior asis pad	Orthotic Procedures and Services	Thoracic-Lumbar-Sacral Orthotic (TLSO)(Low Profile Additions)	No	None
L1260	Addition to TLSO, (low profile), anterior thoracic derotation pad	Orthotic Procedures and Services	Thoracic-Lumbar-Sacral Orthotic (TLSO)(Low Profile Additions)	No	None
L1270	Addition to TLSO, (low profile), abdominal pad	Orthotic Procedures and Services	Thoracic-Lumbar-Sacral Orthotic (TLSO)(Low Profile Additions)	No	None
L1280	Addition to TLSO, (low profile), rib gusset (elastic), each	Orthotic Procedures and Services	Thoracic-Lumbar-Sacral Orthotic (TLSO)(Low Profile Additions)	No	None
L1290	Addition to TLSO, (low profile), lateral trochanteric pad	Orthotic Procedures and Services	Thoracic-Lumbar-Sacral Orthotic (TLSO)(Low Profile Additions)	No	None
L1300	Other scoliosis procedure, body jacket molded to patient model	Orthotic Procedures and Services	Other Scoliosis and Spinal Orthotics and Procedures	Yes	None
L1310	Other scoliosis procedure, post-operative body jacket	Orthotic Procedures and Services	Other Scoliosis and Spinal Orthotics and Procedures	yes	None
L1499	Spinal orthosis, not otherwise specified	Orthotic Procedures and Services	Other Scoliosis and Spinal Orthotics and Procedures	Yes	None
L1600	Hip orthosis, abduction control of hip joints, flexible, Frejka type with cover, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Orthotic Procedures and Services	Hip Orthotic (HO)-Flexible	No	Not covered in Long Term Care Setting

L1610	Hip orthosis, abduction control of hip joints, flexible, (Frejka cover only), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Orthotic Procedures and Services	Hip Orthotic (HO)-Flexible	No	Not covered in Long Term Care Setting
L1620	Hip orthosis, abduction control of hip joints, flexible, (Pavlik harness), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Orthotic Procedures and Services	Hip Orthotic (HO)-Flexible	No	Not covered in Long Term Care Setting
L1630	Hip orthosis, abduction control of hip joints, semi-flexible (Von Rosen type), custom fabricated	Orthotic Procedures and Services	Hip Orthotic (HO)-Flexible	No	None
L1640	Hip orthosis, abduction control of hip joints, static, pelvic band or spreader bar, thigh cuffs, custom fabricated	Orthotic Procedures and Services	Hip Orthotic (HO)-Flexible	No	None
L1650	Hip orthosis, abduction control of hip joints, static, adjustable, (ILFLED type), prefabricated, includes fitting and adjustment	Orthotic Procedures and Services	Hip Orthotic (HO)-Flexible	No	Not covered in Long Term Care Setting
L1652	Hip orthosis, bilateral thigh cuffs with adjustable abductor spreader bar, adult size, prefabricated, includes fitting and adjustment, any type	Orthotic Procedures and Services	Hip Orthotic (HO)-Flexible	No	Not covered in Long Term Care Setting
L1660	Hip orthosis, abduction control of hip joints, static, plastic, prefabricated, includes fitting and adjustment	Orthotic Procedures and Services	Hip Orthotic (HO)-Flexible	No	Not covered in Long Term Care Setting
L1680	Hip orthosis, abduction control of hip joints, dynamic, pelvic control, adjustable hip motion control, thigh cuffs (Rancho hip action type), custom fabricated	Orthotic Procedures and Services	Hip Orthotic (HO)-Flexible	No	None
L1685	Hip orthosis, abduction control of hip joint, postoperative hip abduction type, custom fabricated	Orthotic Procedures and Services	Hip Orthotic (HO)-Flexible	No	None
L1686	Hip orthosis, abduction control of hip joint, postoperative hip abduction type, prefabricated, includes fitting and adjustment	Orthotic Procedures and Services	Hip Orthotic (HO)-Flexible	No	Not covered in Long Term Care Setting
L1690	Combination, bilateral, lumbo-sacral, hip, femur orthosis providing adduction and internal rotation control, prefabricated, includes fitting and adjustment	Orthotic Procedures and Services	Hip Orthotic (HO)-Flexible	Yes	None
L1700	Legg Perthes orthosis, (Toronto type), custom fabricated	Orthotic Procedures and Services	Legg Perthes Orthotics	Yes	None
L1710	Legg Perthes orthosis, (Newington type), custom fabricated	Orthotic Procedures and Services	Legg Perthes Orthotics	Yes	None
L1720	Legg Perthes orthosis, trilateral, (Tachdijan type), custom fabricated	Orthotic Procedures and Services	Legg Perthes Orthotics	Yes	None
L1730	Legg Perthes orthosis, (Scottish Rite type), custom fabricated	Orthotic Procedures and Services	Legg Perthes Orthotics	No	None
L1755	Legg Perthes orthosis, (Patten bottom type), custom fabricated	Orthotic Procedures and Services	Legg Perthes Orthotics	Yes	None

L1810	Knee orthosis, elastic with joints, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Orthotic Procedures and Services	Knee Orthotic	No	Not covered in Long Term Care Setting
L1812	Knee orthosis, elastic with joints, prefabricated, off-the-shelf	Orthotic Procedures and Services	Knee Orthotic	No	Not covered in Long Term Care Setting
L1820	Knee orthosis, elastic with condylar pads and joints, with or without patellar control, prefabricated, includes fitting and adjustment	Orthotic Procedures and Services	Knee Orthotic	No	Not covered in Long Term Care Setting
L1830	Knee orthosis, immobilizer, canvas longitudinal, prefabricated, off-the-shelf	Orthotic Procedures and Services	Knee Orthotic	No	Not covered in Long Term Care Setting
L1831	Knee orthosis, locking knee joint(s), positional orthosis, prefabricated, includes fitting and adjustment	Orthotic Procedures and Services	Knee Orthotic	No	Not covered in Long Term Care Setting
L1832	Knee orthosis, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Orthotic Procedures and Services	Knee Orthotic	No	Not covered in Long Term Care Setting
L1833	Knee orthosis, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, off-the shelf	Orthotic Procedures and Services	Knee Orthotic	No	Not covered in Long Term Care Setting
L1834	Knee orthosis, without knee joint, rigid, custom fabricated	Orthotic Procedures and Services	Knee Orthotic	No	None
L1836	Knee orthosis, rigid, without joint(s), includes soft interface material, prefabricated, off-the-shelf	Orthotic Procedures and Services	Knee Orthotic	No	Not covered in Long Term Care Setting
L1840	Knee orthosis, derotation, medial-lateral, anterior cruciate ligament, custom fabricated	Orthotic Procedures and Services	Knee Orthotic	No	None
L1843	Knee orthosis, single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Orthotic Procedures and Services	Knee Orthotic	No	Not covered in Long Term Care Setting
L1844	Knee orthosis, single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated	Orthotic Procedures and Services	Knee Orthotic	Yes	Yes if >\$1,000 and/or over quantity

L1845	Knee orthosis, double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Orthotic Procedures and Services	Knee Orthotic	No	None
L1846	Knee orthosis, double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated	Orthotic Procedures and Services	Knee Orthotic	No	None
L1847	Knee orthosis, double upright with adjustable joint, with inflatable air support chamber(s), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Orthotic Procedures and Services	Knee Orthotic	No	Not covered in Long Term Care Setting
L1848	Knee orthosis, double upright with adjustable joint, with inflatable air support chamber(s), prefabricated, off-the-shelf	Orthotic Procedures and Services	Knee Orthotic	No	Not covered in Long Term Care Setting
L1850	Knee orthosis, Swedish type, prefabricated, off-the-shelf	Orthotic Procedures and Services	Knee Orthotic	No	None
L1851	Knee orthosis (KO), single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, off-the-shelf	Orthotic Procedures and Services	Knee Orthotic	No	Not covered in Long Term Care Setting
L1852	Knee orthosis (KO), double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, off-the-shelf	Orthotic Procedures and Services	Knee Orthotic	No	None
L1860	Knee orthosis, modification of supracondylar prosthetic socket, custom fabricated (SK)	Orthotic Procedures and Services	Knee Orthotic	No	None
L1900	Ankle foot orthosis, spring wire, dorsiflexion assist calf band, custom fabricated	Orthotic Procedures and Services	Ankle-Foot Orthotic (AFO)	No	None
L1902	Ankle orthosis, ankle gauntlet or similar, with or without joints, prefabricated, off-the-shelf	Orthotic Procedures and Services	Ankle-Foot Orthotic (AFO)	No	Not covered in Long Term Care Setting
L1904	Ankle orthosis, ankle gauntlet or similar, with or without joints, custom fabricated	Orthotic Procedures and Services	Ankle-Foot Orthotic (AFO)	No	None
L1906	Ankle foot orthosis, multiligamentous ankle support, prefabricated, off-the-shelf	Orthotic Procedures and Services	Ankle-Foot Orthotic (AFO)	No	Not covered in Long Term Care Setting
L1907	Ankle orthosis, supramalleolar with straps, with or without interface/pads, custom fabricated	Orthotic Procedures and Services	Ankle-Foot Orthotic (AFO)	No	None

L1910	Ankle foot orthosis, posterior, single bar, clasp attachment to shoe counter, prefabricated, includes fitting and adjustment	Orthotic Procedures and Services	Ankle-Foot Orthotic (AFO)	No	Not covered in Long Term Care Setting
L1920	Ankle foot orthosis, single upright with static or adjustable stop (Phelps or Perlstien type), custom fabricated	Orthotic Procedures and Services	Ankle-Foot Orthotic (AFO)	No	None
L1930	Ankle foot orthosis, plastic or other material, prefabricated, includes fitting and adjustment	Orthotic Procedures and Services	Ankle-Foot Orthotic (AFO)	No	Not covered in Long Term Care Setting
L1932	AFO, rigid anterior tibial section, total carbon fiber or equal material, prefabricated, includes fitting and adjustment	Orthotic Procedures and Services	Ankle-Foot Orthotic (AFO)	No	Not covered in Long Term Care Setting
L1940	Ankle foot orthosis, plastic or other material, custom fabricated	Orthotic Procedures and Services	Ankle-Foot Orthotic (AFO)	No	None
L1945	Ankle foot orthosis, plastic, rigid anterior tibial section (floor reaction), custom fabricated	Orthotic Procedures and Services	Ankle-Foot Orthotic (AFO)	No	None
L1950	Ankle foot orthosis, spiral, (Institute of Rehabilitative Medicine type), plastic, custom fabricated	Orthotic Procedures and Services	Ankle-Foot Orthotic (AFO)	No	None
L1951	Ankle foot orthosis, spiral, (Institute of Rehabilitative Medicine type), plastic or other material, prefabricated, includes fitting and adjustment	Orthotic Procedures and Services	Ankle-Foot Orthotic (AFO)	No	Not covered in Long Term Care Setting
L1960	Ankle foot orthosis, posterior solid ankle, plastic, custom fabricated	Orthotic Procedures and Services	Ankle-Foot Orthotic (AFO)	No	None
L1970	Ankle foot orthosis, plastic with ankle joint, custom fabricated	Orthotic Procedures and Services	Ankle-Foot Orthotic (AFO)	No	None
L1971	Ankle foot orthosis, plastic or other material with ankle joint, prefabricated, includes fitting and adjustment	Orthotic Procedures and Services	Ankle-Foot Orthotic (AFO)	No	Not covered in Long Term Care Setting
L1980	Ankle foot orthosis, single upright free plantar dorsiflexion, solid stirrup, calf band/cuff (single bar 'BK' orthosis), custom fabricated	Orthotic Procedures and Services	Ankle-Foot Orthotic (AFO)	No	None
L1990	Ankle foot orthosis, double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar 'BK' orthosis), custom fabricated	Orthotic Procedures and Services	Ankle-Foot Orthotic (AFO)	No	None
L2000	Knee ankle foot orthosis, single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar 'AK' orthosis), custom fabricated	Orthotic Procedures and Services	Knee-Ankle-Foot Orthotic (KAFO)	No	None
L2005	Knee ankle foot orthosis, any material, single or double upright, stance control, automatic lock and swing phase release, any type activation, includes ankle joint, any type, custom fabricated	Orthotic Procedures and Services	Knee-Ankle-Foot Orthotic (KAFO)	Yes	None
L2010	Knee ankle foot orthosis, single upright, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar 'AK' orthosis), without knee joint, custom fabricated	Orthotic Procedures and Services	Knee-Ankle-Foot Orthotic (KAFO)	No	None
L2020	Knee ankle foot orthosis, double upright, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar 'AK' orthosis), custom fabricated	Orthotic Procedures and Services	Knee-Ankle-Foot Orthotic (KAFO)	No	None

L2030	Knee ankle foot orthosis, double upright, free ankle, solid stirrup, thigh and calf bands/cuffs, (double bar 'AK' orthosis), without knee joint, custom fabricated	Orthotic Procedures and Services	Knee-Ankle-Foot Orthotic (KAFO)	No	None
L2034	Knee ankle foot orthosis, full plastic, single upright, with or without free motion knee, medial lateral rotation control, with or without free motion ankle, custom fabricated	Orthotic Procedures and Services	Knee-Ankle-Foot Orthotic (KAFO)	Yes	None
L2035	Knee ankle foot orthosis, full plastic, static (pediatric size), without free motion ankle, prefabricated, includes fitting and adjustment	Orthotic Procedures and Services	Knee-Ankle-Foot Orthotic (KAFO)	No	Not covered in Long Term Care Setting
L2036	Knee ankle foot orthosis, full plastic, double upright, with or without free motion knee, with or without free motion ankle, custom fabricated	Orthotic Procedures and Services	Knee-Ankle-Foot Orthotic (KAFO)	Yes	None
L2037	Knee ankle foot orthosis, full plastic, single upright, with or without free motion knee, with or without free motion ankle, custom fabricated	Orthotic Procedures and Services	Knee-Ankle-Foot Orthotic (KAFO)	Yes	None
L2038	Knee ankle foot orthosis, full plastic, with or without free motion knee, multi-axis ankle, custom fabricated	Orthotic Procedures and Services	Knee-Ankle-Foot Orthotic (KAFO)	No	None
L2040	Hip knee ankle foot orthosis, torsion control, bilateral rotation straps, pelvic band/belt, custom fabricated	Orthotic Procedures and Services	Hip-Knee-Ankle-Foot Orthotic (HKAFO)	No	None
L2050	Hip knee ankle foot orthosis, torsion control, bilateral torsion cables, hip joint, pelvic band/belt, custom fabricated	Orthotic Procedures and Services	Hip-Knee-Ankle-Foot Orthotic (HKAFO)	No	None
L2060	Hip knee ankle foot orthosis, torsion control, bilateral torsion cables, ball bearing hip joint, pelvic band/ belt, custom fabricated	Orthotic Procedures and Services	Hip-Knee-Ankle-Foot Orthotic (HKAFO)	No	None
L2070	Hip knee ankle foot orthosis, torsion control, unilateral rotation straps, pelvic band/belt, custom fabricated	Orthotic Procedures and Services	Hip-Knee-Ankle-Foot Orthotic (HKAFO)	No	None
L2080	Hip knee ankle foot orthosis, torsion control, unilateral torsion cable, hip joint, pelvic band/belt, custom fabricated	Orthotic Procedures and Services	Hip-Knee-Ankle-Foot Orthotic (HKAFO)	No	None
L2090	Hip knee ankle foot orthosis, torsion control, unilateral torsion cable, ball bearing hip joint, pelvic band/ belt, custom fabricated	Orthotic Procedures and Services	Hip-Knee-Ankle-Foot Orthotic (HKAFO)	No	None
L2106	Ankle foot orthosis, fracture orthosis, tibial fracture cast orthosis, thermoplastic type casting material, custom fabricated	Orthotic Procedures and Services	Ankle-Foot Orthotic (AFO)	No	None
L2108	Ankle foot orthosis, fracture orthosis, tibial fracture cast orthosis, custom fabricated	Orthotic Procedures and Services	Ankle-Foot Orthotic (AFO)	No	None
L2112	Ankle foot orthosis, fracture orthosis, tibial fracture orthosis, soft, prefabricated, includes fitting and adjustment	Orthotic Procedures and Services	Ankle-Foot Orthotic (AFO)	No	Not covered in Long Term Care Setting

L2114	Ankle foot orthosis, fracture orthosis, tibial fracture orthosis, semi-rigid, prefabricated, includes fitting and adjustment	Orthotic Procedures and Services	Ankle-Foot Orthotic (AFO)	No	Not covered in Long Term Care Setting
L2116	Ankle foot orthosis, fracture orthosis, tibial fracture orthosis, rigid, prefabricated, includes fitting and adjustment	Orthotic Procedures and Services	Ankle-Foot Orthotic (AFO)	No	Not covered in Long Term Care Setting
L2126	Knee ankle foot orthosis, fracture orthosis, femoral fracture cast orthosis, thermoplastic type casting material, custom fabricated	Orthotic Procedures and Services	Knee-Ankle-Foot Orthotic (KAFO)	No	None
L2128	Knee ankle foot orthosis, fracture orthosis, femoral fracture cast orthosis, custom fabricated	Orthotic Procedures and Services	Knee-Ankle-Foot Orthotic (KAFO)	Yes	None
L2132	KAFO, fracture orthosis, femoral fracture cast orthosis, soft, prefabricated, includes fitting and adjustment	Orthotic Procedures and Services	Knee-Ankle-Foot Orthotic (KAFO)	No	Not covered in Long Term Care Setting
L2134	KAFO, fracture orthosis, femoral fracture cast orthosis, semi-rigid, prefabricated, includes fitting and adjustment	Orthotic Procedures and Services	Knee-Ankle-Foot Orthotic (KAFO)	No	Not covered in Long Term Care Setting
L2136	KAFO, fracture orthosis, femoral fracture cast orthosis, rigid, prefabricated, includes fitting and adjustment	Orthotic Procedures and Services	Knee-Ankle-Foot Orthotic (KAFO)	No	Not covered in Long Term Care Setting
L2180	Addition to lower extremity fracture orthosis, plastic shoe insert with ankle joints	Orthotic Procedures and Services	Additions, Lower Extremity, Fracture Orthotics	No	None
L2182	Addition to lower extremity fracture orthosis, drop lock knee joint	Orthotic Procedures and Services	Additions, Lower Extremity, Fracture Orthotics	No	Not covered in Long Term Care Setting
L2184	Addition to lower extremity fracture orthosis, limited motion knee joint	Orthotic Procedures and Services	Additions, Lower Extremity, Fracture Orthotics	No	Not covered in Long Term Care Setting
L2186	Addition to lower extremity fracture orthosis, adjustable motion knee joint, Lerman type	Orthotic Procedures and Services	Additions, Lower Extremity, Fracture Orthotics	No	Not covered in Long Term Care Setting
L2188	Addition to lower extremity fracture orthosis, quadrilateral brim	Orthotic Procedures and Services	Additions, Lower Extremity, Fracture Orthotics	No	Not covered in Long Term Care Setting
L2190	Addition to lower extremity fracture orthosis, waist belt	Orthotic Procedures and Services	Additions, Lower Extremity, Fracture Orthotics	No	Not covered in Long Term Care Setting
L2192	Addition to lower extremity fracture orthosis, hip joint, pelvic band, thigh flange, and pelvic belt	Orthotic Procedures and Services	Additions, Lower Extremity, Fracture Orthotics	No	Not covered in Long Term Care Setting

L2200	Addition to lower extremity, limited ankle motion, each joint	Orthotic Procedures and Services	Additions, Lower Extremity Orthotics	No	None
L2210	Addition to lower extremity, dorsiflexion assist (plantar flexion resist), each joint	Orthotic Procedures and Services	Additions, Lower Extremity Orthotics	No	None
L2220	Addition to lower extremity, dorsiflexion and plantar flexion assist/resist, each joint	Orthotic Procedures and Services	Additions, Lower Extremity Orthotics	No	None
L2230	Addition to lower extremity, split flat caliper stirrups and plate attachment	Orthotic Procedures and Services	Additions, Lower Extremity Orthotics	No	None
L2232	Addition to lower extremity orthosis, rocker bottom for total contact ankle foot orthosis, for custom fabricated orthosis only	Orthotic Procedures and Services	Additions, Lower Extremity Orthotics	No	Not covered in Long Term Care Setting
L2240	Addition to lower extremity, round caliper and plate attachment	Orthotic Procedures and Services	Additions, Lower Extremity Orthotics	No	Not covered in Long Term Care Setting
L2250	Addition to lower extremity, foot plate, molded to patient model, stirrup attachment	Orthotic Procedures and Services	Additions, Lower Extremity Orthotics	No	None
L2260	Addition to lower extremity, reinforced solid stirrup (Scott-Craig type)	Orthotic Procedures and Services	Additions, Lower Extremity Orthotics	No	None
L2265	Addition to lower extremity, long tongue stirrup	Orthotic Procedures and Services	Additions, Lower Extremity Orthotics	No	Not covered in Long Term Care Setting
L2270	Addition to lower extremity, varus/valgus correction ('T') strap, padded/lined or malleolus pad	Orthotic Procedures and Services	Additions, Lower Extremity Orthotics	No	None
L2275	Addition to lower extremity, varus/valgus correction, plastic modification, padded/lined	Orthotic Procedures and Services	Additions, Lower Extremity Orthotics	No	None
L2280	Addition to lower extremity, molded inner boot	Orthotic Procedures and Services	Additions, Lower Extremity Orthotics	No	Not covered in Long Term Care Setting
L2300	Addition to lower extremity, abduction bar (bilateral hip involvement), jointed, adjustable	Orthotic Procedures and Services	Additions, Lower Extremity Orthotics	No	Not covered in Long Term Care Setting
L2310	Addition to lower extremity, abduction bar-straight	Orthotic Procedures and Services	Additions, Lower Extremity Orthotics	No	Not covered in Long Term Care Setting
L2320	Addition to lower extremity, non-molded lacer, for custom fabricated orthosis only	Orthotic Procedures and Services	Additions, Lower Extremity Orthotics	No	Not covered in Long Term Care Setting

L2330	Addition to lower extremity, lacer molded to patient model, for custom fabricated orthosis only	Orthotic Procedures and Services	Additions, Lower Extremity Orthotics	No	None
L2335	Addition to lower extremity, anterior swing band	Orthotic Procedures and Services	Additions, Lower Extremity Orthotics	No	Not covered in Long Term Care Setting
L2340	Addition to lower extremity, pre-tibial shell, molded to patient model	Orthotic Procedures and Services	Additions, Lower Extremity Orthotics	No	None
L2350	Addition to lower extremity, prosthetic type, (BK) socket, molded to patient model, (used for 'PTB' 'AFO' orthoses)	Orthotic Procedures and Services	Additions, Lower Extremity Orthotics	No	None
L2360	Addition to lower extremity, extended steel shank	Orthotic Procedures and Services	Additions, Lower Extremity Orthotics	No	Not covered in Long Term Care Setting
L2370	Addition to lower extremity, Patten bottom	Orthotic Procedures and Services	Additions, Lower Extremity Orthotics	No	Not covered in Long Term Care Setting
L2375	Addition to lower extremity, torsion control, ankle joint and half solid stirrup	Orthotic Procedures and Services	Additions, Lower Extremity Orthotics	No	Not covered in Long Term Care Setting
L2380	Addition to lower extremity, torsion control, straight knee joint, each joint	Orthotic Procedures and Services	Additions, Lower Extremity Orthotics	No	Not covered in Long Term Care Setting
L2385	Addition to lower extremity, straight knee joint, heavy duty, each joint	Orthotic Procedures and Services	Additions, Lower Extremity Orthotics	No	None
L2387	Addition to lower extremity, polycentric knee joint, for custom fabricated knee ankle foot orthosis, each joint	Orthotic Procedures and Services	Additions, Lower Extremity Orthotics	No	None
L2390	Addition to lower extremity, offset knee joint, each joint	Orthotic Procedures and Services	Additions, Lower Extremity Orthotics	No	Not covered in Long Term Care Setting
L2395	Addition to lower extremity, offset knee joint, heavy duty, each joint	Orthotic Procedures and Services	Additions, Lower Extremity Orthotics	No	Not covered in Long Term Care Setting
L2397	Addition to lower extremity orthosis, suspension sleeve	Orthotic Procedures and Services	Additions, Lower Extremity Orthotics	No	Not covered in Long Term Care Setting
L2405	Addition to knee joint, drop lock, each	Orthotic Procedures and Services	Orthotic Additions to Knee Joints	No	Not covered in Long Term Care Setting
L2415	Addition to knee lock with integrated release mechanism (bail, cable, or equal), any material, each joint	Orthotic Procedures and Services	Orthotic Additions to Knee Joints	No	None
L2425	Addition to knee joint, disc or dial lock for adjustable knee flexion, each joint	Orthotic Procedures and Services	Orthotic Additions to Knee Joints	No	Not covered in Long Term Care Setting

L2430	Addition to knee joint, ratchet lock for active and progressive knee extension, each joint	Orthotic Procedures and Services	Orthotic Additions to Knee Joints	No	None
L2492	Addition to knee joint, lift loop for drop lock ring	Orthotic Procedures and Services	Orthotic Additions to Knee Joints	No	Not covered in Long Term Care Setting
L2500	Addition to lower extremity, thigh/weight bearing, gluteal/ ischial weight bearing, ring	Orthotic Procedures and Services	Additions: Thigh/Weight Bearing- Gluteal/Ischial Weight Bearing	No	None
L2510	Addition to lower extremity, thigh/weight bearing, quadri- lateral brim, molded to patient model	Orthotic Procedures and Services	Additions: Thigh/Weight Bearing- Gluteal/Ischial Weight Bearing	No	None
L2520	Addition to lower extremity, thigh/weight bearing, quadri- lateral brim, custom fitted	Orthotic Procedures and Services	Additions: Thigh/Weight Bearing- Gluteal/Ischial Weight Bearing	No	None
L2525	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim molded to patient model	Orthotic Procedures and Services	Additions: Thigh/Weight Bearing- Gluteal/Ischial Weight Bearing	No	None
L2526	Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim, custom fitted	Orthotic Procedures and Services	Additions: Thigh/Weight Bearing- Gluteal/Ischial Weight Bearing	No	None
L2530	Addition to lower extremity, thigh-weight bearing, lacer, non-molded	Orthotic Procedures and Services	Additions: Thigh/Weight Bearing- Gluteal/Ischial Weight Bearing	No	Not covered in Long Term Care Setting
L2540	Addition to lower extremity, thigh/weight bearing, lacer, molded to patient model	Orthotic Procedures and Services	Additions: Thigh/Weight Bearing- Gluteal/Ischial Weight Bearing	No	None
L2550	Addition to lower extremity, thigh/weight bearing, high roll cuff	Orthotic Procedures and Services	Additions: Thigh/Weight Bearing- Gluteal/Ischial Weight Bearing	No	Not covered in Long Term Care Setting
L2570	Addition to lower extremity, pelvic control, hip joint, Clevis type two position joint, each	Orthotic Procedures and Services	Additions: Pelvic and Thoracic Control	No	Not covered in Long Term Care Setting

L2580	Addition to lower extremity, pelvic control, pelvic sling	Orthotic Procedures and Services	Additions: Pelvic and Thoracic Control	No	Not covered in Long Term Care Setting
L2600	Addition to lower extremity, pelvic control, hip joint, Clevis type, or thrust bearing, free, each	Orthotic Procedures and Services	Additions: Pelvic and Thoracic Control	No	Not covered in Long Term Care Setting
L2610	Addition to lower extremity, pelvic control, hip joint, Clevis or thrust bearing, lock, each	Orthotic Procedures and Services	Additions: Pelvic and Thoracic Control	No	Not covered in Long Term Care Setting
L2620	Addition to lower extremity, pelvic control, hip joint, heavy duty, each	Orthotic Procedures and Services	Additions: Pelvic and Thoracic Control	No	Not covered in Long Term Care Setting
L2622	Addition to lower extremity, pelvic control, hip joint, adjustable flexion, each	Orthotic Procedures and Services	Additions: Pelvic and Thoracic Control	No	Not covered in Long Term Care Setting
L2624	Addition to lower extremity, pelvic control, hip joint, adjustable flexion, extension, abduction control, each	Orthotic Procedures and Services	Additions: Pelvic and Thoracic Control	No	Not covered in Long Term Care Setting
L2627	Addition to lower extremity, pelvic control, plastic, molded to patient model, reciprocating hip joint and cables	Orthotic Procedures and Services	Additions: Pelvic and Thoracic Control	Yes	None
L2628	Addition to lower extremity, pelvic control, metal frame, reciprocating hip joint and cables	Orthotic Procedures and Services	Additions: Pelvic and Thoracic Control	Yes	Not covered in Long Term Care Setting
L2630	Addition to lower extremity, pelvic control, band and belt, unilateral	Orthotic Procedures and Services	Additions: Pelvic and Thoracic Control	No	Not covered in Long Term Care Setting
L2640	Addition to lower extremity, pelvic control, band and belt, bilateral	Orthotic Procedures and Services	Additions: Pelvic and Thoracic Control	No	Not covered in Long Term Care Setting
L2650	Addition to lower extremity, pelvic and thoracic control, gluteal pad, each	Orthotic Procedures and Services	Additions: Pelvic and Thoracic Control	No	Not covered in Long Term Care Setting
L2660	Addition to lower extremity, thoracic control, thoracic band	Orthotic Procedures and Services	Additions: Pelvic and Thoracic Control	No	Not covered in Long Term Care Setting
L2670	Addition to lower extremity, thoracic control, paraspinal uprights	Orthotic Procedures and Services	Additions: Pelvic and Thoracic Control	No	Not covered in Long Term Care Setting
L2680	Addition to lower extremity, thoracic control, lateral support uprights	Orthotic Procedures and Services	Additions: Pelvic and Thoracic Control	No	Not covered in Long Term Care Setting
L2750	Addition to lower extremity orthosis, plating chrome or nickel, per bar	Orthotic Procedures and Services	Other Lower Extremity Additions	No	Not covered in Long Term Care Setting

L2755	Addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, per segment, for custom fabricated orthosis only	Orthotic Procedures and Services	Other Lower Extremity Additions	No	None
L2760	Addition to lower extremity orthosis, extension, per extension, per bar (for lineal adjustment for growth)	Orthotic Procedures and Services	Other Lower Extremity Additions	No	Not covered in Long Term Care Setting
L2768	Orthotic side bar disconnect device, per bar	Orthotic Procedures and Services	Other Lower Extremity Additions	No	None
L2780	Addition to lower extremity orthosis, non-corrosive finish, per bar	Orthotic Procedures and Services	Other Lower Extremity Additions	No	None
L2785	Addition to lower extremity orthosis, drop lock retainer, each	Orthotic Procedures and Services	Other Lower Extremity Additions	No	Not covered in Long Term Care Setting
L2795	Addition to lower extremity orthosis, knee control, full kneecap	Orthotic Procedures and Services	Other Lower Extremity Additions	No	Not covered in Long Term Care Setting
L2800	Addition to lower extremity orthosis, knee control, knee cap, medial or lateral pull, for use with custom fabricated orthosis only	Orthotic Procedures and Services	Other Lower Extremity Additions	No	Not covered in Long Term Care Setting
L2810	Addition to lower extremity orthosis, knee control, condylar pad	Orthotic Procedures and Services	Other Lower Extremity Additions	No	Not covered in Long Term Care Setting
L2820	Addition to lower extremity orthosis, soft interface for molded plastic, below knee section	Orthotic Procedures and Services	Other Lower Extremity Additions	No	None
L2830	Addition to lower extremity orthosis, soft interface for molded plastic, above knee section	Orthotic Procedures and Services	Other Lower Extremity Additions	No	None
L2840	Addition to lower extremity orthosis, tibial length sock, fracture or equal, each	Orthotic Procedures and Services	Other Lower Extremity Additions	No	Not covered in Long Term Care Setting
L2850	Addition to lower extremity orthosis, femoral length sock, fracture or equal, each	Orthotic Procedures and Services	Other Lower Extremity Additions	No	Not covered in Long Term Care Setting
L2861	Addition to lower extremity joint, knee or ankle, concentric adjustable torsion style mechanism for custom fabricated orthotics only, each	Orthotic Procedures and Services	Other Lower Extremity Additions	No	None
L2999	Lower extremity orthoses, not otherwise specified	Orthotic Procedures and Services	Other Lower Extremity Additions	Yes	Not covered in Long Term Care Setting,
L3000	Foot, insert, removable, molded to patient model, 'UCB' type, Berkeley shell, each	Orthotic Procedures and Services	Foot Inserts, Removable	No	None
L3001	Foot, insert, removable, molded to patient model, Spenco, each	Orthotic Procedures and Services	Foot Inserts, Removable	No	None
L3002	Foot, insert, removable, molded to patient model, Plastazote or equal, each	Orthotic Procedures and Services	Foot Inserts, Removable	No	None
L3003	Foot, insert, removable, molded to patient model, silicone gel, each	Orthotic Procedures and Services	Foot Inserts, Removable	No	None
L3010	Foot, insert, removable, molded to patient model, longitudinal arch support, each	Orthotic Procedures and Services	Foot Inserts, Removable	No	None

L3020	Foot, insert, removable, molded to patient model, longitudinal/ metatarsal support, each	Orthotic Procedures and Services	Foot Inserts, Removable	No	None
L3030	Foot, insert, removable, formed to patient foot, each	Orthotic Procedures and Services	Foot Inserts, Removable	No	None
L3031	Foot, insert/plate, removable, addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, each	Orthotic Procedures and Services	Foot Inserts, Removable	No	None
L3040	Foot, arch support, removable, premolded, longitudinal, each	Orthotic Procedures and Services	Foot Arch Support, Removable, Premolded	No	None
L3050	Foot, arch support, removable, premolded, metatarsal, each	Orthotic Procedures and Services	Foot Arch Support, Removable, Premolded	No	None
L3060	Foot, arch support, removable, premolded, longitudinal/ metatarsal, each	Orthotic Procedures and Services	Foot Arch Support, Removable, Premolded	No	None
L3070	Foot, arch support, non-removable attached to shoe, longitudinal, each	Orthotic Procedures and Services	Foot Arch Support, Nonremovable, Attached to Shoe	No	None
L3080	Foot, arch support, non-removable attached to shoe, metatarsal, each	Orthotic Procedures and Services	Foot Arch Support, Nonremovable, Attached to Shoe	No	None
L3090	Foot, arch support, non-removable attached to shoe, longitudinal/metatarsal, each	Orthotic Procedures and Services	Foot Arch Support, Nonremovable, Attached to Shoe	No	None
L3100	Hallus-Valgus night dynamic splint, prefabricated, off-the-shelf	Orthotic Procedures and Services	Repositioning Foot Orthotics	No	None
L3140	Foot, abduction rotation bar, including shoes	Orthotic Procedures and Services	Repositioning Foot Orthotics	No	None
L3150	Foot, abduction rotation bar, without shoes	Orthotic Procedures and Services	Repositioning Foot Orthotics	No	None
L3160	Foot, adjustable shoe-styled positioning device	Orthotic Procedures and Services	Repositioning Foot Orthotics	No	None
L3170	Foot, plastic, silicone or equal, heel stabilizer, prefabricated, off-the-shelf, each	Orthotic Procedures and Services	Repositioning Foot Orthotics	No	None
L3201	Orthopedic shoe, Oxford with supinator or pronator, infant	Orthotic Procedures and Services	Orthopedic Shoes	No	None
L3202	Orthopedic shoe, Oxford with supinator or pronator, child	Orthotic Procedures and Services	Orthopedic Shoes	No	None
L3203	Orthopedic shoe, Oxford with supinator or pronator, junior	Orthotic Procedures and Services	Orthopedic Shoes	No	None

L3204	Orthopedic shoe, hightop with supinator or pronator, infant	Orthotic Procedures and Services	Orthopedic Shoes	No	None
L3206	Orthopedic shoe, hightop with supinator or pronator, child	Orthotic Procedures and Services	Orthopedic Shoes	No	None
L3207	Orthopedic shoe, hightop with supinator or pronator, junior	Orthotic Procedures and Services	Orthopedic Shoes	No	None
L3208	Surgical boot, each, infant	Orthotic Procedures and Services	Surgical Boots	No	None
L3209	Surgical boot, each, child	Orthotic Procedures and Services	Surgical Boots	No	None
L3211	Surgical boot, each, junior	Orthotic Procedures and Services	Surgical Boots	No	None
L3212	Benesch boot, pair, infant	Orthotic Procedures and Services	Benesch Boots	No	None
L3213	Benesch boot, pair, child	Orthotic Procedures and Services	Benesch Boots	No	None
L3214	Benesch boot, pair, junior	Orthotic Procedures and Services	Benesch Boots	No	None
L3215	Orthopedic footwear, ladies shoe, Oxford, each	Orthotic Procedures and Services	Other Orthopedic Footwear	No	None
L3216	Orthopedic footwear, ladies shoe, depth inlay, each	Orthotic Procedures and Services	Other Orthopedic Footwear	No	None
L3217	Orthopedic footwear, ladies shoe, hightop, depth inlay, each	Orthotic Procedures and Services	Other Orthopedic Footwear	No	None
L3219	Orthopedic footwear, mens shoe, Oxford, each	Orthotic Procedures and Services	Other Orthopedic Footwear	No	None
L3221	Orthopedic footwear, mens shoe, depth inlay, each	Orthotic Procedures and Services	Other Orthopedic Footwear	No	None
L3222	Orthopedic footwear, mens shoe, hightop, depth inlay, each	Orthotic Procedures and Services	Other Orthopedic Footwear	No	None
L3224	Orthopedic footwear, woman's shoe, Oxford, used as an integral part of a brace (orthosis)	Orthotic Procedures and Services	Other Orthopedic Footwear	No	None
L3225	Orthopedic footwear, man's shoe, Oxford, used as an integral part of a brace (orthosis)	Orthotic Procedures and Services	Other Orthopedic Footwear	No	None
L3230	Orthopedic footwear, custom shoe, depth inlay, each	Orthotic Procedures and Services	Other Orthopedic Footwear	Yes	None
L3250	Orthopedic footwear, custom molded shoe, removable inner mold, prosthetic shoe, each	Orthotic Procedures and Services	Other Orthopedic Footwear	Yes	None
L3251	Foot, shoe molded to patient model, silicone shoe, each	Orthotic Procedures and Services	Other Orthopedic Footwear	No	None

L3252	Foot, shoe molded to patient model, Plastazote (or similar), custom fabricated, each	Orthotic Procedures and Services	Other Orthopedic Footwear	No	None
L3253	Foot, molded shoe Plastazote (or similar) custom fitted, each	Orthotic Procedures and Services	Other Orthopedic Footwear	No	None
L3254	Non-standard size or width	Orthotic Procedures and Services	Other Orthopedic Footwear	No	None
L3255	Non-standard size or length	Orthotic Procedures and Services	Other Orthopedic Footwear	No	None
L3257	Orthopedic footwear, additional charge for split size	Orthotic Procedures and Services	Other Orthopedic Footwear	No	None
L3260	Surgical boot/shoe, each	Orthotic Procedures and Services	Other Orthopedic Footwear	No	None
L3265	Plastazote sandal, each	Orthotic Procedures and Services	Other Orthopedic Footwear	No	None
L3300	Lift, elevation, heel, tapered to metatarsals, per inch	Orthotic Procedures and Services	Shoe Lifts	No	None
L3310	Lift, elevation, heel and sole, neoprene, per inch	Orthotic Procedures and Services	Shoe Lifts	No	None
L3320	Lift, elevation, heel and sole, cork, per inch	Orthotic Procedures and Services	Shoe Lifts	No	None
L3330	Lift, elevation, metal extension (skate)	Orthotic Procedures and Services	Shoe Lifts	No	None
L3332	Lift, elevation, inside shoe, tapered, up to one-half inch	Orthotic Procedures and Services	Shoe Lifts	No	None
L3334	Lift, elevation, heel, per inch	Orthotic Procedures and Services	Shoe Lifts	No	None
L3340	Heel wedge, SACH	Orthotic Procedures and Services	Shoe Wedges	No	None
L3350	Heel wedge	Orthotic Procedures and Services	Shoe Wedges	No	None
L3360	Sole wedge, outside sole	Orthotic Procedures and Services	Shoe Wedges	No	None
L3370	Sole wedge, between sole	Orthotic Procedures and Services	Shoe Wedges	No	None
L3380	Clubfoot wedge	Orthotic Procedures and Services	Shoe Wedges	No	None
L3390	Outflare wedge	Orthotic Procedures and Services	Shoe Wedges	No	None
L3400	Metatarsal bar wedge, rocker	Orthotic Procedures and Services	Shoe Wedges	No	None

L3410	Metatarsal bar wedge, between sole	Orthotic Procedures and Services	Shoe Wedges	No	None
L3420	Full sole and heel wedge, between sole	Orthotic Procedures and Services	Shoe Wedges	No	None
L3430	Heel, counter, plastic reinforced	Orthotic Procedures and Services	Shoe Heels	No	None
L3440	Heel, counter, leather reinforced	Orthotic Procedures and Services	Shoe Heels	No	None
L3450	Heel, SACH cushion type	Orthotic Procedures and Services	Shoe Heels	No	None
L3455	Heel, new leather, standard	Orthotic Procedures and Services	Shoe Heels	No	None
L3460	Heel, new rubber, standard	Orthotic Procedures and Services	Shoe Heels	No	None
L3465	Heel, Thomas with wedge	Orthotic Procedures and Services	Shoe Heels	No	None
L3470	Heel, Thomas extended to ball	Orthotic Procedures and Services	Shoe Heels	No	None
L3480	Heel, pad and depression for spur	Orthotic Procedures and Services	Shoe Heels	No	None
L3485	Heel, pad, removable for spur	Orthotic Procedures and Services	Shoe Heels	No	None
L3500	Orthopedic shoe addition, insole, leather	Orthotic Procedures and Services	Miscellaneous Shoe Additions	No	None
L3510	Orthopedic shoe addition, insole, rubber	Orthotic Procedures and Services	Miscellaneous Shoe Additions	No	None
L3520	Orthopedic shoe addition, insole, felt covered with leather	Orthotic Procedures and Services	Miscellaneous Shoe Additions	No	None
L3530	Orthopedic shoe addition, sole, half	Orthotic Procedures and Services	Miscellaneous Shoe Additions	No	None
L3540	Orthopedic shoe addition, sole, full	Orthotic Procedures and Services	Miscellaneous Shoe Additions	No	None
L3550	Orthopedic shoe addition, toe tap standard	Orthotic Procedures and Services	Miscellaneous Shoe Additions	No	None
L3560	Orthopedic shoe addition, toe tap, horseshoe	Orthotic Procedures and Services	Miscellaneous Shoe Additions	No	None
L3570	Orthopedic shoe addition, special extension to instep (leather with eyelets)	Orthotic Procedures and Services	Miscellaneous Shoe Additions	No	None
L3580	Orthopedic shoe addition, convert instep to Velcro closure	Orthotic Procedures and Services	Miscellaneous Shoe Additions	No	None

L3590	Orthopedic shoe addition, convert firm shoe counter to soft counter	Orthotic Procedures and Services	Miscellaneous Shoe Additions	No	None
L3595	Orthopedic shoe addition, March bar	Orthotic Procedures and Services	Miscellaneous Shoe Additions	No	None
L3600	Transfer of an orthosis from one shoe to another, caliper plate, existing	Orthotic Procedures and Services	Orthosis Transfers	No	None
L3610	Transfer of an orthosis from one shoe to another, caliper plate, new	Orthotic Procedures and Services	Orthosis Transfers	No	None
L3620	Transfer of an orthosis from one shoe to another, solid stirrup, existing	Orthotic Procedures and Services	Orthosis Transfers	No	None
L3630	Transfer of an orthosis from one shoe to another, solid stirrup, new	Orthotic Procedures and Services	Orthosis Transfers	No	None
L3640	Transfer of an orthosis from one shoe to another, Dennis Browne splint (Riveton), both shoes	Orthotic Procedures and Services	Orthosis Transfers	No	None
L3649	Orthopedic shoe, modification, addition or transfer, not otherwise specified	Orthotic Procedures and Services	Orthosis Transfers	Yes	None
L3650	Shoulder orthosis, figure of eight design abduction restrainer, prefabricated, off-the-shelf	Orthotic Procedures and Services	Shoulder Orthotic (SO)	No	Not covered in Long Term Care Setting
L3660	Shoulder orthosis, figure of eight design abduction restrainer, canvas and webbing, prefabricated, off-the-shelf	Orthotic Procedures and Services	Shoulder Orthotic (SO)	No	None
L3670	Shoulder orthosis, acromio/clavicular (canvas and webbing type), prefabricated, off-the-shelf	Orthotic Procedures and Services	Shoulder Orthotic (SO)	No	Not covered in Long Term Care Setting
L3671	Shoulder orthosis, shoulder joint design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Orthotic Procedures and Services	Shoulder Orthotic (SO)	No	None
L3674	Shoulder orthosis, abduction positioning (airplane design), thoracic component and support bar, with or without nontorsion joint/turnbuckle, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Orthotic Procedures and Services	Shoulder Orthotic (SO)	No	None
L3675	Shoulder orthosis, vest type abduction restrainer, canvas webbing type or equal, prefabricated, off-the-shelf	Orthotic Procedures and Services	Shoulder Orthotic (SO)	No	Not covered in Long Term Care Setting
L3677	Shoulder orthosis, shoulder joint design, without joints, may include soft interface, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Orthotic Procedures and Services	Shoulder Orthotic (SO)	No	Not covered in Long Term Care Setting
L3678	Shoulder orthosis, shoulder joint design, without joints, may include soft interface, straps, prefabricated, off-the-shelf	Orthotic Procedures and Services	Shoulder Orthotic (SO)	No	Not covered in Long Term Care Setting
L3702	Elbow orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Orthotic Procedures and Services	Elbow Orthotic (EO)	No	None

L3710	Elbow orthosis, elastic with metal joints, prefabricated, off-the-shelf	Orthotic Procedures and Services	Elbow Orthotic (EO)	No	Not covered in Long Term Care Setting
L3720	Elbow orthosis, double upright with forearm/arm cuffs, free motion, custom fabricated	Orthotic Procedures and Services	Elbow Orthotic (EO)	No	None
L3730	Elbow orthosis, double upright with forearm/arm cuffs, extension/ flexion assist, custom fabricated	Orthotic Procedures and Services	Elbow Orthotic (EO)	No	None
L3740	Elbow orthosis, double upright with forearm/arm cuffs, adjustable position lock with active control, custom fabricated	Orthotic Procedures and Services	Elbow Orthotic (EO)	No	None
L3760	Elbow orthosis, with adjustable position locking joint(s), prefabricated, includes fitting and adjustments, any type	Orthotic Procedures and Services	Elbow Orthotic (EO)	No	Not covered in Long Term Care Setting
L3761	Elbow orthosis (EO), with adjustable position locking joint(s), prefabricated, off-the-shelf	Orthotic Procedures and Services	Elbow Orthotics	No	None
L3762	Elbow orthosis, rigid, without joints, includes soft interface material, prefabricated, off-the-shelf	Orthotic Procedures and Services	Elbow Orthotic (EO)	No	Not covered in Long Term Care Setting
L3763	Elbow wrist hand orthosis, rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Orthotic Procedures and Services	Elbow Orthotic (EO)	No	None
L3764	Elbow wrist hand orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Orthotic Procedures and Services	Elbow Orthotic (EO)	No	None
L3765	Elbow wrist hand finger orthosis, rigid, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Orthotic Procedures and Services	Elbow Orthotic (EO)	No	None
L3766	Elbow wrist hand finger orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Orthotic Procedures and Services	Elbow Orthotic (EO)	No	None
L3806	Wrist hand finger orthosis, includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, custom fabricated, includes fitting and adjustment	Orthotic Procedures and Services	Wrist-Hand-Finger Orthotic (WHFO)	No	Not covered in Long Term Care Setting
L3807	Wrist hand finger orthosis, without joint(s), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Orthotic Procedures and Services	Wrist-Hand-Finger Orthotic (WHFO)	No	Not covered in Long Term Care Setting
L3808	Wrist hand finger orthosis, rigid without joints, may include soft interface material; straps, custom fabricated, includes fitting and adjustment	Orthotic Procedures and Services	Wrist-Hand-Finger Orthotic (WHFO)	No	Not covered in Long Term Care Setting
L3809	Wrist hand finger orthosis, without joint(s), prefabricated, off-the-shelf, any type	Orthotic Procedures and Services	Wrist-Hand-Finger Orthotic (WHFO)	No	None

L3891	Addition to upper extremity joint, wrist or elbow, concentric adjustable torsion style mechanism for custom fabricated orthotics only, each	Orthotic Procedures and Services	Additions to Upper Extremity Orthotic	No	None
L3900	Wrist hand finger orthosis, dynamic flexor hinge, reciprocal wrist extension/ flexion, finger flexion/extension, wrist or finger driven, custom fabricated	Orthotic Procedures and Services	Dynamic Flexor Hinge, Reciprocal Wrist Extension/Flexion , Finger Flexion/Extension	Yes	None
L3901	Wrist hand finger orthosis, dynamic flexor hinge, reciprocal wrist extension/ flexion, finger flexion/extension, cable driven, custom fabricated	Orthotic Procedures and Services	Dynamic Flexor Hinge, Reciprocal Wrist Extension/Flexion , Finger Flexion/Extension	Yes	None
L3904	Wrist hand finger orthosis, external powered, electric, custom fabricated	Orthotic Procedures and Services	External Power	No	None
L3905	Wrist hand orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Orthotic Procedures and Services	Wrist-Hand Orthotics	No	None
L3906	Wrist hand orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Orthotic Procedures and Services	Wrist-Hand Orthotics	No	None
L3908	Wrist hand orthosis, wrist extension control cock-up, non molded, prefabricated, off-the-shelf	Orthotic Procedures and Services	Wrist-Hand Orthotics	No	Not covered in Long Term Care Setting
L3912	Hand finger orthosis (HFO), flexion glove with elastic finger control, prefabricated, off-the-shelf	Orthotic Procedures and Services	Other Upper Extremity Orthotics	No	Not covered in Long Term Care Setting
L3913	Hand finger orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Orthotic Procedures and Services	Other Upper Extremity Orthotics	No	None
L3915	Wrist hand orthosis, includes one or more nontorsion joint(s), elastic bands, turnbuckles, may include soft interface, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Orthotic Procedures and Services	Other Upper Extremity Orthotics	No	Not covered in Long Term Care Setting
L3916	Wrist hand orthosis, includes one or more nontorsion joint(s), elastic bands, turnbuckles, may include soft interface, straps, prefabricated, off-the-shelf	Orthotic Procedures and Services	Other Upper Extremity Orthotics	No	Not covered in Long Term Care Setting
L3917	Hand orthosis, metacarpal fracture orthosis, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Orthotic Procedures and Services	Other Upper Extremity Orthotics	No	Not covered in Long Term Care Setting

L3918	Hand orthosis, metacarpal fracture orthosis, prefabricated, off-the-shelf	Orthotic Procedures and Services	Other Upper Extremity Orthotics	No	Not covered in Long Term Care Setting
L3919	Hand orthosis, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Orthotic Procedures and Services	Other Upper Extremity Orthotics	No	None
L3921	Hand finger orthosis, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Orthotic Procedures and Services	Other Upper Extremity Orthotics	No	None
L3923	Hand finger orthosis, without joints, may include soft interface, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Orthotic Procedures and Services	Other Upper Extremity Orthotics	No	Not covered in Long Term Care Setting
L3924	Hand finger orthosis, without joints, may include soft interface, straps, prefabricated, off-the-shelf	Orthotic Procedures and Services	Other Upper Extremity Orthotics	No	Not covered in Long Term Care Setting
L3925	Finger orthosis, proximal interphalangeal (pip)/distal interphalangeal (dip), non torsion joint/spring, extension/flexion, may include soft interface material, prefabricated, off-the-shelf	Orthotic Procedures and Services	Other Upper Extremity Orthotics	No	Not covered in Long Term Care Setting
L3927	Finger orthosis, proximal interphalangeal (pip)/distal interphalangeal (dip), without joint/spring, extension/flexion (e.g., static or ring type), may include soft interface material, prefabricated, off-the-shelf	Orthotic Procedures and Services	Other Upper Extremity Orthotics	No	Not covered in Long Term Care Setting
L3929	Hand finger orthosis, includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Orthotic Procedures and Services	Other Upper Extremity Orthotics	No	Not covered in Long Term Care Setting
L3930	Hand finger orthosis, includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated, off-the-shelf	Orthotic Procedures and Services	Other Upper Extremity Orthotics	No	Not covered in Long Term Care Setting
L3931	Wrist hand finger orthosis, includes one or more nontorsion joint(s), turnbuckles, elastic bands/springs, may include soft interface material, straps, prefabricated, includes fitting and adjustment	Orthotic Procedures and Services	Other Upper Extremity Orthotics	No	Not covered in Long Term Care Setting
L3933	Finger orthosis, without joints, may include soft interface, custom fabricated, includes fitting and adjustment	Orthotic Procedures and Services	Other Upper Extremity Orthotics	No	None
L3935	Finger orthosis, nontorsion joint, may include soft interface, custom fabricated, includes fitting and adjustment	Orthotic Procedures and Services	Other Upper Extremity Orthotics	No	None

L3956	Addition of joint to upper extremity orthosis, any material; per joint	Orthotic Procedures and Services	Other Upper Extremity Orthotics	No	None
L3960	Shoulder elbow wrist hand orthosis, abduction positioning, airplane design, prefabricated, includes fitting and adjustment	Orthotic Procedures and Services	Shoulder, Elbow, Wrist, Hand Orthotic	No	Not covered in Long Term Care Setting
L3961	Shoulder elbow wrist hand orthosis, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Orthotic Procedures and Services	Shoulder, Elbow, Wrist, Hand Orthotic	No	None
L3962	Shoulder elbow wrist hand orthosis, abduction positioning, erb's palsey design, prefabricated, includes fitting and adjustment	Orthotic Procedures and Services	Shoulder, Elbow, Wrist, Hand Orthotic	No	Not covered in Long Term Care Setting
L3967	Shoulder elbow wrist hand orthosis, abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Orthotic Procedures and Services	Shoulder, Elbow, Wrist, Hand Orthotic	No	None
L3971	Shoulder elbow wrist hand orthosis, shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Orthotic Procedures and Services	Shoulder, Elbow, Wrist, Hand Orthotic	No	None
L3973	Shoulder elbow wrist hand orthosis, abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Orthotic Procedures and Services	Shoulder, Elbow, Wrist, Hand Orthotic	No	None
L3975	Shoulder elbow wrist hand finger orthosis, shoulder cap design, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Orthotic Procedures and Services	Shoulder, Elbow, Wrist, Hand, Finger Orthotic	No	None
L3976	Shoulder elbow wrist hand finger orthosis, abduction positioning (airplane design), thoracic component and support bar, without joints, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Orthotic Procedures and Services	Shoulder, Elbow, Wrist, Hand, Finger Orthotic	No	None
L3977	Shoulder elbow wrist hand finger orthosis, shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Orthotic Procedures and Services	Shoulder, Elbow, Wrist, Hand, Finger Orthotic	No	None
L3978	Shoulder elbow wrist hand finger orthosis, abduction positioning (airplane design), thoracic component and support bar, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated, includes fitting and adjustment	Orthotic Procedures and Services	Shoulder, Elbow, Wrist, Hand, Finger Orthotic	No	None

L3980	Upper extremity fracture orthosis, humeral, prefabricated, includes fitting and adjustment	Orthotic Procedures and Services	Fracture, Addition, and Unspecified Orthotics, Upper Extremities	No	Not covered in Long Term Care Setting
L3981	Upper extremity fracture orthosis, humeral, prefabricated, includes shoulder cap design, with or without joints, forearm section, may include soft interface, straps, includes fitting and adjustments	Orthotic Procedures and Services	Fracture, Addition, and Unspecified Orthotics, Upper Extremities	No	Not covered in Long Term Care Setting
L3982	Upper extremity fracture orthosis, radius/ulnar, prefabricated, includes fitting and adjustment	Orthotic Procedures and Services	Fracture, Addition, and Unspecified Orthotics, Upper Extremities	No	Not covered in Long Term Care Setting
L3984	Upper extremity fracture orthosis, wrist, prefabricated, includes fitting and adjustment	Orthotic Procedures and Services	Fracture, Addition, and Unspecified Orthotics, Upper Extremities	No	Not covered in Long Term Care Setting
L3995	Addition to upper extremity orthosis, sock, fracture or equal, each	Orthotic Procedures and Services	Fracture, Addition, and Unspecified Orthotics, Upper Extremities	No	Not covered in Long Term Care Setting
L3999	Upper limb orthosis, not otherwise specified	Orthotic Procedures and Services	Fracture, Addition, and Unspecified Orthotics, Upper Extremities	Yes	Not covered in Long Term Care Setting
L4000	Replace girdle for spinal orthosis (CTLSO or SO)	Orthotic Procedures and Services	Orthotic Replacement Parts or Repair	No	Not covered in Long Term Care Setting
L4002	Replacement strap, any orthosis, includes all components, any length, any type	Orthotic Procedures and Services	Orthotic Replacement Parts or Repair	No	Not covered in Long Term Care Setting
L4010	Replace trilateral socket brim	Orthotic Procedures and Services	Orthotic Replacement Parts or Repair	No	Not covered in Long Term Care Setting
L4020	Replace quadrilateral socket brim, molded to patient model	Orthotic Procedures and Services	Orthotic Replacement Parts or Repair	No	None
L4030	Replace quadrilateral socket brim, custom fitted	Orthotic Procedures and Services	Orthotic Replacement Parts or Repair	No	None
L4040	Replace molded thigh lacer, for custom fabricated orthosis only	Orthotic Procedures and Services	Orthotic Replacement Parts or Repair	No	None
L4045	Replace non-molded thigh lacer, for custom fabricated orthosis only	Orthotic Procedures and Services	Orthotic Replacement Parts or Repair	No	None
L4050	Replace molded calf lacer, for custom fabricated orthosis only	Orthotic Procedures and Services	Orthotic Replacement Parts or Repair	No	None

L4055	Replace non-molded calf lacer, for custom fabricated orthosis only	Orthotic Procedures and Services	Orthotic Replacement Parts or Repair	No	None
L4060	Replace high roll cuff	Orthotic Procedures and Services	Orthotic Replacement Parts or Repair	No	Not covered in Long Term Care Setting
L4070	Replace proximal and distal upright for KAFO	Orthotic Procedures and Services	Orthotic Replacement Parts or Repair	No	Not covered in Long Term Care Setting
L4080	Replace metal bands KAFO, proximal thigh	Orthotic Procedures and Services	Orthotic Replacement Parts or Repair	No	Not covered in Long Term Care Setting
L4090	Replace metal bands KAFO-AFO, calf or distal thigh	Orthotic Procedures and Services	Orthotic Replacement Parts or Repair	No	None
L4100	Replace leather cuff KAFO, proximal thigh	Orthotic Procedures and Services	Orthotic Replacement Parts or Repair	No	None
L4110	Replace leather cuff KAFO-AFO, calf or distal thigh	Orthotic Procedures and Services	Orthotic Replacement Parts or Repair	No	None
L4130	Replace pretibial shell	Orthotic Procedures and Services	Orthotic Replacement Parts or Repair	No	Not covered in Long Term Care Setting
L4205	Repair of orthotic device, labor component, per 15 minutes	Orthotic Procedures and Services	Orthotic Replacement Parts or Repair	No	None
L4210	Repair of orthotic device, repair or replace minor parts	Orthotic Procedures and Services	Orthotic Replacement Parts or Repair	No	Not covered in Long Term Care Setting
L4350	Ankle control orthosis, stirrup style, rigid, includes any type interface (e.g., pneumatic, gel), prefabricated, off-the-shelf	Orthotic Procedures and Services	Other Lower Extremity Orthotics	No	Not covered in Long Term Care Setting
L4360	Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Orthotic Procedures and Services	Other Lower Extremity Orthotics	No	Not covered in Long Term Care Setting
L4361	Walking boot, pneumatic and/or vacuum, with or without joints, with or without interface material, prefabricated, off-the-shelf	Orthotic Procedures and Services	Other Lower Extremity Orthotics	No	None
L4370	Pneumatic full leg splint, prefabricated, off-the-shelf	Orthotic Procedures and Services	Other Lower Extremity Orthotics	No	Not covered in Long Term Care Setting
L4386	Walking boot, non-pneumatic, with or without joints, with or without interface material, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Orthotic Procedures and Services	Other Lower Extremity Orthotics	No	Not covered in Long Term Care Setting
L4387	Walking boot, non-pneumatic, with or without joints, with or without interface material, prefabricated, off-the-shelf	Orthotic Procedures and Services	Other Lower Extremity Orthotics	No	Not covered in Long Term Care Setting
L4392	Replacement, soft interface material, static AFO	Orthotic Procedures and Services	Other Lower Extremity Orthotics	No	None

L4394	Replace soft interface material, foot drop splint	Orthotic Procedures and Services	Other Lower Extremity Orthotics	No	None
L4396	Static or dynamic ankle foot orthosis, including soft interface material, adjustable for fit, for positioning, may be used for minimal ambulation, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	Orthotic Procedures and Services	Other Lower Extremity Orthotics	No	Not covered in Long Term Care Setting
L4397	Static or dynamic ankle foot orthosis, including soft interface material, adjustable for fit, for positioning, may be used for minimal ambulation, prefabricated, off-the-shelf	Orthotic Procedures and Services	Other Lower Extremity Orthotics	No	Not covered in Long Term Care Setting
L4398	Foot drop splint, recumbent positioning device, prefabricated, off-the-shelf	Orthotic Procedures and Services	Other Lower Extremity Orthotics	No	Not covered in Long Term Care Setting
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	Orthotic Procedures and Services	Other Lower Extremity Orthotics	Yes	None
L5000	Partial foot, shoe insert with longitudinal arch, toe filler	Prosthetics	Partial Foot Prosthetic	No	None
L5010	Partial foot, molded socket, ankle height, with toe filler	Prosthetics	Partial Foot Prosthetic	Yes	None
L5020	Partial foot, molded socket, tibial tubercle height, with toe filler	Prosthetics	Partial Foot Prosthetic	Yes	None
L5050	Ankle, Symes, molded socket, SACH foot	Prosthetics	Ankle Prosthetic	Yes	None
L5060	Ankle, Symes, metal frame, molded leather socket, articulated ankle/foot	Prosthetics	Ankle Prosthetic	Yes	None
L5100	Below knee, molded socket, shin, SACH foot	Prosthetics	Below the Knee Prosthetic	Yes	None
L5105	Below knee, plastic socket, joints and thigh lacer, SACH foot	Prosthetics	Below the Knee Prosthetic	Yes	None
L5150	Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot	Prosthetics	Knee Disarticulation Prosthetic	Yes	None
L5160	Knee disarticulation (or through knee), molded socket, bent knee configuration, external knee joints, shin, SACH foot	Prosthetics	Knee Disarticulation Prosthetic	Yes	None
L5200	Above knee, molded socket, single axis constant friction knee, shin, SACH foot	Prosthetics	Above the Knee Prosthetic	Yes	None
L5210	Above knee, short prosthesis, no knee joint ('stubbies'), with foot blocks, no ankle joints, each	Prosthetics	Above the Knee Prosthetic	Yes	None
L5220	Above knee, short prosthesis, no knee joint ('stubbies'), with articulated ankle/foot, dynamically aligned, each	Prosthetics	Above the Knee Prosthetic	Yes	None
L5230	Above knee, for proximal femoral focal deficiency, constant friction knee, shin, SACH foot	Prosthetics	Above the Knee Prosthetic	Yes	None

L5250	Hip disarticulation, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot	Prosthetics	Hip Disarticulation Prosthetic	Yes	None
L5270	Hip disarticulation, tilt table type; molded socket, locking hip joint, single axis constant friction knee, shin, SACH foot	Prosthetics	Hip Disarticulation Prosthetic	Yes	None
L5280	Hemipelvectomy, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot	Prosthetics	Endoskeletal Prosthetics, Lower Limbs	Yes	None
L5301	Below knee, molded socket, shin, SACH foot, endoskeletal system	Prosthetics	Endoskeletal Prosthetics, Lower Limbs	Yes	None
L5312	Knee disarticulation (or through knee), molded socket, single axis knee, pylon, SACH foot, endoskeletal system	Prosthetics	Endoskeletal Prosthetics, Lower Limbs	Yes	None
L5321	Above knee, molded socket, open end, SACH foot, endoskeletal system, single axis knee	Prosthetics	Endoskeletal Prosthetics, Lower Limbs	Yes	Not covered in Long Term Care Setting
L5331	Hip disarticulation, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot	Prosthetics	Endoskeletal Prosthetics, Lower Limbs	Yes	None
L5341	Hemipelvectomy, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot	Prosthetics	Endoskeletal Prosthetics, Lower Limbs	Yes	Not covered in Long Term Care Setting
L5400	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee	Prosthetics	Prosthetic Fitting, Immediate Postsurgical or Early, Lower Limbs	Yes	None
L5410	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, below knee, each additional cast change and realignment	Prosthetics	Prosthetic Fitting, Immediate Postsurgical or Early, Lower Limbs	No	None
L5420	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension and one cast change 'AK' or knee disarticulation	Prosthetics	Prosthetic Fitting, Immediate Postsurgical or Early, Lower Limbs	Yes	None
L5430	Immediate post surgical or early fitting, application of initial rigid dressing, incl. fitting, alignment and suspension, 'AK' or knee disarticulation, each additional cast change and realignment	Prosthetics	Prosthetic Fitting, Immediate Postsurgical or Early, Lower Limbs	No	None
L5450	Immediate post surgical or early fitting, application of non-weight bearing rigid dressing, below knee	Prosthetics	Prosthetic Fitting, Immediate Postsurgical or Early, Lower Limbs	No	None
L5460	Immediate post surgical or early fitting, application of non-weight bearing rigid dressing, above knee	Prosthetics	Prosthetic Fitting, Immediate Postsurgical or Early, Lower Limbs	No	None

L5500	Initial, below knee 'PTB' type socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, direct formed	Prosthetics	Initial Prosthesis	Yes	None
L5505	Initial, above knee - knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, direct formed	Prosthetics	Initial Prosthesis	Yes	None
L5510	Preparatory, below knee 'PTB' type socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, molded to model	Prosthetics	Preparatory Prosthesis	Yes	None
L5520	Preparatory, below knee 'PTB' type socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed	Prosthetics	Preparatory Prosthesis	Yes	None
L5530	Preparatory, below knee 'PTB' type socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model	Prosthetics	Preparatory Prosthesis	Yes	None
L5535	Preparatory, below knee 'PTB' type socket, non-alignable system, no cover, SACH foot, prefabricated, adjustable open end socket	Prosthetics	Preparatory Prosthesis	Yes	None
L5540	Preparatory, below knee 'PTB' type socket, non-alignable system, pylon, no cover, SACH foot, laminated socket, molded to model	Prosthetics	Preparatory Prosthesis	Yes	None
L5560	Preparatory, above knee- knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, molded to model	Prosthetics	Preparatory Prosthesis	Yes	None
L5570	Preparatory, above knee - knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed	Prosthetics	Preparatory Prosthesis	Yes	None
L5580	Preparatory, above knee - knee disarticulation ischial level socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model	Prosthetics	Preparatory Prosthesis	Yes	None
L5585	Preparatory, above knee - knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, prefabricated adjustable open end socket	Prosthetics	Preparatory Prosthesis	Yes	None
L5590	Preparatory, above knee - knee disarticulation ischial level socket, non-alignable system, pylon no cover, SACH foot, laminated socket, molded to model	Prosthetics	Preparatory Prosthesis	Yes	None
L5595	Preparatory, hip disarticulation-hemipelvectomy, pylon, no cover, SACH foot, thermoplastic or equal, molded to patient model	Prosthetics	Preparatory Prosthesis	Yes	None
L5600	Preparatory, hip disarticulation-hemipelvectomy, pylon, no cover, SACH foot, laminated socket, molded to patient model	Prosthetics	Preparatory Prosthesis	Yes	None

L5610	Addition to lower extremity, endoskeletal system, above knee, hydracadence system	Prosthetics	Endoskeletal Prosthetic Additions, Lower Extremities	Yes	None
L5611	Addition to lower extremity, endoskeletal system, above knee - knee disarticulation, 4 bar linkage, with friction swing phase control	Prosthetics	Endoskeletal Prosthetic Additions, Lower Extremities	Yes	None
L5613	Addition to lower extremity, endoskeletal system, above knee-knee disarticulation, 4 bar linkage, with hydraulic swing phase control	Prosthetics	Endoskeletal Prosthetic Additions, Lower Extremities	No	None
L5614	Addition to lower extremity, exoskeletal system, above knee-knee disarticulation, 4 bar linkage, with pneumatic swing phase control	Prosthetics	Endoskeletal Prosthetic Additions, Lower Extremities	No	None
L5616	Addition to lower extremity, endoskeletal system, above knee, universal multiplex system, friction swing phase control	Prosthetics	Endoskeletal Prosthetic Additions, Lower Extremities	Yes	None
L5617	Addition to lower extremity, quick change self-aligning unit, above knee or below knee, each	Prosthetics	Endoskeletal Prosthetic Additions, Lower Extremities	No	None
L5618	Addition to lower extremity, test socket, Symes	Prosthetics	Test Socket Prosthetic Additions, Lower Extremities	No	None
L5620	Addition to lower extremity, test socket, below knee	Prosthetics	Test Socket Prosthetic Additions, Lower Extremities	No	None
L5622	Addition to lower extremity, test socket, knee disarticulation	Prosthetics	Test Socket Prosthetic Additions, Lower Extremities	No	None
L5624	Addition to lower extremity, test socket, above knee	Prosthetics	Test Socket Prosthetic Additions, Lower Extremities	No	None
L5626	Addition to lower extremity, test socket, hip disarticulation	Prosthetics	Test Socket Prosthetic Additions, Lower Extremities	No	None
L5628	Addition to lower extremity, test socket, hemipelvectomy	Prosthetics	Test Socket Prosthetic Additions, Lower Extremities	No	None

L5629	Addition to lower extremity, below knee, acrylic socket	Prosthetics	Test Socket Prosthetic Additions, Lower Extremities	No	None
L5630	Addition to lower extremity, Symes type, expandable wall socket	Prosthetics	Various Prosthetic Sockets	No	None
L5631	Addition to lower extremity, above knee or knee disarticulation, acrylic socket	Prosthetics	Various Prosthetic Sockets	No	None
L5632	Addition to lower extremity, Symes type, 'PTB' brim design socket	Prosthetics	Various Prosthetic Sockets	No	None
L5634	Addition to lower extremity, Symes type, posterior opening (Canadian) socket	Prosthetics	Various Prosthetic Sockets	No	None
L5636	Addition to lower extremity, Symes type, medial opening socket	Prosthetics	Various Prosthetic Sockets	No	None
L5637	Addition to lower extremity, below knee, total contact	Prosthetics	Various Prosthetic Sockets	No	None
L5638	Addition to lower extremity, below knee, leather socket	Prosthetics	Various Prosthetic Sockets	No	None
L5639	Addition to lower extremity, below knee, wood socket	Prosthetics	Various Prosthetic Sockets	Yes	None
L5640	Addition to lower extremity, knee disarticulation, leather socket	Prosthetics	Various Prosthetic Sockets	Yes	None
L5642	Addition to lower extremity, above knee, leather socket	Prosthetics	Various Prosthetic Sockets	No	None
L5643	Addition to lower extremity, hip disarticulation, flexible inner socket, external frame	Prosthetics	Various Prosthetic Sockets	Yes	None
L5644	Addition to lower extremity, above knee, wood socket	Prosthetics	Various Prosthetic Sockets	No	None
L5645	Addition to lower extremity, below knee, flexible inner socket, external frame	Prosthetics	Various Prosthetic Sockets	Yes	None
L5646	Addition to lower extremity, below knee, air, fluid, gel or equal, cushion socket	Prosthetics	Various Prosthetic Sockets	No	None
L5647	Addition to lower extremity, below knee suction socket	Prosthetics	Various Prosthetic Sockets	Yes	None
L5648	Addition to lower extremity, above knee, air, fluid, gel or equal, cushion socket	Prosthetics	Various Prosthetic Sockets	Yes	None
L5649	Addition to lower extremity, ischial containment/narrow M-L socket	Prosthetics	Various Prosthetic Sockets	Yes	None
L5650	Additions to lower extremity, total contact, above knee or knee disarticulation socket	Prosthetics	Various Prosthetic Sockets	No	None

L5651	Addition to lower extremity, above knee, flexible inner socket, external frame	Prosthetics	Various Prosthetic Sockets	Yes	None
L5652	Addition to lower extremity, suction suspension, above knee or knee disarticulation socket	Prosthetics	Various Prosthetic Sockets	No	None
L5653	Addition to lower extremity, knee disarticulation, expandable wall socket	Prosthetics	Various Prosthetic Sockets	No	None
L5654	Addition to lower extremity, socket insert, Symes, (Kemblo, Pelite, Aliplast, Plastazote or equal)	Prosthetics	Socket Insert, Suspensions, and Other Prosthetic Additions	No	None
L5655	Addition to lower extremity, socket insert, below knee (Kemblo, Pelite, Aliplast, Plastazote or equal)	Prosthetics	Socket Insert, Suspensions, and Other Prosthetic Additions	No	None
L5656	Addition to lower extremity, socket insert, knee disarticulation (Kemblo, Pelite, Aliplast, Plastazote or equal)	Prosthetics	Socket Insert, Suspensions, and Other Prosthetic Additions	No	None
L5658	Addition to lower extremity, socket insert, above knee (Kemblo, Pelite, Aliplast, Plastazote or equal)	Prosthetics	Socket Insert, Suspensions, and Other Prosthetic Additions	No	None
L5661	Addition to lower extremity, socket insert, multi-durometer Symes	Prosthetics	Socket Insert, Suspensions, and Other Prosthetic Additions	No	None
L5665	Addition to lower extremity, socket insert, multi-durometer, below knee	Prosthetics	Socket Insert, Suspensions, and Other Prosthetic Additions	No	None
L5666	Addition to lower extremity, below knee, cuff suspension	Prosthetics	Socket Insert, Suspensions, and Other Prosthetic Additions	No	None
L5668	Addition to lower extremity, below knee, molded distal cushion	Prosthetics	Socket Insert, Suspensions, and Other Prosthetic Additions	No	None
L5670	Addition to lower extremity, below knee, molded supracondylar suspension ('PTS' or similar)	Prosthetics	Socket Insert, Suspensions, and Other Prosthetic Additions	No	None
L5671	Addition to lower extremity, below knee / above knee suspension locking mechanism (Shuttle, Lanyard or equal), excludes socket insert	Prosthetics	Socket Insert, Suspensions, and Other Prosthetic Additions	Yes	None

L5672	Addition to lower extremity, below knee, removable medial brim suspension	Prosthetics	Socket Insert, Suspensions, and Other Prosthetic Additions	No	None
L5673	Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism	Prosthetics	Socket Insert, Suspensions, and Other Prosthetic Additions	No	None
L5676	Additions to lower extremity, below knee, knee joints, single axis, pair	Prosthetics	Socket Insert, Suspensions, and Other Prosthetic Additions	No	None
L5677	Additions to lower extremity, below knee, knee joints, polycentric, pair	Prosthetics	Socket Insert, Suspensions, and Other Prosthetic Additions	No	None
L5678	Additions to lower extremity, below knee, joint covers, pair	Prosthetics	Socket Insert, Suspensions, and Other Prosthetic Additions	No	None
L5679	Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism	Prosthetics	Socket Insert, Suspensions, and Other Prosthetic Additions	Yes	None
L5680	Addition to lower extremity, below knee, thigh lacer, nonmolded	Prosthetics	Socket Insert, Suspensions, and Other Prosthetic Additions	No	None
L5681	Addition to lower extremity, below knee/above knee, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L5673 or L5679)	Prosthetics	Socket Insert, Suspensions, and Other Prosthetic Additions	Yes	None
L5682	Addition to lower extremity, below knee, thigh lacer, gluteal/ischial, molded	Prosthetics	Socket Insert, Suspensions, and Other Prosthetic Additions	Yes	None
L5683	Addition to lower extremity, below knee/above knee, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L5673 or L5679)	Prosthetics	Socket Insert, Suspensions, and Other Prosthetic Additions	Yes	None
L5684	Addition to lower extremity, below knee, fork strap	Prosthetics	Socket Insert, Suspensions, and Other Prosthetic Additions	No	None

L5685	Addition to lower extremity prosthesis, below knee, suspension/sealing sleeve, with or without valve, any material, each	Prosthetics	Socket Insert, Suspensions, and Other Prosthetic Additions	No	Not covered in Long Term Care Setting
L5686	Addition to lower extremity, below knee, back check (extension control)	Prosthetics	Socket Insert, Suspensions, and Other Prosthetic Additions	No	None
L5688	Addition to lower extremity, below knee, waist belt, webbing	Prosthetics	Socket Insert, Suspensions, and Other Prosthetic Additions	No	None
L5690	Addition to lower extremity, below knee, waist belt, padded and lined	Prosthetics	Socket Insert, Suspensions, and Other Prosthetic Additions	No	None
L5692	Addition to lower extremity, above knee, pelvic control belt, light	Prosthetics	Socket Insert, Suspensions, and Other Prosthetic Additions	No	None
L5694	Addition to lower extremity, above knee, pelvic control belt, padded and lined	Prosthetics	Socket Insert, Suspensions, and Other Prosthetic Additions	No	None
L5695	Addition to lower extremity, above knee, pelvic control, sleeve suspension, neoprene or equal, each	Prosthetics	Socket Insert, Suspensions, and Other Prosthetic Additions	No	None
L5696	Addition to lower extremity, above knee or knee disarticulation, pelvic joint	Prosthetics	Socket Insert, Suspensions, and Other Prosthetic Additions	No	None
L5697	Addition to lower extremity, above knee or knee disarticulation, pelvic band	Prosthetics	Socket Insert, Suspensions, and Other Prosthetic Additions	No	None
L5698	Addition to lower extremity, above knee or knee disarticulation, Silesian bandage	Prosthetics	Socket Insert, Suspensions, and Other Prosthetic Additions	No	None
L5699	All lower extremity prostheses, shoulder harness	Prosthetics	Socket Insert, Suspensions, and Other Prosthetic Additions	No	None
L5700	Replacement, socket, below knee, molded to patient model	Prosthetics	Replacement Sockets	Yes	None
L5701	Replacement, socket, above knee/knee disarticulation, including attachment plate, molded to patient model	Prosthetics	Replacement Sockets	Yes	None

L5702	Replacement, socket, hip disarticulation, including hip joint, molded to patient model	Prosthetics	Replacement Sockets	Yes	None
L5703	Ankle, Symes, molded to patient model, socket without solid ankle cushion heel (SACH) foot, replacement only	Prosthetics	Replacement Sockets	No	None
L5704	Custom shaped protective cover, below knee	Prosthetics	Custom-Shaped Protective Covers	Yes	None
L5705	Custom shaped protective cover, above knee	Prosthetics	Custom-Shaped Protective Covers	Yes	None
L5706	Custom shaped protective cover, knee disarticulation	Prosthetics	Custom-Shaped Protective Covers	Yes	None
L5707	Custom shaped protective cover, hip disarticulation	Prosthetics	Custom-Shaped Protective Covers	Yes	None
L5710	Addition, exoskeletal knee-shin system, single axis, manual lock	Prosthetics	Exoskeletal Knee-Shin System Additions	No	None
L5711	Additions exoskeletal knee-shin system, single axis, manual lock, ultra-light material	Prosthetics	Exoskeletal Knee-Shin System Additions	No	None
L5712	Addition, exoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)	Prosthetics	Exoskeletal Knee-Shin System Additions	No	None
L5714	Addition, exoskeletal knee-shin system, single axis, variable friction swing phase control	Prosthetics	Exoskeletal Knee-Shin System Additions	No	None
L5716	Addition, exoskeletal knee-shin system, polycentric, mechanical stance phase lock	Prosthetics	Exoskeletal Knee-Shin System Additions	Yes	None
L5718	Addition, exoskeletal knee-shin system, polycentric, friction swing and stance phase control	Prosthetics	Exoskeletal Knee-Shin System Additions	Yes	None
L5722	Addition, exoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	Prosthetics	Exoskeletal Knee-Shin System Additions	Yes	None
L5724	Addition, exoskeletal knee-shin system, single axis, fluid swing phase control	Prosthetics	Exoskeletal Knee-Shin System Additions	Yes	None
L5726	Addition, exoskeletal knee-shin system, single axis, external joints fluid swing phase control	Prosthetics	Exoskeletal Knee-Shin System Additions	Yes	None

L5728	Addition, exoskeletal knee-shin system, single axis, fluid swing and stance phase control	Prosthetics	Exoskeletal Knee-Shin System Additions	No	None
L5780	Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control	Prosthetics	Exoskeletal Knee-Shin System Additions	Yes	None
L5781	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system	Prosthetics	Vacuum Pumps, Lower Limb Prosthetic Additions	No	None
L5782	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy duty	Prosthetics	Vacuum Pumps, Lower Limb Prosthetic Additions	No	None
L5785	Addition, exoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)	Prosthetics	Other Exoskeletal Additions	No	None
L5790	Addition, exoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal)	Prosthetics	Other Exoskeletal Additions	Yes	None
L5795	Addition, exoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)	Prosthetics	Other Exoskeletal Additions	Yes	None
L5810	Addition, endoskeletal knee-shin system, single axis, manual lock	Prosthetics	Endoskeletal Knee or Hip System Additions	No	None
L5811	Addition, endoskeletal knee-shin system, single axis, manual lock, ultra-light material	Prosthetics	Endoskeletal Knee or Hip System Additions	Yes	None
L5812	Addition, endoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee)	Prosthetics	Endoskeletal Knee or Hip System Additions	No	None
L5814	Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock	Prosthetics	Endoskeletal Knee or Hip System Additions	No	None
L5816	Addition, endoskeletal knee-shin system, polycentric, mechanical stance phase lock	Prosthetics	Endoskeletal Knee or Hip System Additions	Yes	None
L5818	Addition, endoskeletal knee-shin system, polycentric, friction swing, and stance phase control	Prosthetics	Endoskeletal Knee or Hip System Additions	Yes	None
L5822	Addition, endoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control	Prosthetics	Endoskeletal Knee or Hip System Additions	Yes	None
L5824	Addition, endoskeletal knee-shin system, single axis, fluid swing phase control	Prosthetics	Endoskeletal Knee or Hip System Additions	Yes	None

L5826	Addition, endoskeletal knee-shin system, single axis, hydraulic swing phase control, with miniature high activity frame	Prosthetics	Endoskeletal Knee or Hip System Additions	No	None
L5828	Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control	Prosthetics	Endoskeletal Knee or Hip System Additions	Yes	None
L5830	Addition, endoskeletal knee-shin system, single axis, pneumatic/ swing phase control	Prosthetics	Endoskeletal Knee or Hip System Additions	Yes	None
L5840	Addition, endoskeletal knee/shin system, 4-bar linkage or multiaxial, pneumatic swing phase control	Prosthetics	Endoskeletal Knee or Hip System Additions	Yes	None
L5845	Addition, endoskeletal, knee-shin system, stance flexion feature, adjustable	Prosthetics	Endoskeletal Knee or Hip System Additions	No	None
L5848	Addition to endoskeletal knee-shin system, fluid stance extension, dampening feature, with or without adjustability	Prosthetics	Endoskeletal Knee or Hip System Additions	No	None
L5850	Addition, endoskeletal system, above knee or hip disarticulation, knee extension assist	Prosthetics	Endoskeletal Knee or Hip System Additions	No	None
L5855	Addition, endoskeletal system, hip disarticulation, mechanical hip extension assist	Prosthetics	Endoskeletal Knee or Hip System Additions	No	None
L5856	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type	Prosthetics	Endoskeletal Knee or Hip System Additions	No	None
L5857	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type	Prosthetics	Endoskeletal Knee or Hip System Additions	No	None
L5858	Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type	Prosthetics	Endoskeletal Knee or Hip System Additions	No	None
L5859	Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s)	Prosthetics	Endoskeletal Knee or Hip System Additions	No	None
L5910	Addition, endoskeletal system, below knee, alignable system	Prosthetics	Endoskeletal Knee or Hip System Additions	No	None
L5920	Addition, endoskeletal system, above knee or hip disarticulation, alignable system	Prosthetics	Endoskeletal Knee or Hip System Additions	No	None

L5925	Addition, endoskeletal system, above knee, knee disarticulation or hip disarticulation, manual lock	Prosthetics	Endoskeletal Knee or Hip System Additions	No	None
L5930	Addition, endoskeletal system, high activity knee control frame	Prosthetics	Endoskeletal Knee or Hip System Additions	No	None
L5940	Addition, endoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal)	Prosthetics	Endoskeletal Knee or Hip System Additions	No	None
L5950	Addition, endoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal)	Prosthetics	Endoskeletal Knee or Hip System Additions	Yes	None
L5960	Addition, endoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)	Prosthetics	Endoskeletal Knee or Hip System Additions	Yes	None
L5961	Addition, endoskeletal system, polycentric hip joint, pneumatic or hydraulic control, rotation control, with or without flexion and/or extension control	Prosthetics	Endoskeletal Knee or Hip System Additions	Yes	Not covered in Long Term Care Setting
L5962	Addition, endoskeletal system, below knee, flexible protective outer surface covering system	Prosthetics	Endoskeletal Knee or Hip System Additions	No	None
L5964	Addition, endoskeletal system, above knee, flexible protective outer surface covering system	Prosthetics	Endoskeletal Knee or Hip System Additions	No	None
L5966	Addition, endoskeletal system, hip disarticulation, flexible protective outer surface covering system	Prosthetics	Endoskeletal Knee or Hip System Additions	Yes	None
L5968	Addition to lower limb prosthesis, multiaxial ankle with swing phase active dorsiflexion feature	Prosthetics	Ankle and/or Foot Prosthetics and Additions	No	None
L5969	Addition, endoskeletal ankle-foot or ankle system, power assist, includes any type motor(s)	Prosthetics	Ankle and/or Foot Prosthetics and Additions	Yes	Not covered in Long Term Care Setting
L5970	All lower extremity prostheses, foot, external keel, SACH foot	Prosthetics	Ankle and/or Foot Prosthetics and Additions	No	None
L5971	All lower extremity prostheses, solid ankle cushion heel (SACH) foot, replacement only	Prosthetics	Ankle and/or Foot Prosthetics and Additions	No	None
L5972	All lower extremity prostheses, foot, flexible keel	Prosthetics	Ankle and/or Foot Prosthetics and Additions	No	None
L5973	Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source	Prosthetics	Ankle and/or Foot Prosthetics and Additions	No	None

L5974	All lower extremity prostheses, foot, single axis ankle/foot	Prosthetics	Ankle and/or Foot Prosthetics and Additions	No	None
L5975	All lower extremity prostheses, combination single axis ankle and flexible keel foot	Prosthetics	Ankle and/or Foot Prosthetics and Additions	No	None
L5976	All lower extremity prostheses, energy storing foot (Seattle Carbon Copy II or equal)	Prosthetics	Ankle and/or Foot Prosthetics and Additions	No	None
L5978	All lower extremity prostheses, foot, multiaxial ankle/foot	Prosthetics	Ankle and/or Foot Prosthetics and Additions	No	None
L5979	All lower extremity prostheses, multi-axial ankle, dynamic response foot, one piece system	Prosthetics	Ankle and/or Foot Prosthetics and Additions	No	None
L5980	All lower extremity prostheses, flex foot system	Prosthetics	Ankle and/or Foot Prosthetics and Additions	No	None
L5981	All lower extremity prostheses, flex-walk system or equal	Prosthetics	Ankle and/or Foot Prosthetics and Additions	Yes	None
L5982	All exoskeletal lower extremity prostheses, axial rotation unit	Prosthetics	Ankle and/or Foot Prosthetics and Additions	No	None
L5984	All endoskeletal lower extremity prosthesis, axial rotation unit, with or without adjustability	Prosthetics	Ankle and/or Foot Prosthetics and Additions	No	None
L5985	All endoskeletal lower extremity prostheses, dynamic prosthetic pylon	Prosthetics	Ankle and/or Foot Prosthetics and Additions	No	None
L5986	All lower extremity prostheses, multi-axial rotation unit ('MCP' or equal)	Prosthetics	Ankle and/or Foot Prosthetics and Additions	Yes	PA Required Effective 4/7/2018
L5987	All lower extremity prostheses, shank foot system with vertical loading pylon	Prosthetics	Ankle and/or Foot Prosthetics and Additions	No	None
L5988	Addition to lower limb prosthesis, vertical shock reducing pylon feature	Prosthetics	Ankle and/or Foot Prosthetics and Additions	No	None
L5990	Addition to lower extremity prosthesis, user adjustable heel height	Prosthetics	Ankle and/or Foot Prosthetics and Additions	No	None
L5999	Lower extremity prosthesis, not otherwise specified	Prosthetics	Ankle and/or Foot Prosthetics and Additions	Yes	PA Required Effective 4/7/2018

L6000	Partial hand, thumb remaining	Prosthetics	Partial Hand Prosthetics	Yes	None
L6010	Partial hand, little and/or ring finger remaining	Prosthetics	Partial Hand Prosthetics	Yes	None
L6020	Partial hand, no finger remaining	Prosthetics	Partial Hand Prosthetics	Yes	None
L6026	Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, two batteries, charger, myoelectric control of terminal device, excludes terminal device(s)	Prosthetics	Partial Hand Prosthetics	No	None
L6050	Wrist disarticulation, molded socket, flexible elbow hinges, triceps pad	Prosthetics	Wrist Disarticulation, Hand Prosthetics	Yes	None
L6055	Wrist disarticulation, molded socket with expandable interface, flexible elbow hinges, triceps pad	Prosthetics	Wrist Disarticulation, Hand Prosthetics	Yes	None
L6100	Below elbow, molded socket, flexible elbow hinge, triceps pad	Prosthetics	Below Elbow, Forearm and Hand Prosthetics	Yes	None
L6110	Below elbow, molded socket, (Muenster or Northwestern suspension types)	Prosthetics	Below Elbow, Forearm and Hand Prosthetics	Yes	None
L6120	Below elbow, molded double wall split socket, step-up hinges, half cuff	Prosthetics	Below Elbow, Forearm and Hand Prosthetics	Yes	None
L6130	Below elbow, molded double wall split socket, stump activated locking hinge, half cuff	Prosthetics	Below Elbow, Forearm and Hand Prosthetics	Yes	None
L6200	Elbow disarticulation, molded socket, outside locking hinge, forearm	Prosthetics	Elbow Disarticulation Prosthetics	Yes	None
L6205	Elbow disarticulation, molded socket with expandable interface, outside locking hinges, forearm	Prosthetics	Elbow Disarticulation Prosthetics	Yes	None
L6250	Above elbow, molded double wall socket, internal locking elbow, forearm	Prosthetics	Above Elbow Prosthetics	Yes	None
L6300	Shoulder disarticulation, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	Prosthetics	Shoulder Disarticulation Prosthetics	Yes	None
L6310	Shoulder disarticulation, passive restoration (complete prosthesis)	Prosthetics	Shoulder Disarticulation Prosthetics	Yes	None
L6320	Shoulder disarticulation, passive restoration (shoulder cap only)	Prosthetics	Shoulder Disarticulation Prosthetics	Yes	None
L6350	Interscapular thoracic, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm	Prosthetics	Interscapular Thoracic Prosthetics	Yes	None
L6360	Interscapular thoracic, passive restoration (complete prosthesis)	Prosthetics	Interscapular Thoracic Prosthetics	Yes	None

L6370	Interscapular thoracic, passive restoration (shoulder cap only)	Prosthetics	Interscapular Thoracic Prosthetics	Yes	None
L6380	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, wrist disarticulation or below elbow	Prosthetics	Prosthetic Fitting, Immediate Postsurgical or Early, Upper Limbs	No	None
L6382	Immediate post surgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, elbow disarticulation or above elbow	Prosthetics	Prosthetic Fitting, Immediate Postsurgical or Early, Upper Limbs	Yes	None
L6384	Immediate post surgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, shoulder disarticulation or interscapular thoracic	Prosthetics	Prosthetic Fitting, Immediate Postsurgical or Early, Upper Limbs	Yes	None
L6386	Immediate post surgical or early fitting, each additional cast change and realignment	Prosthetics	Prosthetic Fitting, Immediate Postsurgical or Early, Upper Limbs	No	None
L6388	Immediate post surgical or early fitting, application of rigid dressing only	Prosthetics	Prosthetic Fitting, Immediate Postsurgical or Early, Upper Limbs	No	None
L6400	Below elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	Prosthetics	Molded Socket Endoskeletal Prosthetic System, Upper Limbs	Yes	None
L6450	Elbow disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping	Prosthetics	Molded Socket Endoskeletal Prosthetic System, Upper Limbs	Yes	None
L6500	Above elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping	Prosthetics	Molded Socket Endoskeletal Prosthetic System, Upper Limbs	Yes	None
L6550	Shoulder disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping	Prosthetics	Molded Socket Endoskeletal Prosthetic System, Upper Limbs	Yes	None
L6570	Interscapular thoracic, molded socket, endoskeletal system, including soft prosthetic tissue shaping	Prosthetics	Molded Socket Endoskeletal Prosthetic System, Upper Limbs	Yes	None

L6580	Preparatory, wrist disarticulation or below elbow, single wall plastic socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover, molded to patient model	Prosthetics	Preparatory Prosthetic, Upper Limbs	No	None
L6582	Preparatory, wrist disarticulation or below elbow, single wall socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, USMC or equal pylon, no cover, direct formed	Prosthetics	Preparatory Prosthetic, Upper Limbs	Yes	None
L6584	Preparatory, elbow disarticulation or above elbow, single wall plastic socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, USMC or equal pylon, no cover, molded to patient model	Prosthetics	Preparatory Prosthetic, Upper Limbs	No	None
L6586	Preparatory, elbow disarticulation or above elbow, single wall socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, USMC or equal pylon, no cover, direct formed	Prosthetics	Preparatory Prosthetic, Upper Limbs	Yes	None
L6588	Preparatory, shoulder disarticulation or interscapular thoracic, single wall plastic socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, USMC or equal pylon, no cover, molded to patient model	Prosthetics	Preparatory Prosthetic, Upper Limbs	No	None
L6590	Preparatory, shoulder disarticulation or interscapular thoracic, single wall socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, USMC or equal pylon, no cover, direct formed	Prosthetics	Preparatory Prosthetic, Upper Limbs	Yes	None
L6600	Upper extremity additions, polycentric hinge, pair	Prosthetics	Upper Extremity Prosthetic Additions	No	None
L6605	Upper extremity additions, single pivot hinge, pair	Prosthetics	Upper Extremity Prosthetic Additions	No	None
L6610	Upper extremity additions, flexible metal hinge, pair	Prosthetics	Upper Extremity Prosthetic Additions	No	None
L6611	Addition to upper extremity prosthesis, external powered, additional switch, any type	Prosthetics	Upper Extremity Prosthetic Additions	No	None
L6615	Upper extremity addition, disconnect locking wrist unit	Prosthetics	Upper Extremity Prosthetic Additions	No	None
L6616	Upper extremity addition, additional disconnect insert for locking wrist unit, each	Prosthetics	Upper Extremity Prosthetic Additions	No	None

L6620	Upper extremity addition, flexion/extension wrist unit, with or without friction	Prosthetics	Upper Extremity Prosthetic Additions	No	None
L6621	Upper extremity prosthesis addition, flexion/extension wrist with or without friction, for use with external powered terminal device	Prosthetics	Upper Extremity Prosthetic Additions	No	None
L6623	Upper extremity addition, spring assisted rotational wrist unit with latch release	Prosthetics	Upper Extremity Prosthetic Additions	Yes	PA Required Effective 4/7/2018
L6624	Upper extremity addition, flexion/extension and rotation wrist unit	Prosthetics	Upper Extremity Prosthetic Additions	No	None
L6625	Upper extremity addition, rotation wrist unit with cable lock	Prosthetics	Upper Extremity Prosthetic Additions	No	None
L6628	Upper extremity addition, quick disconnect hook adapter, Otto Bock or equal	Prosthetics	Upper Extremity Prosthetic Additions	No	None
L6629	Upper extremity addition, quick disconnect lamination collar with coupling piece, Otto Bock or equal	Prosthetics	Upper Extremity Prosthetic Additions	No	None
L6630	Upper extremity addition, stainless steel, any wrist	Prosthetics	Upper Extremity Prosthetic Additions	No	None
L6632	Upper extremity addition, latex suspension sleeve, each	Prosthetics	Upper Extremity Prosthetic Additions	No	None
L6635	Upper extremity addition, lift assist for elbow	Prosthetics	Upper Extremity Prosthetic Additions	No	None
L6637	Upper extremity addition, nudge control elbow lock	Prosthetics	Upper Extremity Prosthetic Additions	No	None
L6638	Upper extremity addition to prosthesis, electric locking feature, only for use with manually powered elbow	Prosthetics	Upper Extremity Prosthetic Additions	No	None
L6640	Upper extremity additions, shoulder abduction joint, pair	Prosthetics	Upper Extremity Prosthetic Additions	No	None
L6641	Upper extremity addition, excursion amplifier, pulley type	Prosthetics	Upper Extremity Prosthetic Additions	No	None
L6642	Upper extremity addition, excursion amplifier, lever type	Prosthetics	Upper Extremity Prosthetic Additions	No	None

L6645	Upper extremity addition, shoulder flexion-abduction joint, each	Prosthetics	Upper Extremity Prosthetic Additions	No	None
L6646	Upper extremity addition, shoulder joint, multipositional locking, flexion, adjustable abduction friction control, for use with body powered or external powered system	Prosthetics	Upper Extremity Prosthetic Additions	No	None
L6647	Upper extremity addition, shoulder lock mechanism, body powered actuator	Prosthetics	Upper Extremity Prosthetic Additions	No	None
L6648	Upper extremity addition, shoulder lock mechanism, external powered actuator	Prosthetics	Upper Extremity Prosthetic Additions	No	None
L6650	Upper extremity addition, shoulder universal joint, each	Prosthetics	Upper Extremity Prosthetic Additions	No	None
L6655	Upper extremity addition, standard control cable, extra	Prosthetics	Upper Extremity Prosthetic Additions	No	None
L6660	Upper extremity addition, heavy duty control cable	Prosthetics	Upper Extremity Prosthetic Additions	No	None
L6665	Upper extremity addition, Teflon, or equal, cable lining	Prosthetics	Upper Extremity Prosthetic Additions	No	None
L6670	Upper extremity addition, hook to hand, cable adapter	Prosthetics	Upper Extremity Prosthetic Additions	No	None
L6672	Upper extremity addition, harness, chest or shoulder, saddle type	Prosthetics	Upper Extremity Prosthetic Additions	No	None
L6675	Upper extremity addition, harness, (e.g., figure of eight type), single cable design	Prosthetics	Upper Extremity Prosthetic Additions	No	None
L6676	Upper extremity addition, harness, (e.g., figure of eight type), dual cable design	Prosthetics	Upper Extremity Prosthetic Additions	No	None
L6677	Upper extremity addition, harness, triple control, simultaneous operation of terminal device and elbow	Prosthetics	Upper Extremity Prosthetic Additions	No	None
L6680	Upper extremity addition, test socket, wrist disarticulation or below elbow	Prosthetics	Upper Extremity Prosthetic Additions	No	None
L6682	Upper extremity addition, test socket, elbow disarticulation or above elbow	Prosthetics	Upper Extremity Prosthetic Additions	No	None

L6684	Upper extremity addition, test socket, shoulder disarticulation or interscapular thoracic	Prosthetics	Upper Extremity Prosthetic Additions	No	None
L6686	Upper extremity addition, suction socket	Prosthetics	Upper Extremity Prosthetic Additions	No	None
L6687	Upper extremity addition, frame type socket, below elbow or wrist disarticulation	Prosthetics	Upper Extremity Prosthetic Additions	No	None
L6688	Upper extremity addition, frame type socket, above elbow or elbow disarticulation	Prosthetics	Upper Extremity Prosthetic Additions	No	None
L6689	Upper extremity addition, frame type socket, shoulder disarticulation	Prosthetics	Upper Extremity Prosthetic Additions	No	None
L6690	Upper extremity addition, frame type socket, interscapular-thoracic	Prosthetics	Upper Extremity Prosthetic Additions	Yes	PA Required Effective 4/7/2018
L6691	Upper extremity addition, removable insert, each	Prosthetics	Upper Extremity Prosthetic Additions	No	None
L6692	Upper extremity addition, silicone gel insert or equal, each	Prosthetics	Upper Extremity Prosthetic Additions	No	None
L6693	Upper extremity addition, locking elbow, forearm counterbalance	Prosthetics	Upper Extremity Prosthetic Additions	No	None
L6694	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism	Prosthetics	Upper Extremity Prosthetic Additions	Yes	Not covered in Long Term Care Setting
L6695	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism	Prosthetics	Upper Extremity Prosthetic Additions	Yes	Not covered in Long Term Care Setting
L6696	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L6694 or L6695)	Prosthetics	Upper Extremity Prosthetic Additions	Yes	Not covered in Long Term Care Setting

L6697	Addition to upper extremity prosthesis, below elbow/above elbow, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L6694 or L6695)	Prosthetics	Upper Extremity Prosthetic Additions	Yes	Not covered in Long Term Care Setting
L6698	Addition to upper extremity prosthesis, below elbow/above elbow, lock mechanism, excludes socket insert	Prosthetics	Upper Extremity Prosthetic Additions	No	Not covered in Long Term Care Setting
L6703	Terminal device, passive hand/mitt, any material, any size	Prosthetics	Terminal Devices and Additions	No	None
L6704	Terminal device, sport/recreational/work attachment, any material, any size	Prosthetics	Terminal Devices and Additions	No	None
L6706	Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined	Prosthetics	Terminal Devices and Additions	No	Not covered in Long Term Care Setting
L6707	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined	Prosthetics	Terminal Devices and Additions	Yes	Not covered in Long Term Care Setting
L6708	Terminal device, hand, mechanical, voluntary opening, any material, any size	Prosthetics	Terminal Devices and Additions	Yes	Not covered in Long Term Care Setting
L6709	Terminal device, hand, mechanical, voluntary closing, any material, any size	Prosthetics	Terminal Devices and Additions	Yes	Not covered in Long Term Care Setting
L6711	Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined, pediatric	Prosthetics	Terminal Devices and Additions	Yes	Not covered in Long Term Care Setting
L6712	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined, pediatric	Prosthetics	Terminal Devices and Additions	Yes	Not covered in Long Term Care Setting
L6713	Terminal device, hand, mechanical, voluntary opening, any material, any size, pediatric	Prosthetics	Terminal Devices and Additions	Yes	Not covered in Long Term Care Setting
L6714	Terminal device, hand, mechanical, voluntary closing, any material, any size, pediatric	Prosthetics	Terminal Devices and Additions	Yes	Not covered in Long Term Care Setting
L6715	Terminal device, multiple articulating digit, includes motor(s), initial issue or replacement	Prosthetics	Terminal Devices and Additions	No	None
L6721	Terminal device, hook or hand, heavy duty, mechanical, voluntary opening, any material, any size, lined or unlined	Prosthetics	Terminal Devices and Additions	Yes	Not covered in Long Term Care Setting
L6722	Terminal device, hook or hand, heavy duty, mechanical, voluntary closing, any material, any size, lined or unlined	Prosthetics	Terminal Devices and Additions	Yes	Not covered in Long Term Care Setting
L6805	Addition to terminal device, modifier wrist unit	Prosthetics	Terminal Devices and Additions	No	None
L6810	Addition to terminal device, precision pinch device	Prosthetics	Terminal Devices and Additions	No	None
L6880	Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)	Prosthetics	Terminal Devices and Additions	No	None

L6881	Automatic grasp feature, addition to upper limb electric prosthetic terminal device	Prosthetics	Terminal Devices and Additions	No	None
L6882	Microprocessor control feature, addition to upper limb prosthetic terminal device	Prosthetics	Terminal Devices and Additions	No	None
L6883	Replacement socket, below elbow/wrist disarticulation, molded to patient model, for use with or without external power	Prosthetics	Replacement Sockets, Upper Limb	No	None
L6884	Replacement socket, above elbow/elbow disarticulation, molded to patient model, for use with or without external power	Prosthetics	Replacement Sockets, Upper Limb	No	None
L6885	Replacement socket, shoulder disarticulation/interscapular thoracic, molded to patient model, for use with or without external power	Prosthetics	Replacement Sockets, Upper Limb	No	None
L6890	Addition to upper extremity prosthesis, glove for terminal device, any material, prefabricated, includes fitting and adjustment	Prosthetics	Hand Restoration Prosthetics and Additions	No	None
L6895	Addition to upper extremity prosthesis, glove for terminal device, any material, custom fabricated	Prosthetics	Hand Restoration Prosthetics and Additions	Yes	None
L6900	Hand restoration (casts, shading and measurements included), partial hand, with glove, thumb or one finger remaining	Prosthetics	Hand Restoration Prosthetics and Additions	Yes	None
L6905	Hand restoration (casts, shading and measurements included), partial hand, with glove, multiple fingers remaining	Prosthetics	Hand Restoration Prosthetics and Additions	Yes	None
L6910	Hand restoration (casts, shading and measurements included), partial hand, with glove, no fingers remaining	Prosthetics	Hand Restoration Prosthetics and Additions	Yes	None
L6915	Hand restoration (shading, and measurements included), replacement glove for above	Prosthetics	Hand Restoration Prosthetics and Additions	Yes	None
L6920	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal, switch, cables, two batteries and one charger, switch control of terminal device	Prosthetics	External Power Upper Limb Prosthetics	No	None
L6925	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	Prosthetics	External Power Upper Limb Prosthetics	No	None
L6930	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	Prosthetics	External Power Upper Limb Prosthetics	No	None

L6935	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	Prosthetics	External Power Upper Limb Prosthetics	No	None
L6940	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	Prosthetics	External Power Upper Limb Prosthetics	No	None
L6945	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	Prosthetics	External Power Upper Limb Prosthetics	No	None
L6950	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	Prosthetics	External Power Upper Limb Prosthetics	No	None
L6955	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	Prosthetics	External Power Upper Limb Prosthetics	No	None
L6960	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	Prosthetics	External Power Upper Limb Prosthetics	No	None
L6965	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	Prosthetics	External Power Upper Limb Prosthetics	No	None
L6970	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device	Prosthetics	External Power Upper Limb Prosthetics	No	None
L6975	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device	Prosthetics	External Power Upper Limb Prosthetics	No	None
L7007	Electric hand, switch or myoelectric controlled, adult	Prosthetics	Electric Hand or Hook and Accessories	No	None

L7008	Electric hand, switch or myoelectric, controlled, pediatric	Prosthetics	Electric Hand or Hook and Accessories	No	None
L7009	Electric hook, switch or myoelectric controlled, adult	Prosthetics	Electric Hand or Hook and Accessories	No	None
L7040	Prehensile actuator, switch controlled	Prosthetics	Electric Hand or Hook and Accessories	No	None
L7045	Electric hook, switch or myoelectric controlled, pediatric	Prosthetics	Electric Hand or Hook and Accessories	No	None
L7170	Electronic elbow, Hosmer or equal, switch controlled	Prosthetics	Electronic Elbow and Accessories	No	None
L7180	Electronic elbow, microprocessor sequential control of elbow and terminal device	Prosthetics	Electronic Elbow and Accessories	No	None
L7181	Electronic elbow, microprocessor simultaneous control of elbow and terminal device	Prosthetics	Electronic Elbow and Accessories	No	None
L7185	Electronic elbow, adolescent, Variety Village or equal, switch controlled	Prosthetics	Electronic Elbow and Accessories	No	None
L7186	Electronic elbow, child, Variety Village or equal, switch controlled	Prosthetics	Electronic Elbow and Accessories	No	None
L7190	Electronic elbow, adolescent, Variety Village or equal, myoelectronically controlled	Prosthetics	Electronic Elbow and Accessories	No	None
L7191	Electronic elbow, child, Variety Village or equal, myoelectronically controlled	Prosthetics	Electronic Elbow and Accessories	No	None
L7259	Electronic wrist rotator, any type	Prosthetics	Electronic Wrist and Accessories	Yes	Not covered in Long Term Care Setting
L7360	Six volt battery, each	Prosthetics	Batteries and Accessories	No	None
L7362	Battery charger, six volt, each	Prosthetics	Batteries and Accessories	No	None
L7364	Twelve volt battery, each	Prosthetics	Batteries and Accessories	No	None
L7366	Battery charger, twelve volt, each	Prosthetics	Batteries and Accessories	No	None
L7367	Lithium ion battery, rechargeable, replacement	Prosthetics	Batteries and Accessories	No	None
L7368	Lithium ion battery charger, replacement only	Prosthetics	Batteries and Accessories	No	None
L7400	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, ultralight material (titanium, carbon fiber or equal)	Prosthetics	Additions to Upper Extremity Prosthesis	No	None
L7401	Addition to upper extremity prosthesis, above elbow disarticulation, ultralight material (titanium, carbon fiber or equal)	Prosthetics	Additions to Upper Extremity Prosthesis	No	None
L7402	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, ultralight material (titanium, carbon fiber or equal)	Prosthetics	Additions to Upper Extremity Prosthesis	No	None

L7403	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, acrylic material	Prosthetics	Additions to Upper Extremity Prosthesis	No	None
L7404	Addition to upper extremity prosthesis, above elbow disarticulation, acrylic material	Prosthetics	Additions to Upper Extremity Prosthesis	No	None
L7405	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, acrylic material	Prosthetics	Additions to Upper Extremity Prosthesis	No	None
L7499	Upper extremity prosthesis, not otherwise specified	Prosthetics	Additions to Upper Extremity Prosthesis	Yes	None
L7510	Repair of prosthetic device, repair or replace minor parts	Prosthetics	Prosthetic Repairs	Yes	None
L7520	Repair prosthetic device, labor component, per 15 minutes	Prosthetics	Prosthetic Repairs	No	None
L7600	Prosthetic donning sleeve, any material, each	Prosthetics	Prosthetic Donning Sleeve	No	None
L7700	Gasket or seal, for use with prosthetic socket insert, any type, each	Prosthetic Procedures	Gasket or Seal with Prosthetic	No	None
L7900	Male vacuum erection system	Prosthetics	Penile Prosthetic	No	None
L7902	Tension ring, for vacuum erection device, any type, replacement only, each	Prosthetics	Penile Prosthetic	No	None
L8000	Breast prosthesis, mastectomy bra, without integrated breast prosthesis form, any size, any type	Prosthetics	Breast Prosthetics and Accessories	No	None
L8001	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral, any size, any type	Prosthetics	Breast Prosthetics and Accessories	No	None
L8002	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral, any size, any type	Prosthetics	Breast Prosthetics and Accessories	No	None
L8010	Breast prosthesis, mastectomy sleeve	Prosthetics	Breast Prosthetics and Accessories	No	None
L8015	External breast prosthesis garment, with mastectomy form, post mastectomy	Prosthetics	Breast Prosthetics and Accessories	No	None
L8020	Breast prosthesis, mastectomy form	Prosthetics	Breast Prosthetics and Accessories	No	None
L8030	Breast prosthesis, silicone or equal, without integral adhesive	Prosthetics	Breast Prosthetics and Accessories	No	None

L8031	Breast prosthesis, silicone or equal, with integral adhesive	Prosthetics	Breast Prosthetics and Accessories	No	None
L8032	Nipple prosthesis, reusable, any type, each	Prosthetics	Breast Prosthetics and Accessories	No	None
L8035	Custom breast prosthesis, post mastectomy, molded to patient model	Prosthetics	Breast Prosthetics and Accessories	No	None
L8039	Breast prosthesis, not otherwise specified	Prosthetics	Breast Prosthetics and Accessories	Yes	None
L8040	Nasal prosthesis, provided by a non-physician	Prosthetics	Facial and External Ear Prosthetics	Yes	None
L8041	Midfacial prosthesis, provided by a non-physician	Prosthetics	Facial and External Ear Prosthetics	Yes	None
L8042	Orbital prosthesis, provided by a non-physician	Prosthetics	Facial and External Ear Prosthetics	Yes	None
L8043	Upper facial prosthesis, provided by a non-physician	Prosthetics	Facial and External Ear Prosthetics	Yes	None
L8044	Hemi-facial prosthesis, provided by a non-physician	Prosthetics	Facial and External Ear Prosthetics	Yes	None
L8045	Auricular prosthesis, provided by a non-physician	Prosthetics	Facial and External Ear Prosthetics	Yes	None
L8046	Partial facial prosthesis, provided by a non-physician	Prosthetics	Facial and External Ear Prosthetics	Yes	None
L8047	Nasal septal prosthesis, provided by a non-physician	Prosthetics	Facial and External Ear Prosthetics	Yes	None
L8048	Unspecified maxillofacial prosthesis, by report, provided by a non-physician	Prosthetics	Facial and External Ear Prosthetics	Yes	None
L8049	Repair or modification of maxillofacial prosthesis, labor component, 15 minute increments, provided by a non-physician	Prosthetics	Facial and External Ear Prosthetics	Yes	None
L8300	Truss, single with standard pad	Prosthetics	Hernia Trusses	No	Not covered in Long Term Care Setting
L8310	Truss, double with standard pads	Prosthetics	Hernia Trusses	No	Not covered in Long Term Care Setting
L8320	Truss, addition to standard pad, water pad	Prosthetics	Hernia Trusses	No	Not covered in Long Term Care Setting
L8330	Truss, addition to standard pad, scrotal pad	Prosthetics	Hernia Trusses	No	Not covered in Long Term Care Setting
L8400	Prosthetic sheath, below knee, each	Prosthetics	Prosthetic Sheaths, Socks, and Shrinkers	No	None

L8410	Prosthetic sheath, above knee, each	Prosthetics	Prosthetic Sheaths, Socks, and Shrinkers	No	None
L8415	Prosthetic sheath, upper limb, each	Prosthetics	Prosthetic Sheaths, Socks, and Shrinkers	No	None
L8417	Prosthetic sheath/sock, including a gel cushion layer, below knee or above knee, each	Prosthetics	Prosthetic Sheaths, Socks, and Shrinkers	No	None
L8420	Prosthetic sock, multiple ply, below knee, each	Prosthetics	Prosthetic Sheaths, Socks, and Shrinkers	No	None
L8430	Prosthetic sock, multiple ply, above knee, each	Prosthetics	Prosthetic Sheaths, Socks, and Shrinkers	No	None
L8435	Prosthetic sock, multiple ply, upper limb, each	Prosthetics	Prosthetic Sheaths, Socks, and Shrinkers	No	None
L8440	Prosthetic shrinker, below knee, each	Prosthetics	Prosthetic Sheaths, Socks, and Shrinkers	No	None
L8460	Prosthetic shrinker, above knee, each	Prosthetics	Prosthetic Sheaths, Socks, and Shrinkers	No	None
L8465	Prosthetic shrinker, upper limb, each	Prosthetics	Prosthetic Sheaths, Socks, and Shrinkers	No	None
L8470	Prosthetic sock, single ply, fitting, below knee, each	Prosthetics	Prosthetic Sheaths, Socks, and Shrinkers	No	None
L8480	Prosthetic sock, single ply, fitting, above knee, each	Prosthetics	Prosthetic Sheaths, Socks, and Shrinkers	No	None
L8485	Prosthetic sock, single ply, fitting, upper limb, each	Prosthetics	Prosthetic Sheaths, Socks, and Shrinkers	No	None
L8499	Unlisted procedure for miscellaneous prosthetic services	Prosthetics	Unlisted Prosthetic Socks	Yes	None
L8500	Artificial larynx, any type	Prosthetics	Larynx and Trachea Prosthetics and Accessories	No	None
L8501	Tracheostomy speaking valve	Prosthetics	Larynx and Trachea Prosthetics and Accessories	No	None

L8505	Artificial larynx replacement battery / accessory, any type	Prosthetics	Larynx and Trachea Prosthetics and Accessories	No	Not covered in Long Term Care Setting
L8507	Tracheo-esophageal voice prosthesis, patient inserted, any type, each	Prosthetics	Larynx and Trachea Prosthetics and Accessories	No	Not covered in Long Term Care Setting
L8509	Tracheo-esophageal voice prosthesis, inserted by a licensed health care provider, any type	Prosthetics	Larynx and Trachea Prosthetics and Accessories	No	Not covered in Long Term Care Setting
L8510	Voice amplifier	Prosthetics	Larynx and Trachea Prosthetics and Accessories	No	None
L8511	Insert for indwelling tracheoesophageal prosthesis, with or without valve, replacement only, each	Prosthetics	Larynx and Trachea Prosthetics and Accessories	No	None
L8512	Gelatin capsules or equivalent, for use with tracheoesophageal voice prosthesis, replacement only, per 10	Prosthetics	Larynx and Trachea Prosthetics and Accessories	No	None
L8513	Cleaning device used with tracheoesophageal voice prosthesis, pipet, brush, or equal, replacement only, each	Prosthetics	Larynx and Trachea Prosthetics and Accessories	No	None
L8514	Tracheoesophageal puncture dilator, replacement only, each	Prosthetics	Larynx and Trachea Prosthetics and Accessories	No	None
L8515	Gelatin capsule, application device for use with tracheoesophageal voice prosthesis, each	Prosthetics	Larynx and Trachea Prosthetics and Accessories	No	None
L8600	Implantable breast prosthesis, silicone or equal	Prosthetics	Prosthetic Breast Implant	No	None
L8603	Injectable bulking agent, collagen implant, urinary tract, 2.5 ml syringe, includes shipping and necessary supplies	Prosthetics	Bulking Agents	No	None
L8604	Injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, urinary tract, 1 ml, includes shipping and necessary supplies	Prosthetics	Bulking Agents	No	None
L8605	Injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, anal canal, 1 ml, includes shipping and necessary supplies	Prosthetics	Bulking Agents	No	None

L8606	Injectable bulking agent, synthetic implant, urinary tract, 1 ml syringe, includes shipping and necessary supplies	Prosthetics	Bulking Agents	No	None
L8607	Injectable bulking agent for vocal cord medialization, 0.1 ml, includes shipping and necessary supplies	Prosthetics	Bulking Agents	No	None
L8608	Miscellaneous external component, supply or accessory for use with the Argus II Retinal Prosthesis System	Prosthetic Procedures	Miscellaneous component, supply or accessory	No	None
L8609	Artificial cornea	Prosthetics	Eye and Ear Implants and Accessories	No	None
L8610	Ocular implant	Prosthetics	Eye and Ear Implants and Accessories	No	None
L8612	Aqueous shunt	Prosthetics	Eye and Ear Implants and Accessories	No	None
L8613	Ossicula implant	Prosthetics	Eye and Ear Implants and Accessories	No	None
L8614	Cochlear device, includes all internal and external components	Prosthetics	Eye and Ear Implants and Accessories	No	None
L8615	Headset/headpiece for use with cochlear implant device, replacement	Prosthetics	Eye and Ear Implants and Accessories	No	Not covered in Long Term Care Setting
L8616	Microphone for use with cochlear implant device, replacement	Prosthetics	Eye and Ear Implants and Accessories	No	Not covered in Long Term Care Setting
L8617	Transmitting coil for use with cochlear implant device, replacement	Prosthetics	Eye and Ear Implants and Accessories	No	Not covered in Long Term Care Setting
L8618	Transmitter cable for use with cochlear implant device, replacement	Prosthetics	Eye and Ear Implants and Accessories	No	Not covered in Long Term Care Setting
L8619	Cochlear implant, external speech processor and controller, integrated system, replacement	Prosthetics	Eye and Ear Implants and Accessories	Yes	Not covered in Long Term Care Setting
L8621	Zinc air battery for use with cochlear implant device and auditory osseointegrated sound processors, replacement, each	Prosthetics	Eye and Ear Implants and Accessories	No	Not covered in Long Term Care Setting
L8622	Alkaline battery for use with cochlear implant device, any size, replacement, each	Prosthetics	Eye and Ear Implants and Accessories	No	Not covered in Long Term Care Setting
L8623	Lithium ion battery for use with cochlear implant device speech processor, other than ear level, replacement, each	Prosthetics	Eye and Ear Implants and Accessories	No	Not covered in Long Term Care Setting
L8624	Lithium ion battery for use with cochlear implant device speech processor, ear level, replacement, each	Prosthetics	Eye and Ear Implants and Accessories	No	Not covered in Long Term Care Setting
L8625	External recharging system for battery for use with cochlear implant or auditory osseointegrated device, replacement only, each	Prosthetic Procedures	Implantable Eye and Ear Prosthetics and Accessories	Yes	None

L8627	Cochlear implant, external speech processor, component, replacement	Prosthetics	Eye and Ear Implants and Accessories	Yes	Not covered in Long Term Care Setting
L8628	Cochlear implant, external controller component, replacement	Prosthetics	Eye and Ear Implants and Accessories	Yes	Not covered in Long Term Care Setting
L8629	Transmitting coil and cable, integrated, for use with cochlear implant device, replacement	Prosthetics	Eye and Ear Implants and Accessories	No	Not covered in Long Term Care Setting
L8630	Metacarpophalangeal joint implant	Prosthetics	Implantable Hand and Feet Prosthetics	No	None
L8631	Metacarpal phalangeal joint replacement, two or more pieces, metal (e.g., stainless steel or cobalt chrome), ceramic-like material (e.g., pyrocarbon), for surgical implantation (all sizes, includes entire system)	Prosthetics	Implantable Hand and Feet Prosthetics	No	None
L8641	Metatarsal joint implant	Prosthetics	Implantable Hand and Feet Prosthetics	No	None
L8642	Hallux implant	Prosthetics	Implantable Hand and Feet Prosthetics	No	None
L8658	Interphalangeal joint spacer, silicone or equal, each	Prosthetics	Implantable Hand and Feet Prosthetics	No	None
L8659	Interphalangeal finger joint replacement, 2 or more pieces, metal (e.g., stainless steel or cobalt chrome), ceramic-like material (e.g., pyrocarbon) for surgical implantation, any size	Prosthetics	Implantable Hand and Feet Prosthetics	No	None
L8670	Vascular graft material, synthetic, implant	Prosthetics	Vascular Implants	No	None
L8679	Implantable neurostimulator, pulse generator, any type	Prosthetics	Implantable Neurostimulator and Accessories	No	As of 10/1/20 This Service is within the scope of TurningPoint delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates.
L8680	Implantable neurostimulator electrode, each	Prosthetics	Implantable Neurostimulator and Accessories	No	As of 10/1/20 This Service is within the scope of TurningPoint delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates.
L8681	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only	Prosthetics	Implantable Neurostimulator and Accessories	No	As of 10/1/20 This Service is within the scope of TurningPoint delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates.

L8682	Implantable neurostimulator radiofrequency receiver	Prosthetics	Implantable Neurostimulator and Accessories	No	As of 10/1/20 This Service is within the scope of TurningPoint delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates.
L8683	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver	Prosthetics	Implantable Neurostimulator and Accessories	No	As of 10/1/20 This Service is within the scope of TurningPoint delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates.
L8684	Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladder management, replacement	Prosthetics	Implantable Neurostimulator and Accessories	Yes	Not covered in Long Term Care Setting
L8685	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension	Prosthetics	Implantable Neurostimulator and Accessories	No	As of 10/1/20 This Service is within the scope of TurningPoint delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates.
L8686	Implantable neurostimulator pulse generator, single array, non-rechargeable, includes extension	Prosthetics	Implantable Neurostimulator and Accessories	No	As of 10/1/20 This Service is within the scope of TurningPoint delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates.
L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension	Prosthetics	Implantable Neurostimulator and Accessories	No	As of 10/1/20 This Service is within the scope of TurningPoint delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates.
L8688	Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension	Prosthetics	Implantable Neurostimulator and Accessories	No	As of 10/1/20 This Service is within the scope of TurningPoint delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates.
L8689	External recharging system for battery (internal) for use with implantable neurostimulator, replacement only	Prosthetics	Implantable Neurostimulator and Accessories	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).

L8690	Auditory osseointegrated device, includes all internal and external components	Prosthetics	Miscellaneous Prosthetics and Accessories	No	None
L8691	Auditory osseointegrated device, external sound processor, replacement	Prosthetics	Miscellaneous Prosthetics and Accessories	Yes	Not covered in Long Term Care Setting
L8692	Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment	Prosthetics	Miscellaneous Prosthetics and Accessories	Yes	Not covered in Long Term Care Setting
L8693	Auditory osseointegrated device abutment, any length, replacement only	Prosthetics	Miscellaneous Prosthetics and Accessories	No	None
L8694	Auditory osseointegrated device, transducer/actuator, replacement only, each	Prosthetic Procedures	Miscellaneous orthotic and Prosthetic Services and Supplies	No	None
L8695	External recharging system for battery (external) for use with implantable neurostimulator, replacement only	Prosthetics	Miscellaneous Prosthetics and Accessories	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
L8696	Antenna (external) for use with implantable diaphragmatic/phrenic nerve stimulation device, replacement, each	Prosthetics	Miscellaneous Prosthetics and Accessories	No	Not covered in Long Term Care Setting
L8698	Miscellaneous component, supply or accessory for use with total artificial heart system	Prosthetic Procedures	Miscellaneous component, supply or accessory	No	None
L8699	Prosthetic implant, not otherwise specified	Prosthetics	Miscellaneous Prosthetics and Accessories	No	None
L8701	Powered upper extremity range of motion assist device, elbow, wrist, hand with single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated	Prosthetic Procedures	Powered ROM Device	No	None
L8702	Powered upper extremity range of motion assist device, elbow, wrist, hand, finger, single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated	Prosthetic Procedures	Powered ROM Device	No	None
L9900	Orthotic and prosthetic supply, accessory, and/or service component of another HCPCS "L" code	Prosthetics	Miscellaneous Prosthetics and Accessories	No	Not covered in Long Term Care Setting

M0075	Cellular therapy	Medical Services	Cellular Therapy	No	None
M0076	Prolotherapy	Medical Services	Prolotherapy	No	Service is within the scope of EviCore delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates
M0100	Intragastric hypothermia using gastric freezing	Medical Services	Intragastric hypothermia using gastric freezing	No	None
M0300	IV chelation therapy (chemical endarterectomy)	Medical Services	IV chelation therapy (chemical endarterectomy)	No	None
M0301	Fabric wrapping of abdominal aneurysm	Medical Services	Fabric wrapping of abdominal aneurysm	No	None
M1000	Pain screened as moderate to severe	Medical Services	Miscellaneous Medical Services	No	AMA CodeTermed 1/1/2020
M1001	Plan of care to address moderate to severe pain documented on or before the date of the second visit with a clinician	Medical Services	Miscellaneous Medical Services	No	AMA CodeTermed 1/1/2020
M1002	Plan of care for moderate to severe pain not documented on or before the date of the second visit with a clinician, reason not given	Medical Services	Miscellaneous Medical Services	No	AMA CodeTermed 1/1/2020
M1003	TB screening performed and results interpreted within 12 months prior to initiation of first-time biologic disease modifying antirheumatic drug therapy for RA	Medical Services	Miscellaneous Medical Services	No	None
M1004	Documentation of medical reason for not screening for TB or interpreting results (i.e., patient positive for TB and documentation of past treatment; patient who has recently completed a course of anti-TB therapy)	Medical Services	Miscellaneous Medical Services	No	None
M1005	TB screening not performed or results not interpreted, reason not given	Medical Services	Miscellaneous Medical Services	No	None
M1006	Disease activity not assessed, reason not given	Medical Services	Miscellaneous Medical Services	No	None
M1007	>=50% of total number of a patient's outpatient RA encounters assessed	Medical Services	Miscellaneous Medical Services	No	None
M1008	<50% of total number of a patient's outpatient RA encounters assessed	Medical Services	Miscellaneous Medical Services	No	None
M1009	Patient treatment and final evaluation complete	Medical Services	Miscellaneous Medical Services	No	None

M1010	Patient treatment and final evaluation complete	Medical Services	Miscellaneous Medical Services	No	None
M1011	Patient treatment and final evaluation complete	Medical Services	Miscellaneous Medical Services	No	None
M1012	Patient treatment and final evaluation complete	Medical Services	Miscellaneous Medical Services	No	None
M1013	Patient treatment and final evaluation complete	Medical Services	Miscellaneous Medical Services	No	None
M1014	Patient treatment and final evaluation complete	Medical Services	Miscellaneous Medical Services	No	None
M1015	Patient treatment and final evaluation complete	Medical Services	Miscellaneous Medical Services	No	Code Termed 01/01/2021
M1016	Female patients unable to bear children	Medical Services	Miscellaneous Medical Services	No	None
M1017	Patient admitted to palliative care services	Medical Services	Miscellaneous Medical Services	No	None
M1018	Patients with an active diagnosis or history of cancer (except basal cell and squamous cell skin carcinoma), patients who are heavy tobacco smokers, lung cancer screening patients	Medical Services	Miscellaneous Medical Services	No	None
M1019	Adolescent patients 12 to 17 years of age with major depression or dysthymia who reached remission at 12 months as demonstrated by a 12 month (+/-60 days) PHQ-9 or PHQ-9M score of less than 5	Medical Services	Miscellaneous Medical Services	No	None
M1020	Adolescent patients 12 to 17 years of age with major depression or dysthymia who did not reach remission at 12 months as demonstrated by a 12 month (+/-60 days) PHQ-9 or PHQ-9M score of less than 5. Either PHQ-9 or PHQ-9M score was not assessed or is greater than or equal to 5	Medical Services	Miscellaneous Medical Services	No	None
M1021	Patient had only urgent care visits during the performance period	Medical Services	Miscellaneous Medical Services	No	None
M1022	Patients who were in hospice at any time during the performance period	Medical Services	Miscellaneous Medical Services	No	None
M1023	Adolescent patients 12 to 17 years of age with major depression or dysthymia who reached remission at six months as demonstrated by a six month (+/-60 days) PHQ-9 or PHQ-9M score of less than 5	Medical Services	Miscellaneous Medical Services	No	Code Termed 01/01/2021
M1024	Adolescent patients 12 to 17 years of age with major depression or dysthymia who did not reach remission at six months as demonstrated by a six month (+/-60 days) PHQ-9 or PHQ-9M score of less than five. Either PHQ-9 or PHQ-9M score was not assessed or is greater than or equal to five	Medical Services	Miscellaneous Medical Services	No	Code Termed 01/01/2021

M1025	Patients who were in hospice at any time during the performance period	Medical Services	Miscellaneous Medical Services	No	None
M1026	Patients who were in hospice at any time during the performance period	Medical Services	Miscellaneous Medical Services	No	None
M1027	Imaging of the head (CT or MRI) was obtained	Medical Services	Miscellaneous Medical Services	No	None
M1028	Documentation of patients with primary headache diagnosis and imaging other than CT or MRI obtained	Medical Services	Miscellaneous Medical Services	No	None
M1029	Imaging of the head (CT or MRI) was not obtained, reason not given	Medical Services	Miscellaneous Medical Services	No	None
M1030	Patients with clinical indications for imaging of the head	Medical Services	Miscellaneous Medical Services	No	AMA CodeTermed 1/1/2020
M1031	Patients with no clinical indications for imaging of the head	Medical Services	Miscellaneous Medical Services	No	None
M1032	Adults currently taking pharmacotherapy for OUD	Medical Services	Miscellaneous Medical Services	No	None
M1033	Pharmacotherapy for OUD initiated after June 30th of performance period	Medical Services	Miscellaneous Medical Services	No	Code Termed 01/01/2021
M1034	Adults who have at least 180 days of continuous pharmacotherapy with a medication prescribed for OUD without a gap of more than seven days	Medical Services	Miscellaneous Medical Services	No	None
M1035	Adults who are deliberately phased out of medication assisted treatment (MAT) prior to 180 days of continuous treatment	Medical Services	Miscellaneous Medical Services	No	None
M1036	Adults who have not had at least 180 days of continuous pharmacotherapy with a medication prescribed for OUD without a gap of more than seven days	Medical Services	Miscellaneous Medical Services	No	None
M1037	Patients with a diagnosis of lumbar spine region cancer at the time of the procedure	Medical Services	Miscellaneous Medical Services	No	None
M1038	Patients with a diagnosis of lumbar spine region fracture at the time of the procedure	Medical Services	Miscellaneous Medical Services	No	None
M1039	Patients with a diagnosis of lumbar spine region infection at the time of the procedure	Medical Services	Miscellaneous Medical Services	No	None
M1040	Patients with a diagnosis of lumbar idiopathic or congenital scoliosis	Medical Services	Miscellaneous Medical Services	No	None
M1041	Patient had cancer, fracture or infection related to the lumbar spine or patient had idiopathic or congenital scoliosis	Medical Services	Miscellaneous Medical Services	No	None
M1042	Functional status measurement with score was obtained utilizing the Oswestry Disability Index (ODI version 2.1a) patient reported outcome tool within three months preoperatively and at one year (9 to 15 months) postoperatively	Medical Services	Miscellaneous Medical Services	No	AMA CodeTermed 1/1/2020

M1043	Functional status measurement with score was not obtained utilizing the Oswestry Disability Index (ODI version 2.1a) patient reported outcome tool within three months preoperatively and at one year (9 to 15 months) postoperatively	Medical Services	Miscellaneous Medical Services	No	None
M1044	Functional status was measured by the Oswestry Disability Index (ODI version 2.1a) patient reported outcome tool within three months preoperatively and at one year (9 to 15 months) postoperatively	Medical Services	Miscellaneous Medical Services	No	AMA CodeTermed 1/1/2020
M1045	Functional status measurement with score was obtained utilizing the Oxford Knee Score (OKS) patient reported outcome tool within three months preoperatively and at one year (9 to 15 months) postoperatively	Medical Services	Miscellaneous Medical Services	No	None
M1046	Functional status measurement with score was not obtained utilizing the Oxford Knee Score (OKS) patient reported outcome tool within three months preoperatively and at one year (9 to 15 months) postoperatively	Medical Services	Miscellaneous Medical Services	No	None
M1047	Functional status was measured by the Oxford Knee Score (OKS) patient reported outcome tool within three months preoperatively and at one year (9 to 15 months) postoperatively	Medical Services	Miscellaneous Medical Services	No	AMA CodeTermed 1/1/2020
M1048	Functional status measurement with score was obtained utilizing the Oswestry Disability Index (ODI version 2.1a) patient reported outcome tool within three months preoperatively and at three months (6 to 20 weeks) postoperatively	Medical Services	Miscellaneous Medical Services	No	AMA CodeTermed 1/1/2020
M1049	Functional status measurement with score was not obtained utilizing the Oswestry Disability Index (ODI version 2.1a) patient reported outcome tool within three months preoperatively and at three months (6 to 20 weeks) postoperatively	Medical Services	Miscellaneous Medical Services	No	None
M1050	Functional status was measured by the Oswestry Disability Index (ODI version 2.1a) patient reported outcome tool within three months preoperatively and at three months (6 to 20 weeks) postoperatively	Medical Services	Miscellaneous Medical Services	No	AMA CodeTermed 1/1/2020
M1051	Patient had cancer, fracture or infection related to the lumbar spine or patient had idiopathic or congenital scoliosis	Medical Services	Miscellaneous Medical Services	No	None
M1052	Leg pain was not measured by the Visual Analog Scale (VAS) within three months preoperatively and at one year (9 to 15 months) postoperatively	Medical Services	Miscellaneous Medical Services	No	None
M1053	Leg pain was measured by the Visual Analog Scale (VAS) within three months preoperatively and at one year (9 to 15 months) postoperatively	Medical Services	Miscellaneous Medical Services	No	AMA CodeTermed 1/1/2020

M1054	Patient had only urgent care visits during the performance period	Medical Services	Miscellaneous Medical Services	No	None
M1055	Aspirin or another antiplatelet therapy used	Medical Services	Miscellaneous Medical Services	No	None
M1056	Prescribed anticoagulant medication during the performance period, history of GI bleeding, history of intracranial bleeding, bleeding disorder and specific provider documented reasons: allergy to aspirin or antiplatelets, use of nonsteroidal antiinflammatory agents, drug-drug interaction, uncontrolled hypertension > 180/110 mm Hg or gastroesophageal reflux disease	Medical Services	Miscellaneous Medical Services	No	None
M1057	Aspirin or another antiplatelet therapy not used, reason not given	Medical Services	Miscellaneous Medical Services	No	None
M1058	Patient was a permanent nursing home resident at any time during the performance period	Medical Services	Miscellaneous Medical Services	No	None
M1059	Patient was in hospice or receiving palliative care at any time during the performance period	Medical Services	Miscellaneous Medical Services	No	None
M1060	Patient died prior to the end of the performance period	Medical Services	Miscellaneous Medical Services	No	None
M1061	Patient pregnancy	Medical Services	Miscellaneous Medical Services	No	Code Termined 01/01/2021
M1062	Patient immunocompromised	Medical Services	Miscellaneous Medical Services	No	Code Termined 01/01/2021
M1063	Patients receiving high doses of immunosuppressive therapy	Medical Services	Miscellaneous Medical Services	No	Code Termined 01/01/2021
M1064	Shingrix vaccine documented as administered or previously received	Medical Services	Miscellaneous Medical Services	No	Code Termined 01/01/2021
M1065	Shingrix vaccine was not administered for reasons documented by clinician (e.g., patient administered vaccine other than Shingrix, patient allergy or other medical reasons, patient declined or other patient reasons, vaccine not available or other system reasons)	Medical Services	Miscellaneous Medical Services	No	Code Termined 01/01/2021
M1066	Shingrix vaccine not documented as administered, reason not given	Medical Services	Miscellaneous Medical Services	No	Code Termined 01/01/2021
M1067	Hospice services for patient provided any time during the measurement period	Medical Services	Miscellaneous Medical Services	No	None
M1068	Adults who are not ambulatory	Medical Services	Miscellaneous Medical Services	No	None
M1069	Patient screened for future fall risk	Medical Services	Miscellaneous Medical Services	No	None

M1070	Patient not screened for future fall risk, reason not given	Medical Services	Miscellaneous Medical Services	No	None
M1071	Patient had any additional spine procedures performed on the same date as the lumbar discectomy/laminotomy	Medical Services	Miscellaneous Medical Services	No	None
P2028	Cephalin flocculation, blood	Pathology and Laboratory Services	Chemistry and Toxicology Tests	No	None
P2029	Congo red, blood	Pathology and Laboratory Services	Chemistry and Toxicology Tests	No	None
P2031	Hair analysis (excluding arsenic)	Pathology and Laboratory Services	Chemistry and Toxicology Tests	No	None
P2033	Thymol turbidity, blood	Pathology and Laboratory Services	Chemistry and Toxicology Tests	No	None
P2038	Mucoprotein, blood (seromuroid) (medical necessity procedure)	Pathology and Laboratory Services	Chemistry and Toxicology Tests	No	None
P3000	Screening Papanicolaou smear, cervical or vaginal, up to three smears, by technician under physician supervision	Pathology and Laboratory Services	Pathology Screening Tests	No	None
P3001	Screening Papanicolaou smear, cervical or vaginal, up to three smears, requiring interpretation by physician	Pathology and Laboratory Services	Pathology Screening Tests	No	None
P7001	Culture, bacterial, urine; quantitative, sensitivity study	Pathology and Laboratory Services	Microbiology Tests	No	None
P9010	Blood (whole), for transfusion, per unit	Pathology and Laboratory Services	Miscellaneous	No	None
P9011	Blood, split unit	Pathology and Laboratory Services	Miscellaneous	No	None
P9012	Cryoprecipitate, each unit	Pathology and Laboratory Services	Miscellaneous	No	None
P9016	Red blood cells, leukocytes reduced, each unit	Pathology and Laboratory Services	Miscellaneous	No	None
P9017	Fresh frozen plasma (single donor), frozen within 8 hours of collection, each unit	Pathology and Laboratory Services	Miscellaneous	No	None
P9019	Platelets, each unit	Pathology and Laboratory Services	Miscellaneous	No	None
P9020	Platelet rich plasma, each unit	Pathology and Laboratory Services	Miscellaneous	No	None
P9021	Red blood cells, each unit	Pathology and Laboratory Services	Miscellaneous	No	None
P9022	Red blood cells, washed, each unit	Pathology and Laboratory Services	Miscellaneous	No	None
P9023	Plasma, pooled multiple donor, solvent/detergent treated, frozen, each unit	Pathology and Laboratory Services	Miscellaneous	No	None

P9031	Platelets, leukocytes reduced, each unit	Pathology and Laboratory Services	Miscellaneous	No	None
P9032	Platelets, irradiated, each unit	Pathology and Laboratory Services	Miscellaneous	No	None
P9033	Platelets, leukocytes reduced, irradiated, each unit	Pathology and Laboratory Services	Miscellaneous	No	None
P9034	Platelets, pheresis, each unit	Pathology and Laboratory Services	Miscellaneous	No	None
P9035	Platelets, pheresis, leukocytes reduced, each unit	Pathology and Laboratory Services	Miscellaneous	No	None
P9036	Platelets, pheresis, irradiated, each unit	Pathology and Laboratory Services	Miscellaneous	No	None
P9037	Platelets, pheresis, leukocytes reduced, irradiated, each unit	Pathology and Laboratory Services	Miscellaneous	No	None
P9038	Red blood cells, irradiated, each unit	Pathology and Laboratory Services	Miscellaneous	No	None
P9039	Red blood cells, deglycerolized, each unit	Pathology and Laboratory Services	Miscellaneous	No	None
P9040	Red blood cells, leukocytes reduced, irradiated, each unit	Pathology and Laboratory Services	Miscellaneous	No	None
P9041	Infusion, albumin (human), 5%, 50 ml	Pathology and Laboratory Services	Miscellaneous	No	Covered benefit only for Qualified Medicare Beneficiaries
P9043	Infusion, plasma protein fraction (human), 5%, 50 ml	Pathology and Laboratory Services	Miscellaneous	No	Covered benefit only for Qualified Medicare Beneficiaries
P9044	Plasma, cryoprecipitate reduced, each unit	Pathology and Laboratory Services	Miscellaneous	No	Covered benefit only for Qualified Medicare Beneficiaries
P9045	Infusion, albumin (human), 5%, 250 ml	Pathology and Laboratory Services	Miscellaneous	No	Covered benefit only for Qualified Medicare Beneficiaries
P9046	Infusion, albumin (human), 25%, 20 ml	Pathology and Laboratory Services	Miscellaneous	No	Covered benefit only for Qualified Medicare Beneficiaries
P9047	Infusion, albumin (human), 25%, 50 ml	Pathology and Laboratory Services	Miscellaneous	No	Covered benefit only for Qualified Medicare Beneficiaries
P9048	Infusion, plasma protein fraction (human), 5%, 250 ml	Pathology and Laboratory Services	Miscellaneous	No	Covered benefit only for Qualified Medicare Beneficiaries
P9050	Granulocytes, pheresis, each unit	Pathology and Laboratory Services	Miscellaneous	No	None
P9051	Whole blood or red blood cells, leukocytes reduced, CMV-negative, each unit	Pathology and Laboratory Services	Miscellaneous	No	None
P9052	Platelets, HLA-matched leukocytes reduced, apheresis/pheresis, each unit	Pathology and Laboratory Services	Miscellaneous	No	None

P9053	Platelets, pheresis, leukocytes reduced, CMV-negative, irradiated, each unit	Pathology and Laboratory Services	Miscellaneous	No	None
P9054	Whole blood or red blood cells, leukocytes reduced, frozen, deglycerol, washed, each unit	Pathology and Laboratory Services	Miscellaneous	No	None
P9055	Platelets, leukocytes reduced, CMV-negative, apheresis/pheresis, each unit	Pathology and Laboratory Services	Miscellaneous	No	None
P9056	Whole blood, leukocytes reduced, irradiated, each unit	Pathology and Laboratory Services	Miscellaneous	No	None
P9057	Red blood cells, frozen/deglycerolized/washed, leukocytes reduced, irradiated, each unit	Pathology and Laboratory Services	Miscellaneous	No	None
P9058	Red blood cells, leukocytes reduced, CMV-negative, irradiated, each unit	Pathology and Laboratory Services	Miscellaneous	No	None
P9059	Fresh frozen plasma between 8-24 hours of collection, each unit	Pathology and Laboratory Services	Miscellaneous	No	None
P9060	Fresh frozen plasma, donor retested, each unit	Pathology and Laboratory Services	Miscellaneous	No	None
P9070	Plasma, pooled multiple donor, pathogen reduced, frozen, each unit	Pathology and Laboratory Services	Miscellaneous	No	None
P9071	Plasma (single donor), pathogen reduced, frozen, each unit	Pathology and Laboratory Services	Miscellaneous	No	None
P9072	Platelets, pheresis, pathogen reduced or rapid bacterial tested, each unit	Pathology and Laboratory Services	Miscellaneous	No	AMA Termed Code 1/01/2019
P9073	Platelets, pheresis, pathogen-reduced, each unit	Pathology and Laboratory	Blood and Blood Products, with Associated Procedures	No	None
P9100	Pathogen(s) test for platelets	Pathology and Laboratory	Blood and Blood Products, with Associated Procedures	No	None
P9603	Travel allowance one way in connection with medically necessary laboratory specimen collection drawn from home bound or nursing home bound patient; prorated miles actually travelled	Pathology and Laboratory Services	Miscellaneous	No	None
P9604	Travel allowance one way in connection with medically necessary laboratory specimen collection drawn from home bound or nursing home bound patient; prorated trip charge	Pathology and Laboratory Services	Miscellaneous	No	None
P9612	Catheterization for collection of specimen, single patient, all places of service	Pathology and Laboratory Services	Miscellaneous	No	Covered benefit only for Qualified Medicare Beneficiaries
P9615	Catheterization for collection of specimen(s) (multiple patients)	Pathology and Laboratory Services	Miscellaneous	No	Covered benefit only for Qualified Medicare Beneficiaries

Q0035	Cardiokymography	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q0044	#N/A	None	None	No	Invalid Deleted Code Check for replacement code
Q0081	Infusion therapy, using other than chemotherapeutic drugs, per visit	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q0083	Chemotherapy administration by other than infusion technique only (e.g., subcutaneous, intramuscular, push), per visit	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q0084	Chemotherapy administration by infusion technique only, per visit	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q0085	Chemotherapy administration by both infusion technique and other technique(s) (e.g., subcutaneous, intramuscular, push), per visit	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q0091	Screening Papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q0092	Set-up portable x-ray equipment	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q0111	Wet mounts, including preparations of vaginal, cervical or skin specimens	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q0112	All potassium hydroxide (KOH) preparations	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q0113	Pinworm examinations	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q0114	Fern test	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q0115	Post-coital direct, qualitative examinations of vaginal or cervical mucous	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q0138	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-ESRD use)	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	Yes	None
Q0139	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (for ESRD on dialysis)	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None

Q0144	Azithromycin dihydrate, oral, capsules/powder, 1 gram	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q0161	Chlorpromazine hydrochloride, 5 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q0162	Ondansetron 1 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q0163	Diphenhydramine hydrochloride, 50 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at time of chemotherapy treatment not to exceed a 48 hour dosage regimen	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q0164	Prochlorperazine maleate, 5 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
Q0166	Granisetron hydrochloride, 1 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 24 hour dosage regimen	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
Q0167	Dronabinol, 2.5 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q0169	Promethazine hydrochloride, 12.5 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None

Q0173	Trimethobenzamide hydrochloride, 250 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q0174	Thiethylperazine maleate, 10 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q0175	Perphenazine, 4 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q0177	Hydroxyzine pamoate, 25 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q0180	Dolasetron mesylate, 100 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 24 hour dosage regimen	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
Q0181	Unspecified oral dosage form, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for a IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q0477	Power module patient cable for use with electric or electric/pneumatic ventricular assist device, replacement only	Temporary Code	Ventricular Assisste Devices	No	None
Q0478	Power adapter for use with electric or electric/pneumatic ventricular assist device, vehicle type	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	Not covered in Long Term Care Setting
Q0479	Power module for use with electric or electric/pneumatic ventricular assist device, replacement only	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	Not covered in Long Term Care Setting
Q0480	Driver for use with pneumatic ventricular assist device, replacement only	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	Yes	Not covered in Long Term Care Setting

Q0481	Microprocessor control unit for use with electric ventricular assist device, replacement only	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	Yes	Not covered in Long Term Care Setting
Q0482	Microprocessor control unit for use with electric/pneumatic combination ventricular assist device, replacement only	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	Yes	Not covered in Long Term Care Setting
Q0483	Monitor/display module for use with electric ventricular assist device, replacement only	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	Yes	Not covered in Long Term Care Setting
Q0484	Monitor/display module for use with electric or electric/pneumatic ventricular assist device, replacement only	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	Yes	Not covered in Long Term Care Setting
Q0485	Monitor control cable for use with electric ventricular assist device, replacement only	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	Not covered in Long Term Care Setting
Q0486	Monitor control cable for use with electric/pneumatic ventricular assist device, replacement only	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	Not covered in Long Term Care Setting
Q0487	Leads (pneumatic/electrical) for use with any type electric/pneumatic ventricular assist device, replacement only	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	Not covered in Long Term Care Setting
Q0488	Power pack base for use with electric ventricular assist device, replacement only	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	Not covered in Long Term Care Setting
Q0489	Power pack base for use with electric/pneumatic ventricular assist device, replacement only	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	Yes	Not covered in Long Term Care Setting
Q0490	Emergency power source for use with electric ventricular assist device, replacement only	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	Not covered in Long Term Care Setting
Q0491	Emergency power source for use with electric/pneumatic ventricular assist device, replacement only	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	Not covered in Long Term Care Setting
Q0492	Emergency power supply cable for use with electric ventricular assist device, replacement only	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	Not covered in Long Term Care Setting
Q0493	Emergency power supply cable for use with electric/pneumatic ventricular assist device, replacement only	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	Not covered in Long Term Care Setting
Q0494	Emergency hand pump for use with electric or electric/pneumatic ventricular assist device, replacement only	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	Not covered in Long Term Care Setting
Q0495	Battery/power pack charger for use with electric or electric/pneumatic ventricular assist device, replacement only	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	Yes	Not covered in Long Term Care Setting

Q0496	Battery, other than lithium-ion, for use with electric or electric/pneumatic ventricular assist device, replacement only	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	Yes	Not covered in Long Term Care Setting
Q0497	Battery clips for use with electric or electric/pneumatic ventricular assist device, replacement only	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	Not covered in Long Term Care Setting
Q0498	Holster for use with electric or electric/pneumatic ventricular assist device, replacement only	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	Not covered in Long Term Care Setting
Q0499	Belt/vest/bag for use to carry external peripheral components of any type ventricular assist device, replacement only	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	Not covered in Long Term Care Setting
Q0500	Filters for use with electric or electric/pneumatic ventricular assist device, replacement only	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	Not covered in Long Term Care Setting
Q0501	Shower cover for use with electric or electric/pneumatic ventricular assist device, replacement only	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	Not covered in Long Term Care Setting
Q0502	Mobility cart for pneumatic ventricular assist device, replacement only	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	Not covered in Long Term Care Setting
Q0503	Battery for pneumatic ventricular assist device, replacement only, each	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	Yes	Not covered in Long Term Care Setting
Q0504	Power adapter for pneumatic ventricular assist device, replacement only, vehicle type	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	Not covered in Long Term Care Setting
Q0506	Battery, lithium-ion, for use with electric or electric/pneumatic ventricular assist device, replacement only	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	Not covered in Long Term Care Setting
Q0507	Miscellaneous supply or accessory for use with an external ventricular assist device	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q0508	Miscellaneous supply or accessory for use with an implanted ventricular assist device	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	Yes	Yes
Q0509	Miscellaneous supply or accessory for use with any implanted ventricular assist device for which payment was not made under Medicare part a	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q0510	Pharmacy supply fee for initial immunosuppressive drug(s), first month following transplant	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q0511	Pharmacy supply fee for oral anti-cancer, oral anti-emetic or immunosuppressive drug(s); for the first prescription in a 30-day period	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None

Q0512	Pharmacy supply fee for oral anti-cancer, oral anti-emetic or immunosuppressive drug(s); for a subsequent prescription in a 30-day period	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q0513	Pharmacy dispensing fee for inhalation drug(s); per 30 days	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q0514	Pharmacy dispensing fee for inhalation drug(s); per 90 days	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q0515	Injection, sermorelin acetate, 1 microgram	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q1004	New technology intraocular lens category 4 as defined in Federal Register notice	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q1005	New technology intraocular lens category 5 as defined in Federal Register notice	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q2004	Irrigation solution for treatment of bladder calculi, for example renacidin, per 500 ml	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q2009	Injection, fosphenytoin, 50 mg phenytoin equivalent	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q2017	Injection, teniposide, 50 mg	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
Q2026	Injection, Radiesse, 0.1 ml	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q2028	Injection, Sculptra, 0.5 mg	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q2034	Influenza virus vaccine, split virus, for intramuscular use (Agrimflu)	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q2035	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Afluria)	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None

Q2036	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Flulaval)	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q2037	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Fluvirin)	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q2038	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Fluzone)	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q2039	Influenza virus vaccine, not otherwise specified	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q2040	Tisagenlecleucel, up to 250 million CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per infusion	Temporary Code	Other Drugs and Service Fees	No	AMA Termed Code 1/01/2019
Q2041	Axicabtagene ciloleucel, up to 200 million autologous anti-CD19 CAR positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Temporary Code	Other Drugs and Service Fees	Yes	None
Q2042	Tisagenlecleucel, up to 600 million CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Temporary Codes	Other Drugs and Service Fees	No	None
Q2043	Sipuleucel-T, minimum of 50 million autologous CD54+ cells activated with PAP-GM-CSF, including leukapheresis and all other preparatory procedures, per infusion	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	Yes	None
Q2049	Injection, doxorubicin hydrochloride, liposomal, imported LipoDox, 10 mg	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
Q2050	Injection, doxorubicin hydrochloride, liposomal, not otherwise specified, 10 mg	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
Q2052	Services, supplies and accessories used in the home under the Medicare intravenous immune globulin (ivig) demonstration	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None

Q3001	Radioelements for brachytherapy, any type, each	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q3014	Telehealth originating site facility fee	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q3027	Injection, interferon beta-1a, 1 mcg for intramuscular use	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	Yes	None
Q3028	Injection, interferon beta-1a, 1 mcg for subcutaneous use	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q3031	Collagen skin test	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q4001	Casting supplies, body cast adult, with or without head, plaster	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	Covered benefit only for Qualified Medicare Beneficiaries
Q4002	Cast supplies, body cast adult, with or without head, fiberglass	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	Covered benefit only for Qualified Medicare Beneficiaries
Q4003	Cast supplies, shoulder cast, adult (11 years +), plaster	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	Covered benefit only for Qualified Medicare Beneficiaries
Q4004	Cast supplies, shoulder cast, adult (11 years +), fiberglass	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	Covered benefit only for Qualified Medicare Beneficiaries
Q4005	Cast supplies, long arm cast, adult (11 years +), plaster	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	Covered benefit only for Qualified Medicare Beneficiaries
Q4006	Cast supplies, long arm cast, adult (11 years +), fiberglass	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q4007	Cast supplies, long arm cast, pediatric (0-10 years), plaster	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q4008	Cast supplies, long arm cast, pediatric (0-10 years), fiberglass	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q4009	Cast supplies, short arm cast, adult (11 years +), plaster	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q4010	Cast supplies, short arm cast, adult (11 years +), fiberglass	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	Covered benefit only for Qualified Medicare Beneficiaries

Q4011	Cast supplies, short arm cast, pediatric (0-10 years), plaster	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	Covered benefit only for Qualified Medicare Beneficiaries
Q4012	Cast supplies, short arm cast, pediatric (0-10 years), fiberglass	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	Covered benefit only for Qualified Medicare Beneficiaries
Q4013	Cast supplies, gauntlet cast (includes lower forearm and hand), adult (11 years +), plaster	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	Covered benefit only for Qualified Medicare Beneficiaries
Q4014	Cast supplies, gauntlet cast (includes lower forearm and hand), adult (11 years +), fiberglass	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	Covered benefit only for Qualified Medicare Beneficiaries
Q4015	Cast supplies, gauntlet cast (includes lower forearm and hand), pediatric (0-10 years), plaster	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	Covered benefit only for Qualified Medicare Beneficiaries
Q4016	Cast supplies, gauntlet cast (includes lower forearm and hand), pediatric (0-10 years), fiberglass	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	Covered benefit only for Qualified Medicare Beneficiaries
Q4017	Cast supplies, long arm splint, adult (11 years +), plaster	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q4018	Cast supplies, long arm splint, adult (11 years +), fiberglass	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	Covered benefit only for Qualified Medicare Beneficiaries
Q4019	Cast supplies, long arm splint, pediatric (0-10 years), plaster	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	Covered benefit only for Qualified Medicare Beneficiaries
Q4020	Cast supplies, long arm splint, pediatric (0-10 years), fiberglass	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	Covered benefit only for Qualified Medicare Beneficiaries
Q4021	Cast supplies, short arm splint, adult (11 years +), plaster	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q4022	Cast supplies, short arm splint, adult (11 years +), fiberglass	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q4023	Cast supplies, short arm splint, pediatric (0-10 years), plaster	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q4024	Cast supplies, short arm splint, pediatric (0-10 years), fiberglass	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	Covered benefit only for Qualified Medicare Beneficiaries
Q4025	Cast supplies, hip spica (one or both legs), adult (11 years +), plaster	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	Covered benefit only for Qualified Medicare Beneficiaries

Q4026	Cast supplies, hip spica (one or both legs), adult (11 years +), fiberglass	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	Covered benefit only for Qualified Medicare Beneficiaries
Q4027	Cast supplies, hip spica (one or both legs), pediatric (0-10 years), plaster	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	Covered benefit only for Qualified Medicare Beneficiaries
Q4028	Cast supplies, hip spica (one or both legs), pediatric (0-10 years), fiberglass	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	Covered benefit only for Qualified Medicare Beneficiaries
Q4029	Cast supplies, long leg cast, adult (11 years +), plaster	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	Covered benefit only for Qualified Medicare Beneficiaries
Q4030	Cast supplies, long leg cast, adult (11 years +), fiberglass	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q4031	Cast supplies, long leg cast, pediatric (0-10 years), plaster	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	Covered benefit only for Qualified Medicare Beneficiaries
Q4032	Cast supplies, long leg cast, pediatric (0-10 years), fiberglass	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q4033	Cast supplies, long leg cylinder cast, adult (11 years +), plaster	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	Covered benefit only for Qualified Medicare Beneficiaries
Q4034	Cast supplies, long leg cylinder cast, adult (11 years +), fiberglass	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q4035	Cast supplies, long leg cylinder cast, pediatric (0-10 years), plaster	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	Covered benefit only for Qualified Medicare Beneficiaries
Q4036	Cast supplies, long leg cylinder cast, pediatric (0-10 years), fiberglass	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	Covered benefit only for Qualified Medicare Beneficiaries
Q4037	Cast supplies, short leg cast, adult (11 years +), plaster	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	Covered benefit only for Qualified Medicare Beneficiaries
Q4038	Cast supplies, short leg cast, adult (11 years +), fiberglass	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	Covered benefit only for Qualified Medicare Beneficiaries
Q4039	Cast supplies, short leg cast, pediatric (0-10 years), plaster	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q4040	Cast supplies, short leg cast, pediatric (0-10 years), fiberglass	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None

Q4041	Cast supplies, long leg splint, adult (11 years +), plaster	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	Covered benefit only for Qualified Medicare Beneficiaries
Q4042	Cast supplies, long leg splint, adult (11 years +), fiberglass	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q4043	Cast supplies, long leg splint, pediatric (0-10 years), plaster	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q4044	Cast supplies, long leg splint, pediatric (0-10 years), fiberglass	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	Covered benefit only for Qualified Medicare Beneficiaries
Q4045	Cast supplies, short leg splint, adult (11 years +), plaster	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	Covered benefit only for Qualified Medicare Beneficiaries
Q4046	Cast supplies, short leg splint, adult (11 years +), fiberglass	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	Covered benefit only for Qualified Medicare Beneficiaries
Q4047	Cast supplies, short leg splint, pediatric (0-10 years), plaster	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	Covered benefit only for Qualified Medicare Beneficiaries
Q4048	Cast supplies, short leg splint, pediatric (0-10 years), fiberglass	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	Covered benefit only for Qualified Medicare Beneficiaries
Q4049	Finger splint, static	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	Covered benefit only for Qualified Medicare Beneficiaries
Q4050	Cast supplies, for unlisted types and materials of casts	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	Covered benefit only for Qualified Medicare Beneficiaries
Q4051	Splint supplies, miscellaneous (includes thermoplastics, strapping, fasteners, padding and other supplies)	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	Covered benefit only for Qualified Medicare Beneficiaries
Q4074	Iloprost, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, up to 20 micrograms	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	Yes	None
Q4081	Injection, epoetin alfa, 100 units (for ESRD on dialysis)	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	Yes	None
Q4082	Drug or biological, not otherwise classified, part b drug competitive acquisition program (CAP)	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q4100	Skin substitute, not otherwise specified	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	Yes	PA Effective 9/17/2019

Q4101	Apligraf, per square centimeter	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	Yes	None
Q4102	OASIS Wound Matrix, per square centimeter	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	Yes	None
Q4103	OASIS Burn Matrix, per square centimeter	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q4104	Integra Bilayer Matrix Wound Dressing (BMWD), per square centimeter	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	Yes	PA Effective 9/17/2019
Q4105	Integra Dermal Regeneration Template (DRT) or Integra Omnigraft Dermal Regeneration Matrix, per square centimeter	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q4106	Dermagraft, per square centimeter	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	Yes	None
Q4107	GRAFTJACKET, per square centimeter	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	Yes	None
Q4108	Integra Matrix, per square centimeter	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	Yes	PA Effective 9/17/2019
Q4110	PriMatrix, per square centimeter	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	Yes	PA Effective 9/17/2019
Q4111	GammaGraft, per square centimeter	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	Yes	None
Q4112	Cymetra, injectable, 1 cc	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	Yes	None
Q4113	GRAFTJACKET XPRESS, injectable, 1 cc	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	Yes	None
Q4114	Integra Flowable Wound Matrix, injectable, 1 cc	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	Yes	PA Effective 9/17/2019
Q4115	AlloSkin, per square centimeter	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	Yes	None
Q4116	AlloDerm, per square centimeter	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	Yes	None

Q4117	Hyalomatrix, per square centimeter	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q4118	MatriStem micromatrix, 1 mg	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q4119	MATRISTEM WOUND MATRIX	None	None	No	None
Q4120	MATRISTEM BURN MATRIX	None	None	No	None
Q4121	Theraskin, per square centimeter	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	Yes	None
Q4122	Dermacell, per square centimeter	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	Yes	PA Effective 9/17/2019
Q4123	AlloSkin RT, per square centimeter	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	Yes	None
Q4124	Oasis Ultra Tri-Layer Wound Matrix, per square centimeter	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	Yes	PA Effective 9/17/2019
Q4125	Arthroflex, per square centimeter	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q4126	MemoDerm, DermaSpan, TranZgraft or InteguPly, per square centimeter	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q4127	Talymed, per square centimeter	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q4128	Flex HD, Allopatch HD, or Matrix HD, per square centimeter	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q4129	UNITE BIOMATRIX	None	None	No	None
Q4130	Strattice TM, per square centimeter	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q4131	EpiFix or epiCORD, per square centimeter	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	AMA Termed Code 1/01/2019
Q4132	Grafix core, per square centimeter	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	Yes	None
Q4133	Grafix prime, per square centimeter	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	Yes	None

Q4134	Hmatrix, per square centimeter	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q4135	Mediskin, per square centimeter	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q4136	Ez-derm, per square centimeter	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q4137	AmnioExCel or BioDExCel, per square centimeter	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q4138	BioDFence dryflex, per square centimeter	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q4139	AmnioMatrix or BioDMatrix, injectable, 1 cc	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q4140	BioDFence, per square centimeter	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q4141	AlloSkin AC, per square centimeter	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q4142	XCM Biologic Tissue Matrix, per square centimeter	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q4143	Repriza, per square centimeter	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q4145	EpiFix, injectable, 1 mg	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q4146	TenSIX, per square centimeter	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q4147	Architect, Architect Px, or Architect Fx, extracellular matrix, per square centimeter	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q4148	NEOX 1k, per square centimeter	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q4149	Excellagen, 0.1 cc	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None

Q4150	AlloWrap DS or dry, per square centimeter	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q4151	Amnioband or Guardian, per square centimeter	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q4152	DermaPure, per square centimeter	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q4153	Dermavest and plurivest, per square centimeter	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q4154	Biovance, per square centimeter	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q4155	NeoxFlo or ClarixFlo, 1 mg	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q4156	Neox 100, per square centimeter	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q4157	Revitalon, per square centimeter	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q4158	MariGen, per square centimeter	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q4159	Affinity, per square centimeter	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q4160	NuShield, per square centimeter	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q4161	bio-ConneKt Wound Matrix, per square centimeter	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q4162	AmnioPro Flow, BioSkin Flow, BioRenew Flow, WoundEx Flow, AmnioGen-A, AmnioGen-C, 0.5 cc	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q4163	AmnioPro, BioSkin, BioRenew, WoundEx, AmnioGen-45, AmnioGen-200, per square centimeter	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q4164	Helicoll, per square centimeter	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None

Q4165	Keramatrix, per square centimeter	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q4166	Cytal, per square centimeter	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q4167	Truskin, per square centimeter	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q4168	Amnioband, 1 mg	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q4169	Artacent wound, per square centimeter	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q4170	Cygnus, per square centimeter	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q4171	Interfyl, 1 mg	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q4172	PuraPly or PuraPly AM, per square centimeter	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	AMA Termed Code 1/01/2019
Q4173	PalinGen or PalinGen XPlus, per square centimeter	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q4174	PalinGen or ProMatrX, 0.36 mg per 0.25 cc	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q4175	MIRODERM, per square centimeter	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q4176	NeoPatch, per sq cm	Temporary Code	Skin Substitutes and Biologicals	No	None
Q4177	FlowerAmnioFlo, 0.1 cc	Temporary Code	Skin Substitutes and Biologicals	No	None
Q4178	FlowerAmnioPatch, per sq cm	Temporary Code	Skin Substitutes and Biologicals	No	None
Q4179	FlowerDerm, per sq cm	Temporary Code	Skin Substitutes and Biologicals	No	None

Q4180	Revita, per sq cm	Temporary Code	Skin Substitutes and Biologicals	No	None
Q4181	Amnio Wound, per sq cm	Temporary Code	Skin Substitutes and Biologicals	No	None
Q4182	Transcyte, per sq cm	Temporary Code	Skin Substitutes and Biologicals	No	None
Q4183	Surgigraft, per sq cm	Temporary Codes	Skin Substitutes and Biologicals	No	None
Q4184	Cellesta, per sq cm	Temporary Codes	Skin Substitutes and Biologicals	No	None
Q4185	Cellesta Flowable Amnion (25 mg per cc); per 0.5 cc	Temporary Codes	Skin Substitutes and Biologicals	No	None
Q4186	Epifix, per sq cm	Temporary Codes	Skin Substitutes and Biologicals	Yes	None
Q4187	Epicord, per sq cm	Temporary Codes	Skin Substitutes and Biologicals	No	None
Q4188	AmnioArmor, per sq cm	Temporary Codes	Skin Substitutes and Biologicals	No	None
Q4189	Artacent AC, 1 mg	Temporary Codes	Skin Substitutes and Biologicals	No	None
Q4190	Artacent AC, per sq cm	Temporary Codes	Skin Substitutes and Biologicals	No	None
Q4191	Restorigin, per sq cm	Temporary Codes	Skin Substitutes and Biologicals	No	None
Q4192	Restorigin, 1 cc	Temporary Codes	Skin Substitutes and Biologicals	No	None
Q4193	Coll-e-Derm, per sq cm	Temporary Codes	Skin Substitutes and Biologicals	No	None
Q4194	Novachor, per sq cm	Temporary Codes	Skin Substitutes and Biologicals	No	None

Q4195	PuraPly, per sq cm	Temporary Codes	Skin Substitutes and Biologicals	Yes	None
Q4196	PuraPly AM, per sq cm	Temporary Codes	Skin Substitutes and Biologicals	Yes	None
Q4197	PuraPly XT, per sq cm	Temporary Codes	Skin Substitutes and Biologicals	No	None
Q4198	Genesis Amniotic Membrane, per sq cm	Temporary Codes	Skin Substitutes and Biologicals	No	None
Q4200	SkinTE, per sq cm	Temporary Codes	Skin Substitutes and Biologicals	No	None
Q4201	Matrion, per sq cm	Temporary Codes	Skin Substitutes and Biologicals	No	None
Q4202	Keroxx (2.5 g/cc), 1 cc	Temporary Codes	Skin Substitutes and Biologicals	No	None
Q4203	Derma-Gide, per sq cm	Temporary Codes	Skin Substitutes and Biologicals	No	None
Q4204	XWRAP, per sq cm	Temporary Codes	Skin Substitutes and Biologicals	No	None
Q5001	Hospice or home health care provided in patient's home/residence	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q5002	Hospice or home health care provided in assisted living facility	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q5003	Hospice care provided in nursing long term care facility (LTC) or non-skilled nursing facility (NF)	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q5004	Hospice care provided in skilled nursing facility (SNF)	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q5005	Hospice care provided in inpatient hospital	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q5006	Hospice care provided in inpatient hospice facility	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None

Q5007	Hospice care provided in long term care facility	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q5008	Hospice care provided in inpatient psychiatric facility	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q5009	Hospice or home health care provided in place not otherwise specified (NOS)	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q5010	Hospice home care provided in a hospice facility	Temporary Codes Assigned by CMS	Temporary Codes Assigned by CMS	No	None
Q5101	Injection, filgrastim (G-CSF), biosimilar, 1 microgram	Temporary Codes Assigned by CMS	Miscellaneous Drugs	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
Q5102	Injection, Infliximab, biosimilar, 10 mg	Temporary Codes Assigned by CMS	Miscellaneous Drugs	No	AMA Termed Code 4/1/2018
Q5103	Inflectra	Temporary Code	Skin Substitutes and Biologicals	Yes	None
Q5104	Renflexis	Temporary Code	Skin Substitutes and Biologicals	Yes	None
Q5106	Injection, epoetin alfa, biosimilar, (teracrit) for non-esrd use	Temporary Code	Skin Substitutes and Biologicals	Yes	None
Q5107	Injection, bevacizumab-awwb, biosimilar, (Mvasi), 10 mg	Temporary Codes	Chemotherapy Medications	No	None
Q5108	Injection, pegfilgrastim-jmdb, biosimilar, (Fulphila), 0.5 mg	Temporary Codes	Skin Substitutes and Biologicals	Yes	None
Q5109	Injection, infliximab-qbtx, biosimilar, (Ixifi), 10 mg	Temporary Codes	Chemotherapy Medications	No	None
Q5110	Injection, filgrastim-aafi, biosimilar, (Nivestym), 1 mcg	Temporary Codes	Skin Substitutes and Biologicals	Yes	None
Q5120	Injection, pegfilgrastim-bmez, biosimilar, (ZIEXTENZO), 0.5 mg	Temporary Codes	Chemotherapy Medications	No	New Code Effective 7/1/2020
Q5121	Injection, infliximab-axxq, biosimilar, (AVSOLA), 10 mg	Temporary Codes	Chemotherapy Medications	No	New Code Effective 7/1/2020
Q9950	Injection, sulfur hexafluoride lipid microspheres, per ml	Temporary Codes Assigned by CMS	Contrast	No	None

Q9951	Low osmolar contrast material, 400 or greater mg/ml iodine concentration, per ml	Temporary Codes Assigned by CMS	Contrast	No	None
Q9953	Injection, iron-based magnetic resonance contrast agent, per ml	Temporary Codes Assigned by CMS	Contrast	No	None
Q9954	Oral magnetic resonance contrast agent, per 100 ml	Temporary Codes Assigned by CMS	Contrast	No	None
Q9955	Injection, perflerane lipid microspheres, per ml	Temporary Codes Assigned by CMS	Contrast	No	None
Q9956	Injection, octafluoropropane microspheres, per ml	Temporary Codes Assigned by CMS	Contrast	No	None
Q9957	Injection, Perflutren lipid microspheres, per ml	Temporary Codes Assigned by CMS	Contrast	No	None
Q9958	High osmolar contrast material, up to 149 mg/ml iodine concentration, per ml	Temporary Codes Assigned by CMS	Contrast	No	None
Q9959	High osmolar contrast material, 150-199 mg/ml iodine concentration, per ml	Temporary Codes Assigned by CMS	Contrast	No	None
Q9960	High osmolar contrast material, 200-249 mg/ml iodine concentration, per ml	Temporary Codes Assigned by CMS	Contrast	No	None
Q9961	High osmolar contrast material, 250-299 mg/ml iodine concentration, per ml	Temporary Codes Assigned by CMS	Contrast	No	None
Q9962	High osmolar contrast material, 300-349 mg/ml iodine concentration, per ml	Temporary Codes Assigned by CMS	Contrast	No	None
Q9963	High osmolar contrast material, 350-399 mg/ml iodine concentration, per ml	Temporary Codes Assigned by CMS	Contrast	No	None
Q9964	High osmolar contrast material, 400 or greater mg/ml iodine concentration, per ml	Temporary Codes Assigned by CMS	Contrast	No	None
Q9965	Low osmolar contrast material, 100-199 mg/ml iodine concentration, per ml	Temporary Codes Assigned by CMS	Contrast	No	None
Q9966	Low osmolar contrast material, 200-299 mg/ml iodine concentration, per ml	Temporary Codes Assigned by CMS	Contrast	No	None
Q9967	Low osmolar contrast material, 300-399 mg/ml iodine concentration, per ml	Temporary Codes Assigned by CMS	Contrast	No	None
Q9968	Injection, non-radioactive, non-contrast, visualization adjunct (e.g., Methylene Blue, Isosulfan Blue), 1 mg	Temporary Codes Assigned by CMS	Contrast	No	None
Q9969	Tc-99M from non-highly enriched uranium source, full cost recovery add-on, per study dose	Temporary Codes Assigned by CMS	Contrast	No	None
Q9980	GENVISC, INJ, 1MG	None	None	No	None
Q9981	Rolapitant, oral, 1mg	None	None	No	None
Q9982	Flutemetamol F18, diagnostic, per study dose, up to 5 millicuries	Temporary Codes Assigned by CMS	Contrast	No	None
Q9983	Florbetaben F18, diagnostic, per study dose, up to 8.1 millicuries	Temporary Codes Assigned by CMS	Contrast	No	None
R0070	Transportation of portable x-ray equipment and personnel to home or nursing home, per trip to facility or location, one patient seen	Diagnostic Radiology Services	Diagnostic Radiology Services	No	None
R0075	Transportation of portable x-ray equipment and personnel to home or nursing home, per trip to facility or location, more than one patient seen	Diagnostic Radiology Services	Diagnostic Radiology Services	No	None
R0076	Transportation of portable EKG to facility or location, per patient	Diagnostic Radiology Services	Diagnostic Radiology Services	No	None

S0012	Butorphanol tartrate, nasal spray, 25 mg	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0014	Tacrine hydrochloride, 10 mg	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0017	Injection, aminocaproic acid, 5 grams	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0020	Injection, bupivacaine hydrochloride, 30 ml	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0021	Injection, cefoperazone sodium, 1 gram	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0023	Injection, cimetidine hydrochloride, 300 mg	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0028	Injection, famotidine, 20 mg	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0030	Injection, metronidazole, 500 mg	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0032	Injection, nafcillin sodium, 2 grams	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	Yes	None
S0034	Injection, ofloxacin, 400 mg	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0039	Injection, sulfamethoxazole and trimethoprim, 10 ml	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	Yes	PA Effective 9/17/2019
S0040	Injection, ticarcillin disodium and clavulanate potassium, 3.1 grams	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0073	Injection, aztreonam, 500 mg	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	Yes	None
S0074	Injection, cefotetan disodium, 500 mg	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0077	Injection, clindamycin phosphate, 300 mg	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None

S0078	Injection, fosphenytoin sodium, 750 mg	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0080	Injection, Pentamidine isethionate, 300 mg	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0081	Injection, piperacillin sodium, 500 mg	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0088	Imatinib, 100 mg	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	Yes	None
S0090	Sildenafil citrate, 25 mg	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	Yes	None
S0091	Granisetron hydrochloride, 1 mg (for circumstances falling under the Medicare statute, use Q0166)	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0092	Injection, hydromorphone hydrochloride, 250 mg (loading dose for infusion pump)	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0093	Injection, morphine sulfate, 500 mg (loading dose for infusion pump)	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0104	Zidovudine, oral, 100 mg	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0106	Bupropion HCl sustained release tablet, 150 mg, per bottle of 60 tablets	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0108	Mercaptopurine, oral, 50 mg	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0109	Methadone, oral, 5 mg	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0117	Tretinoin, topical, 5 grams	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0119	Ondansetron, oral, 4 mg (for circumstances falling under the Medicare statute, use HCPCS Q code)	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0122	Injection, Menotropins, 75 IU	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None

S0126	Injection, Follitropin alfa, 75 IU	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0128	Injection, Follitropin beta, 75 IU	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0132	Injection, Ganirelix Acetate, 250 mcg	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0136	Clozapine, 25 mg	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0137	Didanosine (ddl), 25 mg	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0138	Finasteride, 5 mg	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0139	Minoxidil, 10 mg	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0140	Saquinavir, 200 mg	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0142	Colistimethate sodium, inhalation solution administered through DME, concentrated form, per mg	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0145	Injection, pegylated interferon alfa-2a, 180 mcg per ml	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	Yes	None
S0148	Injection, pegylated interferon alfa-2b, 10 mcg	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	Yes	None
S0155	Sterile dilutant for Epoprostenol, 50 ml	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	Yes	PA Effective 9/17/2019
S0156	Exemestane, 25 mg	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0157	Becaplermin gel 0.01%, 0.5 gm	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0160	Dextroamphetamine sulfate, 5 mg	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None

S0164	Injection, pantoprazole sodium, 40 mg	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0166	Injection, olanzapine, 2.5 mg	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	Yes	None
S0169	Calcitrol, 0.25 microgram	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	Yes	PA Effective 9/17/2019
S0170	Anastrozole, oral, 1 mg	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0171	Injection, Bumetanide, 0.5 mg	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0172	Chlorambucil, oral, 2 mg	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0174	Dolasetron mesylate, oral 50 mg (for circumstances falling under the Medicare statute, use Q0180)	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0175	Flutamide, oral, 125 mg	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0176	Hydroxyurea, oral, 500 mg	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0177	Levamisole hydrochloride, oral, 50 mg	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0178	Lomustine, oral, 10 mg	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0179	Megestrol acetate, oral, 20 mg	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0182	Procarbazine hydrochloride, oral, 50 mg	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0183	Prochlorperazine maleate, oral, 5 mg (for circumstances falling under the Medicare statute, use Q0164)	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0187	Tamoxifen citrate, oral, 10 mg	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None

S0189	Testosterone pellet, 75 mg	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	Yes	None
S0190	Mifepristone, oral, 200 mg	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	Yes	None
S0191	Misoprostol, oral, 200 mcg	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	Yes	None
S0194	Dialysis/stress vitamin supplement, oral, 100 capsules	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0197	Prenatal vitamins, 30-day supply	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0199	Medically induced abortion by oral ingestion of medication including all associated services and supplies (e.g., patient counseling, office visits, confirmation of pregnancy by hCG, ultrasound to confirm duration of pregnancy, ultrasound to confirm completion of abortion) except drugs	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0201	Partial hospitalization services, less than 24 hours, per diem	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0207	Paramedic intercept, non-hospital-based ALS service (non-voluntary), non-transport	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0208	Paramedic intercept, hospital-based ALS service (non-voluntary), non-transport	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0209	Wheelchair van, mileage, per mile	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0215	Non-emergency transportation; mileage, per mile	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0220	Medical conference by a physician with interdisciplinary team of health professionals or representatives of community agencies to coordinate activities of patient care (patient is present); approximately 30 minutes	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0221	Medical conference by a physician with interdisciplinary team of health professionals or representatives of community agencies to coordinate activities of patient care (patient is present); approximately 60 minutes	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None

S0250	Comprehensive geriatric assessment and treatment planning performed by assessment team	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0255	Hospice referral visit (advising patient and family of care options) performed by nurse, social worker, or other designated staff	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0257	Counseling and discussion regarding advance directives or end of life care planning and decisions, with patient and/or surrogate (list separately in addition to code for appropriate Evaluation and Management service)	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0260	History and physical (outpatient or office) related to surgical procedure (list separately in addition to code for appropriate Evaluation and Management service)	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0265	Genetic counseling, under physician supervision, each 15 minutes	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0270	Physician management of patient home care, standard monthly case rate (per 30 days)	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0271	Physician management of patient home care, hospice monthly case rate (per 30 days)	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0272	Physician management of patient home care, episodic care monthly case rate (per 30 days)	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0273	Physician visit at member's home, outside of a capitation arrangement	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0274	Nurse practitioner visit at member's home, outside of a capitation arrangement	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0280	Medical home program, comprehensive care coordination and planning, initial plan	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0281	Medical home program, comprehensive care coordination and planning, maintenance of plan	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0285	Colonoscopy consultation performed prior to a screening colonoscopy procedure	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0302	Completed early periodic screening diagnosis and treatment (EPSDT) service (list in addition to code for appropriate Evaluation and Management service)	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None

S0310	Hospitalist services (list separately in addition to code for appropriate Evaluation and Management service)	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0311	Comprehensive management and care coordination for advanced illness, per calendar month	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0315	Disease management program; initial assessment and initiation of the program	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0316	Disease management program, follow-up/reassessment	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0317	Disease management program; per diem	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0320	Telephone calls by a registered nurse to a disease management program member for monitoring purposes; per month	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0340	Lifestyle modification program for management of coronary artery disease, including all supportive services; first quarter / stage	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0341	Lifestyle modification program for management of coronary artery disease, including all supportive services; second or third quarter / stage	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0342	Lifestyle modification program for management of coronary artery disease, including all supportive services; fourth quarter / stage	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0353	Treatment planning and care coordination management for cancer, initial treatment	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0354	Treatment planning and care coordination management for cancer, established patient with a change of regimen	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0390	Routine foot care; removal and/or trimming of corns, calluses and/or nails and preventive maintenance in specific medical conditions (e.g., diabetes), per visit	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0395	Impression casting of a foot performed by a practitioner other than the manufacturer of the orthotic	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0400	Global fee for extracorporeal shock wave lithotripsy treatment of kidney stone(s)	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0500	Disposable contact lens, per lens	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None

S0504	Single vision prescription lens (safety, athletic, or sunglass), per lens	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0506	Bifocal vision prescription lens (safety, athletic, or sunglass), per lens	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0508	Trifocal vision prescription lens (safety, athletic, or sunglass), per lens	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0510	Non-prescription lens (safety, athletic, or sunglass), per lens	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0512	Daily wear specialty contact lens, per lens	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0514	Color contact lens, per lens	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0515	Scleral lens, liquid bandage device, per lens	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0516	Safety eyeglass frames	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0518	Sunglasses frames	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0580	Polycarbonate lens (list this code in addition to the basic code for the lens)	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0581	Nonstandard lens (list this code in addition to the basic code for the lens)	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0590	Integral lens service, miscellaneous services reported separately	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0592	Comprehensive contact lens evaluation	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0595	Dispensing new spectacle lenses for patient supplied frame	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0596	Phakic intraocular lens for correction of refractive error	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None

S0601	Screening proctoscopy	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0610	Annual gynecological examination, new patient	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0612	Annual gynecological examination, established patient	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0613	Annual gynecological examination; clinical breast examination without pelvic evaluation	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0618	Audiometry for hearing aid evaluation to determine the level and degree of hearing loss	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0620	Routine ophthalmological examination including refraction; new patient	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0621	Routine ophthalmological examination including refraction; established patient	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0622	Physical exam for college, new or established patient (list separately in addition to appropriate Evaluation and Management code)	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0630	Removal of sutures; by a physician other than the physician who originally closed the wound	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0800	Laser in situ keratomileusis (LASIK)	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0810	Photorefractive keratectomy (PRK)	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S0812	Phototherapeutic keratectomy (PTK)	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S1001	Deluxe item, patient aware (list in addition to code for basic item)	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S1002	Customized item (list in addition to code for basic item)	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S1015	IV tubing extension set	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None

S1016	Non-PVC (polyvinyl chloride) intravenous administration set, for use with drugs that are not stable in PVC e.g., paclitaxel	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S1030	Continuous noninvasive glucose monitoring device, purchase (for physician interpretation of data, use CPT code)	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S1031	Continuous noninvasive glucose monitoring device, rental, including sensor, sensor replacement, and download to monitor (for physician interpretation of data, use CPT code)	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S1034	Artificial pancreas device system (e.g., low glucose suspend (LGS) feature) including continuous glucose monitor, blood glucose device, insulin pump and computer algorithm that communicates with all of the devices	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S1035	Sensor; invasive (e.g., subcutaneous), disposable, for use with artificial pancreas device system	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S1036	Transmitter; external, for use with artificial pancreas device system	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S1037	Receiver (monitor); external, for use with artificial pancreas device system	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S1040	Cranial remolding orthosis, pediatric, rigid, with soft interface material, custom fabricated, includes fitting and adjustment(s)	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	Yes	None
S1090	Mometasone furoate sinus implant, 370 micrograms	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S2053	Transplantation of small intestine and liver allografts	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S2054	Transplantation of multivisceral organs	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S2055	Harvesting of donor multivisceral organs, with preparation and maintenance of allografts; from cadaver donor	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S2060	Lobar lung transplantation	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S2061	Donor lobectomy (lung) for transplantation, living donor	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None

S2065	Simultaneous pancreas kidney transplantation	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S2066	Breast reconstruction with gluteal artery perforator (GAP) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilateral	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S2067	Breast reconstruction of a single breast with "stacked" deep inferior epigastric perforator (DIEP) flap(s) and/or gluteal artery perforator (GAP) flap(s), including harvesting of the flap(s), microvascular transfer, closure of donor site(s) and shaping the flap into a breast, unilateral	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
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	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S2070	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with endoscopic laser treatment of ureteral calculi (includes ureteral catheterization)	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S2079	Laparoscopic esophagomyotomy (Heller type)	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S2080	Laser-assisted uvulopalatoplasty (LAUP)	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S2083	Adjustment of gastric band diameter via subcutaneous port by injection or aspiration of saline	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	Yes	PA Effective 9/17/2019
S2095	Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method, using yttrium-90 microspheres	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S2102	Islet cell tissue transplant from pancreas; allogeneic	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S2103	Adrenal tissue transplant to brain	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S2107	Adoptive immunotherapy i.e. development of specific anti-tumor reactivity (e.g., tumor-infiltrating lymphocyte therapy) per course of treatment	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None

S2112	Arthroscopy, knee, surgical for harvesting of cartilage (chondrocyte cells)	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	As of 10/1/20 This Service is within the scope of TurningPoint delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates.
S2115	Osteotomy, periacetabular, with internal fixation	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S2117	Arthroereisis, subtalar	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S2118	Metal-on-metal total hip resurfacing, including acetabular and femoral components	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	Yes	Effective 10/1/2020: Authorization must be submitted to TurningPoint, Meridian's vendor for prior authorization of this service. Please submit via the TurningPoint portal, by phone (MI: 877-659-9496; IL: 877-659-3409) or by fax (MI: 313-915-5036; IL: 773-819-2024).
S2120	Low density lipoprotein (LDL) apheresis using Heparin-induced extracorporeal LDL precipitation	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S2140	Cord blood harvesting for transplantation, allogeneic	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S2142	Cord blood-derived stem-cell transplantation, allogeneic	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S2150	Bone marrow or blood-derived stem cells (peripheral or umbilical), allogeneic or autologous, harvesting, transplantation, and related complications; including: pheresis and cell preparation/storage; marrow ablative therapy; drugs, supplies, hospitalization with outpatient follow-up; medical/surgical, diagnostic, emergency, and rehabilitative services; and the number of days of pre-and post-transplant care in the global definition	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S2152	Solid organ(s), complete or segmental, single organ or combination of organs; deceased or living donor(s), procurement, transplantation, and related complications; including: drugs; supplies; hospitalization with outpatient follow-up; medical/surgical, diagnostic, emergency, and rehabilitative services, and the number of days of pre- and post-transplant care in the global definition	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None

S2202	Echosclerotherapy	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S2205	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using arterial graft(s), single coronary arterial graft	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S2206	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using arterial graft(s), two coronary arterial grafts	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S2207	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using venous graft only, single coronary venous graft	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S2208	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using single arterial and venous graft(s), single venous graft	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S2209	Minimally invasive direct coronary artery bypass surgery involving mini-thoracotomy or mini-sternotomy surgery, performed under direct vision; using two arterial grafts and single venous graft	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S2225	Myringotomy, laser-assisted	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S2230	Implantation of magnetic component of semi-implantable hearing device on ossicles in middle ear	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S2235	Implantation of auditory brain stem implant	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S2260	Induced abortion, 17 to 24 weeks	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S2265	Induced abortion, 25 to 28 weeks	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S2266	Induced abortion, 29 to 31 weeks	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None

S2267	Induced abortion, 32 weeks or greater	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S2300	Arthroscopy, shoulder, surgical; with thermally-induced capsulorrhaphy	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S2325	Hip core decompression	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	Yes	PA Effective 9/17/2019
S2340	Chemodenervation of abductor muscle(s) of vocal cord	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S2341	Chemodenervation of adductor muscle(s) of vocal cord	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S2342	Nasal endoscopy for post-operative debridement following functional endoscopic sinus surgery, nasal and/or sinus cavity(s), unilateral or bilateral	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S2348	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, using radiofrequency energy, single or multiple levels, lumbar	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	As of 10/1/20 This Service is within the scope of TurningPoint delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates.
S2350	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctectomy; lumbar, single interspace	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	As of 10/1/20 This Service is within the scope of TurningPoint delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates.
S2351	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophyctectomy; lumbar, each additional interspace (list separately in addition to code for primary procedure)	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	As of 10/1/20 This Service is within the scope of TurningPoint delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates.
S2400	Repair, congenital diaphragmatic hernia in the fetus using temporary tracheal occlusion, procedure performed in utero	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S2401	Repair, urinary tract obstruction in the fetus, procedure performed in utero	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S2402	Repair, congenital cystic adenomatoid malformation in the fetus, procedure performed in utero	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None

S2403	Repair, extralobar pulmonary sequestration in the fetus, procedure performed in utero	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S2404	Repair, myelomeningocele in the fetus, procedure performed in utero	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S2405	Repair of sacrococcygeal teratoma in the fetus, procedure performed in utero	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S2409	Repair, congenital malformation of fetus, procedure performed in utero, not otherwise classified	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S2411	Fetoscopic laser therapy for treatment of twin-to-twin transfusion syndrome	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S2900	Surgical techniques requiring use of robotic surgical system (list separately in addition to code for primary procedure)	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S3000	Diabetic indicator; retinal eye exam, dilated, bilateral	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S3005	Performance measurement, evaluation of patient self assessment, depression	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S3600	STAT laboratory request (situations other than S3601)	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S3601	Emergency STAT laboratory charge for patient who is homebound or residing in a nursing facility	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S3620	Newborn metabolic screening panel, includes test kit, postage and the laboratory tests specified by the state for inclusion in this panel (e.g., galactose; hemoglobin, electrophoresis; hydroxyprogesterone, 17-D; phenylalanine (PKU); and thyroxine, total)	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S3630	Eosinophil count, blood, direct	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S3645	HIV-1 antibody testing of oral mucosal transudate	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S3650	Saliva test, hormone level; during menopause	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None

S3652	Saliva test, hormone level; to assess preterm labor risk	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S3655	Antisperm antibodies test (immunobead)	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S3708	Gastrointestinal fat absorption study	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S3722	Dose optimization by area under the curve (AUC) analysis, for infusional 5-fluorouracil	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S3800	Genetic testing for amyotrophic lateral sclerosis (ALS)	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	Service is within the scope of EviCore delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates
S3840	DNA analysis for germline mutations of the RET proto-oncogene for susceptibility to multiple endocrine neoplasia type 2	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	Service is within the scope of EviCore delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates
S3841	Genetic testing for retinoblastoma	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	Service is within the scope of EviCore delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates
S3842	Genetic testing for Von Hippel-Lindau disease	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	Service is within the scope of EviCore delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates
S3844	DNA analysis of the connexin 26 gene (GJB2) for susceptibility to congenital, profound deafness	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	Service is within the scope of EviCore delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates

S3845	Genetic testing for alpha-thalassemia	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	Service is within the scope of EviCore delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates
S3846	Genetic testing for hemoglobin E beta-thalassemia	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	Service is within the scope of EviCore delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates
S3849	Genetic testing for Niemann-Pick disease	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S3850	Genetic testing for sickle cell anemia	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	Service is within the scope of EviCore delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates
S3852	DNA analysis for APOE epsilon 4 allele for susceptibility to Alzheimer's disease	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	Service is within the scope of EviCore delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates
S3853	Genetic testing for myotonic muscular dystrophy	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S3854	Gene expression profiling panel for use in the management of breast cancer treatment	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	Service is within the scope of EviCore delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates
S3861	Genetic testing, sodium channel, voltage-gated, type V, alpha subunit (SCN5A) and variants for suspected Brugada syndrome	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	Service is within the scope of EviCore delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates

S3865	Comprehensive gene sequence analysis for hypertrophic cardiomyopathy	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	Service is within the scope of EviCore delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates
S3866	Genetic analysis for a specific gene mutation for hypertrophic cardiomyopathy (HCM) in an individual with a known hcm mutation in the family	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	Service is within the scope of EviCore delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates
S3870	Comparative genomic hybridization (CGH) microarray testing for developmental delay, autism spectrum disorder and/or intellectual disability	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	Service is within the scope of EviCore delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates
S3900	Surface electromyography (EMG)	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S3902	Ballistocardiogram	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S3904	Masters two step	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S4005	Interim labor facility global (labor occurring but not resulting in delivery)	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S4011	In vitro fertilization; including but not limited to identification and incubation of mature oocytes, fertilization with sperm, incubation of embryo(s), and subsequent visualization for determination of development	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S4013	Complete cycle, gamete intrafallopian transfer (GIFT), case rate	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S4014	Complete cycle, zygote intrafallopian transfer (ZIFT), case rate	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S4015	Complete in vitro fertilization cycle, not otherwise specified, case rate	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None

S4016	Frozen in vitro fertilization cycle, case rate	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S4017	Incomplete cycle, treatment cancelled prior to stimulation, case rate	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S4018	Frozen embryo transfer procedure cancelled before transfer, case rate	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S4020	In vitro fertilization procedure cancelled before aspiration, case rate	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S4021	In vitro fertilization procedure cancelled after aspiration, case rate	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S4022	Assisted oocyte fertilization, case rate	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S4023	Donor egg cycle, incomplete, case rate	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S4025	Donor services for in vitro fertilization (sperm or embryo), case rate	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S4026	Procurement of donor sperm from sperm bank	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S4027	Storage of previously frozen embryos	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S4028	Microsurgical epididymal sperm aspiration (MESA)	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S4030	Sperm procurement and cryopreservation services; initial visit	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S4031	Sperm procurement and cryopreservation services; subsequent visit	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S4035	Stimulated intrauterine insemination (IUI), case rate	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S4037	Cryopreserved embryo transfer, case rate	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None

S4040	Monitoring and storage of cryopreserved embryos, per 30 days	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S4042	Management of ovulation induction (interpretation of diagnostic tests and studies, non-face-to-face medical management of the patient), per cycle	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S4981	Insertion of Levonorgestrel-releasing intrauterine system	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S4989	Contraceptive intrauterine device (e.g., Progestacert IUD), including implants and supplies	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	Yes	PA Effective 9/17/2019
S4990	Nicotine patches, legend	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S4991	Nicotine patches, non-legend	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S4993	Contraceptive pills for birth control	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S4995	Smoking cessation gum	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S5000	Prescription drug, generic	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S5001	Prescription drug, brand name	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S5010	5% dextrose and 0.45% normal saline, 1000 ml	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S5012	5% dextrose with potassium chloride, 1000 ml	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S5013	5% dextrose/0.45% normal saline with potassium chloride and magnesium sulfate, 1000 ml	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S5014	5% dextrose/0.45% normal saline with potassium chloride and magnesium sulfate, 1500 ml	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S5035	Home infusion therapy, routine service of infusion device (e.g., pump maintenance)	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None

S5036	Home infusion therapy, repair of infusion device (e.g., pump repair)	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S5100	Day care services, adult; per 15 minutes	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	Yes	None
S5101	Day care services, adult; per half day	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S5102	Day care services, adult; per diem	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S5105	Day care services, center-based; services not included in program fee, per diem	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S5108	Home care training to home care client, per 15 minutes	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S5109	Home care training to home care client, per session	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S5110	Home care training, family; per 15 minutes	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S5111	Home care training, family; per session	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S5115	Home care training, non-family; per 15 minutes	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S5116	Home care training, non-family; per session	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S5120	Chore services; per 15 minutes	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S5121	Chore services; per diem	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S5125	Attendant care services; per 15 minutes	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	Yes	None
S5126	Attendant care services; per diem	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None

S5130	Homemaker service, NOS; per 15 minutes	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	Yes	None
S5131	Homemaker service, NOS; per diem	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S5135	Companion care, adult (e.g., IADL/ADL); per 15 minutes	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S5136	Companion care, adult (e.g., IADL/ADL); per diem	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S5140	Foster care, adult; per diem	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S5141	Foster care, adult; per month	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S5145	Foster care, therapeutic, child; per diem	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S5146	Foster care, therapeutic, child; per month	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S5150	Unskilled respite care, not hospice; per 15 minutes	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S5151	Unskilled respite care, not hospice; per diem	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S5160	Emergency response system; installation and testing	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	Yes	None
S5161	Emergency response system; service fee, per month (excludes installation and testing)	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	Yes	None
S5162	Emergency response system; purchase only	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S5165	Home modifications; per service	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	Yes	None
S5170	Home delivered meals, including preparation; per meal	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	Yes	None

S5175	Laundry service, external, professional; per order	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S5180	Home health respiratory therapy, initial evaluation	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S5181	Home health respiratory therapy, NOS, per diem	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S5185	Medication reminder service, non-face-to-face; per month	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S5190	Wellness assessment, performed by non-physician	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S5199	Personal care item, NOS, each	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S5497	Home infusion therapy, catheter care / maintenance, not otherwise classified; includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S5498	Home infusion therapy, catheter care / maintenance, simple (single lumen), includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	Yes	PA Effective 9/17/2019
S5501	Home infusion therapy, catheter care / maintenance, complex (more than one lumen), includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	Yes	PA Effective 9/17/2019
S5502	Home infusion therapy, catheter care / maintenance, implanted access device, includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem (use this code for interim maintenance of vascular access not currently in use)	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S5517	Home infusion therapy, all supplies necessary for restoration of catheter patency or declotting	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None

S5518	Home infusion therapy, all supplies necessary for catheter repair	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S5520	Home infusion therapy, all supplies (including catheter) necessary for a peripherally inserted central venous catheter (PICC) line insertion	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S5521	Home infusion therapy, all supplies (including catheter) necessary for a midline catheter insertion	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S5522	Home infusion therapy, insertion of peripherally inserted central venous catheter (PICC), nursing services only (no supplies or catheter included)	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S5523	Home infusion therapy, insertion of midline venous catheter, nursing services only (no supplies or catheter included)	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S5550	Insulin, rapid onset, 5 units	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S5551	Insulin, most rapid onset (Lispro or Aspart); 5 units	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S5552	Insulin, intermediate acting (NPH or LENTE); 5 units	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S5553	Insulin, long acting; 5 units	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S5560	Insulin delivery device, reusable pen; 1.5 ml size	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S5561	Insulin delivery device, reusable pen; 3 ml size	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S5565	Insulin cartridge for use in insulin delivery device other than pump; 150 units	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S5566	Insulin cartridge for use in insulin delivery device other than pump; 300 units	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S5570	Insulin delivery device, disposable pen (including insulin); 1.5 ml size	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S5571	Insulin delivery device, disposable pen (including insulin); 3 ml size	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None

S8030	Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S8032	LOW DOSE CT LUNG SCREENING	None	None	No	None
S8035	Magnetic source imaging	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S8037	Magnetic resonance cholangiopancreatography (MRCP)	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	Service is within the scope of NIA delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/rates
S8040	Topographic brain mapping	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S8042	Magnetic resonance imaging (MRI), low-field	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	Service is within the scope of NIA delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/rates
S8055	Ultrasound guidance for multifetal pregnancy reduction(s), technical component (only to be used when the physician doing the reduction procedure does not perform the ultrasound, guidance is included in the CPT code for multifetal pregnancy reduction - 59866)	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S8080	Scintimammography (radioimmunosintigraphy of the breast), unilateral, including supply of radiopharmaceutical	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S8085	Fluorine-18 fluorodeoxyglucose (F-18 FDG) imaging using dual-head coincidence detection system (non-dedicated PET scan)	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	Service is within the scope of NIA delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/rates
S8092	Electron beam computed tomography (also known as Ultrafast CT, Cine CT)	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	Service is within the scope of NIA delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/rates
S8096	Portable peak flow meter	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None

S8097	Asthma kit (including but not limited to portable peak expiratory flow meter, instructional video, brochure, and/or spacer)	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S8100	Holding chamber or spacer for use with an inhaler or nebulizer; without mask	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S8101	Holding chamber or spacer for use with an inhaler or nebulizer; with mask	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S8110	Peak expiratory flow rate (physician services)	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S8120	Oxygen contents, gaseous, 1 unit equals 1 cubic foot	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S8121	Oxygen contents, liquid, 1 unit equals 1 pound	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S8130	Interferential current stimulator, 2 channel	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S8131	Interferential current stimulator, 4 channel	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S8185	Flutter device	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S8186	Swivel adapter	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S8189	Tracheostomy supply, not otherwise classified	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S8210	Mucus trap	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S8265	Haberman feeder for cleft lip/palate	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S8270	Enuresis alarm, using auditory buzzer and/or vibration device	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S8301	Infection control supplies, not otherwise specified	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None

S8415	Supplies for home delivery of infant	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S8420	Gradient pressure aid (sleeve and glove combination), custom made	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S8421	Gradient pressure aid (sleeve and glove combination), ready made	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S8422	Gradient pressure aid (sleeve), custom made, medium weight	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S8423	Gradient pressure aid (sleeve), custom made, heavy weight	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S8424	Gradient pressure aid (sleeve), ready made	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S8425	Gradient pressure aid (glove), custom made, medium weight	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S8426	Gradient pressure aid (glove), custom made, heavy weight	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S8427	Gradient pressure aid (glove), ready made	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S8428	Gradient pressure aid (gauntlet), ready made	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S8429	Gradient pressure exterior wrap	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S8430	Padding for compression bandage, roll	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S8431	Compression bandage, roll	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S8450	Splint, prefabricated, digit (specify digit by use of modifier)	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S8451	Splint, prefabricated, wrist or ankle	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None

S8452	Splint, prefabricated, elbow	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S8460	Camisole, post-mastectomy	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S8490	Insulin syringes (100 syringes, any size)	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S8930	Electrical stimulation of auricular acupuncture points; each 15 minutes of personal one-on-one contact with the patient	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S8940	Equestrian/hippotherapy, per session	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S8948	Application of a modality (requiring constant provider attendance) to one or more areas; low-level laser; each 15 minutes	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	Service is within the scope of EviCore delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates
S8950	Complex lymphedema therapy, each 15 minutes	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	Service is within the scope of EviCore delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates
S8990	Physical or manipulative therapy performed for maintenance rather than restoration	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	Service is within the scope of EviCore delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates
S8999	Resuscitation bag (for use by patient on artificial respiration during power failure or other catastrophic event)	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	Effective 3/01/2020, PA Requirement lifted during COVID-19 Crisis
S9001	Home uterine monitor with or without associated nursing services	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9007	Ultrafiltration monitor	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9024	Paranasal sinus ultrasound	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None

S9025	Omnicardiogram/cardiointegram	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9034	Extracorporeal shockwave lithotripsy for gall stones (if performed with ERCP, use 43265)	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9055	Procuren or other growth factor preparation to promote wound healing	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9056	Coma stimulation per diem	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9061	Home administration of aerosolized drug therapy (e.g., Pentamidine); administrative services, professional pharmacy services, care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9083	Global fee urgent care centers	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9088	Services provided in an urgent care center (list in addition to code for service)	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9090	Vertebral axial decompression, per session	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	Service is within the scope of EviCore delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates
S9097	Home visit for wound care	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9098	Home visit, phototherapy services (e.g., Bili-Lite), including equipment rental, nursing services, blood draw, supplies, and other services, per diem	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9110	Telemonitoring of patient in their home, including all necessary equipment; computer system, connections, and software; maintenance; patient education and support; per month	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9117	Back school, per visit	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9122	Home health aide or certified nurse assistant, providing care in the home; per hour	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None

S9123	Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be used)	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9124	Nursing care, in the home; by licensed practical nurse, per hour	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9125	Respite care, in the home, per diem	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9126	Hospice care, in the home, per diem	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9127	Social work visit, in the home, per diem	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9128	Speech therapy, in the home, per diem	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9129	Occupational therapy, in the home, per diem	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	Service is within the scope of EviCore delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates
S9131	Physical therapy; in the home, per diem	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	Service is within the scope of EviCore delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates
S9140	Diabetic management program, follow-up visit to non-MD provider	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9141	Diabetic management program, follow-up visit to MD provider	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9145	Insulin pump initiation, instruction in initial use of pump (pump not included)	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9150	Evaluation by ocularist	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9152	Speech therapy, re-evaluation	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None

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)	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9209	Home management of preterm premature rupture of membranes (PPROM), including administrative services, professional pharmacy services, care coordination, and all necessary supplies or equipment (drugs and nursing visits coded separately), per diem (do not use this code with any home infusion per diem code)	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
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)	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
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)	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
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)	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
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)	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9325	Home infusion therapy, pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem (do not use this code with S9326, S9327 or S9328)	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None

S9326	Home infusion therapy, continuous (twenty-four hours or more) pain management infusion; administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9327	Home infusion therapy, intermittent (less than twenty-four hours) pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9328	Home infusion therapy, implanted pump pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9329	Home infusion therapy, chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with S9330 or S9331)	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9330	Home infusion therapy, continuous (twenty-four hours or more) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9331	Home infusion therapy, intermittent (less than twenty-four hours) chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9335	Home therapy, hemodialysis; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing services coded separately), per diem	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
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	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None

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	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9339	Home therapy; peritoneal dialysis, administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9340	Home therapy; enteral nutrition; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9341	Home therapy; enteral nutrition via gravity; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9342	Home therapy; enteral nutrition via pump; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9343	Home therapy; enteral nutrition via bolus; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (enteral formula and nursing visits coded separately), per diem	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9345	Home infusion therapy, anti-hemophilic agent infusion therapy (e.g., Factor VIII); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9346	Home infusion therapy, alpha-1-proteinase inhibitor (e.g., Prolastin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
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	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None

S9348	Home infusion therapy, sympathomimetic/inotropic agent infusion therapy (e.g., Dobutamine); administrative services, professional pharmacy services, care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
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	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9351	Home infusion therapy, continuous or intermittent anti-emetic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and visits coded separately), per diem	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
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	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
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	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9357	Home infusion therapy, enzyme replacement intravenous therapy; (e.g., imiglucerase); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9359	Home infusion therapy, anti-tumor necrosis factor intravenous therapy; (e.g., Infliximab); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9361	Home infusion therapy, diuretic intravenous therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9363	Home infusion therapy, anti-spasmodic therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None

S9364	Home infusion therapy, total parenteral nutrition (TPN); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem (do not use with home infusion codes S9365-S9368 using daily volume scales)	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9365	Home infusion therapy, total parenteral nutrition (TPN); one liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9366	Home infusion therapy, total parenteral nutrition (TPN); more than one liter but no more than two liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9367	Home infusion therapy, total parenteral nutrition (TPN); more than two liters but no more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9368	Home infusion therapy, total parenteral nutrition (TPN); more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment including standard TPN formula (lipids, specialty amino acid formulas, drugs other than in standard formula and nursing visits coded separately), per diem	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9370	Home therapy, intermittent anti-emetic injection therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None

S9372	Home therapy; intermittent anticoagulant injection therapy (e.g., Heparin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code for flushing of infusion devices with Heparin to maintain patency)	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
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)	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9374	Home infusion therapy, hydration therapy; one liter per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9375	Home infusion therapy, hydration therapy; more than one liter but no more than two liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9376	Home infusion therapy, hydration therapy; more than two liters but no more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9377	Home infusion therapy, hydration therapy; more than three liters per day, administrative services, professional pharmacy services, care coordination, and all necessary supplies (drugs and nursing visits coded separately), per diem	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
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	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9381	Delivery or service to high risk areas requiring escort or extra protection, per visit	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9401	Anticoagulation clinic, inclusive of all services except laboratory tests, per session	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None

S9430	Pharmacy compounding and dispensing services	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9433	Medical food nutritionally complete, administered orally, providing 100% of nutritional intake	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9434	Modified solid food supplements for inborn errors of metabolism	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9435	Medical foods for inborn errors of metabolism	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9436	Childbirth preparation/Lamaze classes, non-physician provider, per session	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9437	Childbirth refresher classes, non-physician provider, per session	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9438	Cesarean birth classes, non-physician provider, per session	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9439	VBAC (vaginal birth after cesarean) classes, non-physician provider, per session	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9441	Asthma education, non-physician provider, per session	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9442	Birth classes, non-physician provider, per session	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9443	Lactation classes, non-physician provider, per session	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9444	Parenting classes, non-physician provider, per session	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9445	Patient education, not otherwise classified, non-physician provider, individual, per session	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9446	Patient education, not otherwise classified, non-physician provider, group, per session	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9447	Infant safety (including CPR) classes, non-physician provider, per session	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None

S9449	Weight management classes, non-physician provider, per session	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9451	Exercise classes, non-physician provider, per session	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9452	Nutrition classes, non-physician provider, per session	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9453	Smoking cessation classes, non-physician provider, per session	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9454	Stress management classes, non-physician provider, per session	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9455	Diabetic management program, group session	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9460	Diabetic management program, nurse visit	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9465	Diabetic management program, dietitian visit	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9470	Nutritional counseling, dietitian visit	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9472	Cardiac rehabilitation program, non-physician provider, per diem	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9473	Pulmonary rehabilitation program, non-physician provider, per diem	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9474	Enterostomal therapy by a registered nurse certified in enterostomal therapy, per diem	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9475	Ambulatory setting substance abuse treatment or detoxification services, per diem	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9476	Vestibular rehabilitation program, non-physician provider, per diem	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9480	Intensive outpatient psychiatric services, per diem	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	Yes - See Notes	PA required for institutional claim form UB92 for revenue code 912 or 913 only.

S9482	Family stabilization services, per 15 minutes	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9484	Crisis intervention mental health services, per hour	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9485	Crisis intervention mental health services, per diem	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9490	Home infusion therapy, corticosteroid infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
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)	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
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	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
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	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	Yes	PA Effective 9/17/2019
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	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
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	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
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	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None

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	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9529	Routine venipuncture for collection of specimen(s), single home bound, nursing home, or skilled nursing facility patient	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9537	Home therapy; hematopoietic hormone injection therapy (e.g., erythropoietin, G-CSF, GM-CSF); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9538	Home transfusion of blood product(s); administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (blood products, drugs, and nursing visits coded separately), per diem	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
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	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
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	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9559	Home injectable therapy, interferon, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
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	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
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	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	Yes	None

S9590	Home therapy, irrigation therapy (e.g., sterile irrigation of an organ or anatomical cavity); including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9810	Home therapy; professional pharmacy services for provision of infusion, specialty drug administration, and/or disease state management, not otherwise classified, per hour (do not use this code with any per diem code)	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9900	Services by a journal-listed Christian Science practitioner for the purpose of healing, per diem	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9901	Services by a journal-listed Christian Science nurse, per hour	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9960	Ambulance service, conventional air service, nonemergency transport, one way (fixed wing)	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9961	Ambulance service, conventional air service, nonemergency transport, one way (rotary wing)	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9970	Health club membership, annual	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9975	Transplant related lodging, meals and transportation, per diem	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9976	Lodging, per diem, not otherwise classified	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9977	Meals, per diem, not otherwise specified	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9981	Medical records copying fee, administrative	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9982	Medical records copying fee, per page	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9986	Not medically necessary service (patient is aware that service not medically necessary)	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	Yes	None

S9988	Services provided as part of a Phase I clinical trial	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9989	Services provided outside of the United States of America (list in addition to code(s) for service(s))	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9990	Services provided as part of a Phase II clinical trial	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9991	Services provided as part of a Phase III clinical trial	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9992	Transportation costs to and from trial location and local transportation costs (e.g., fares for taxicab or bus) for clinical trial participant and one caregiver/companion	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9994	Lodging costs (e.g., hotel charges) for clinical trial participant and one caregiver/companion	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9996	Meals for clinical trial participant and one caregiver/companion	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
S9999	Sales tax	Temporary National Codes (Non-Medicare)	Temporary National Codes (Non-Medicare)	No	None
T1000	Private duty / independent nursing service(s) - licensed, up to 15 minutes	National T Codes Established for State Medicaid Agencies	N/A	Yes	None
T1001	Nursing assessment / evaluation	National T Codes Established for State Medicaid Agencies	N/A	No	None
T1002	RN services, up to 15 minutes	National T Codes Established for State Medicaid Agencies	N/A	Yes	None
T1003	LPN/LVN services, up to 15 minutes	National T Codes Established for State Medicaid Agencies	N/A	Yes	None
T1004	Services of a qualified nursing aide, up to 15 minutes	National T Codes Established for State Medicaid Agencies	N/A	Yes	None
T1005	Respite care services, up to 15 minutes	National T Codes Established for State Medicaid Agencies	N/A	Yes	None
T1006	Alcohol and/or substance abuse services, family/couple counseling	National T Codes Established for State Medicaid Agencies	N/A	No	None

T1007	Alcohol and/or substance abuse services, treatment plan development and/or modification	National T Codes Established for State Medicaid Agencies	N/A	No	None
T1009	Child sitting services for children of the individual receiving alcohol and/or substance abuse services	National T Codes Established for State Medicaid Agencies	N/A	No	None
T1010	Meals for individuals receiving alcohol and/or substance abuse services (when meals not included in the program)	National T Codes Established for State Medicaid Agencies	N/A	No	None
T1012	Alcohol and/or substance abuse services, skills development	National T Codes Established for State Medicaid Agencies	N/A	No	None
T1013	Sign language or oral interpretive services, per 15 minutes	National T Codes Established for State Medicaid Agencies	N/A	No	None
T1014	Telehealth transmission, per minute, professional services bill separately	National T Codes Established for State Medicaid Agencies	N/A	No	None
T1015	Clinic visit/encounter, all-inclusive	National T Codes Established for State Medicaid Agencies	N/A	No	None
T1016	Case management, each 15 minutes	National T Codes Established for State Medicaid Agencies	N/A	No	None
T1017	Targeted case management, each 15 minutes	National T Codes Established for State Medicaid Agencies	N/A	No	None
T1018	School-based individualized education program (IEP) services, bundled	National T Codes Established for State Medicaid Agencies	N/A	No	None
T1019	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)	National T Codes Established for State Medicaid Agencies	N/A	No	None
T1020	Personal care services, per diem, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)	National T Codes Established for State Medicaid Agencies	N/A	No	None
T1021	Home health aide or certified nurse assistant, per visit	National T Codes Established for State Medicaid Agencies	N/A	No	None

T1022	Contracted home health agency services, all services provided under contract, per day	National T Codes Established for State Medicaid Agencies	N/A	No	None
T1023	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter	National T Codes Established for State Medicaid Agencies	N/A	No	None
T1024	Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter	National T Codes Established for State Medicaid Agencies	N/A	No	None
T1025	Intensive, extended multidisciplinary services provided in a clinic setting to children with complex medical, physical, mental and psychosocial impairments, per diem	National T Codes Established for State Medicaid Agencies	N/A	No	None
T1026	Intensive, extended multidisciplinary services provided in a clinic setting to children with complex medical, physical, medical and psychosocial impairments, per hour	National T Codes Established for State Medicaid Agencies	N/A	No	None
T1027	Family training and counseling for child development, per 15 minutes	National T Codes Established for State Medicaid Agencies	N/A	No	None
T1028	Assessment of home, physical and family environment, to determine suitability to meet patient's medical needs	National T Codes Established for State Medicaid Agencies	N/A	No	None
T1029	Comprehensive environmental lead investigation, not including laboratory analysis, per dwelling	National T Codes Established for State Medicaid Agencies	N/A	Yes	PA Effective 9/17/2019
T1030	Nursing care, in the home, by registered nurse, per diem	National T Codes Established for State Medicaid Agencies	N/A	No	None
T1031	Nursing care, in the home, by licensed practical nurse, per diem	National T Codes Established for State Medicaid Agencies	N/A	No	None
T1040	Medicaid certified community behavioral health clinic services, per diem	National T Codes Established for State Medicaid Agencies	N/A	No	None
T1041	Medicaid certified community behavioral health clinic services, per month	National T Codes Established for State Medicaid Agencies	N/A	No	None
T1502	Administration of oral, intramuscular and/or subcutaneous medication by health care agency/professional, per visit	National T Codes Established for State Medicaid Agencies	N/A	No	None
T1503	Administration of medication, other than oral and/or injectable, by a health care agency/professional, per visit	National T Codes Established for State Medicaid Agencies	N/A	No	None

T1505	Electronic medication compliance management device, includes all components and accessories, not otherwise classified	National T Codes Established for State Medicaid Agencies	N/A	No	None
T1999	Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; identify product in "remarks"	National T Codes Established for State Medicaid Agencies	N/A	Yes	None
T2001	Non-emergency transportation; patient attendant/escort	National T Codes Established for State Medicaid Agencies	N/A	No	None
T2002	Non-emergency transportation; per diem	National T Codes Established for State Medicaid Agencies	N/A	No	None
T2003	Non-emergency transportation; encounter/trip	National T Codes Established for State Medicaid Agencies	N/A	Yes	None
T2004	Non-emergency transport; commercial carrier, multi-pass	National T Codes Established for State Medicaid Agencies	N/A	No	None
T2005	Non-emergency transportation; stretcher van	National T Codes Established for State Medicaid Agencies	N/A	No	None
T2007	Transportation waiting time, air ambulance and non-emergency vehicle, one-half (1/2) hour increments	National T Codes Established for State Medicaid Agencies	N/A	No	None
T2010	Preadmission screening and resident review (PASRR) level I identification screening, per screen	National T Codes Established for State Medicaid Agencies	N/A	No	None
T2011	Preadmission screening and resident review (PASRR) level II evaluation, per evaluation	National T Codes Established for State Medicaid Agencies	N/A	No	None
T2012	Habilitation, educational; waiver, per diem	National T Codes Established for State Medicaid Agencies	N/A	No	None
T2013	Habilitation, educational, waiver; per hour	National T Codes Established for State Medicaid Agencies	N/A	No	None
T2014	Habilitation, prevocational, waiver; per diem	National T Codes Established for State Medicaid Agencies	N/A	Yes	None
T2015	Habilitation, prevocational, waiver; per hour	National T Codes Established for State Medicaid Agencies	N/A	No	None
T2016	Habilitation, residential, waiver; per diem	National T Codes Established for State Medicaid Agencies	N/A	No	None

T2017	Habilitation, residential, waiver; 15 minutes	National T Codes Established for State Medicaid Agencies	N/A	No	None
T2018	Habilitation, supported employment, waiver; per diem	National T Codes Established for State Medicaid Agencies	N/A	No	None
T2019	Habilitation, supported employment, waiver; per 15 minutes	National T Codes Established for State Medicaid Agencies	N/A	Yes	None
T2020	Day habilitation, waiver; per diem	National T Codes Established for State Medicaid Agencies	N/A	Yes	None
T2021	Day habilitation, waiver; per 15 minutes	National T Codes Established for State Medicaid Agencies	N/A	No	None
T2022	Case management, per month	National T Codes Established for State Medicaid Agencies	N/A	No	None
T2023	Targeted case management; per month	National T Codes Established for State Medicaid Agencies	N/A	No	None
T2024	Service assessment/plan of care development, waiver	National T Codes Established for State Medicaid Agencies	N/A	No	None
T2025	Waiver services; not otherwise specified (NOS)	National T Codes Established for State Medicaid Agencies	N/A	No	None
T2026	Specialized childcare, waiver; per diem	National T Codes Established for State Medicaid Agencies	N/A	No	None
T2027	Specialized childcare, waiver; per 15 minutes	National T Codes Established for State Medicaid Agencies	N/A	No	None
T2028	Specialized supply, not otherwise specified, waiver	National T Codes Established for State Medicaid Agencies	N/A	Yes	None
T2029	Specialized medical equipment, not otherwise specified, waiver	National T Codes Established for State Medicaid Agencies	N/A	No	None
T2030	Assisted living, waiver; per month	National T Codes Established for State Medicaid Agencies	N/A	No	None
T2031	Assisted living; waiver, per diem	National T Codes Established for State Medicaid Agencies	N/A	No	None

T2032	Residential care, not otherwise specified (NOS), waiver; per month	National T Codes Established for State Medicaid Agencies	N/A	No	None
T2033	Residential care, not otherwise specified (NOS), waiver; per diem	National T Codes Established for State Medicaid Agencies	N/A	Yes	None
T2034	Crisis intervention, waiver; per diem	National T Codes Established for State Medicaid Agencies	N/A	No	None
T2035	Utility services to support medical equipment and assistive technology/devices, waiver	National T Codes Established for State Medicaid Agencies	N/A	No	None
T2036	Therapeutic camping, overnight, waiver; each session	National T Codes Established for State Medicaid Agencies	N/A	No	None
T2037	Therapeutic camping, day, waiver; each session	National T Codes Established for State Medicaid Agencies	N/A	No	None
T2038	Community transition, waiver; per service	National T Codes Established for State Medicaid Agencies	N/A	No	None
T2039	Vehicle modifications, waiver; per service	National T Codes Established for State Medicaid Agencies	N/A	No	None
T2040	Financial management, self-directed, waiver; per 15 minutes	National T Codes Established for State Medicaid Agencies	N/A	No	None
T2041	Supports brokerage, self-directed, waiver; per 15 minutes	National T Codes Established for State Medicaid Agencies	N/A	No	None
T2042	Hospice routine home care; per diem	National T Codes Established for State Medicaid Agencies	N/A	No	None
T2043	Hospice continuous home care; per hour	National T Codes Established for State Medicaid Agencies	N/A	No	None
T2044	Hospice inpatient respite care; per diem	National T Codes Established for State Medicaid Agencies	N/A	No	None
T2045	Hospice general inpatient care; per diem	National T Codes Established for State Medicaid Agencies	N/A	No	None
T2046	Hospice long term care, room and board only; per diem	National T Codes Established for State Medicaid Agencies	N/A	No	None

T2048	Behavioral health; long-term care residential (non-acute care in a residential treatment program where stay is typically longer than 30 days), with room and board, per diem	National T Codes Established for State Medicaid Agencies	N/A	No	None
T2049	Non-emergency transportation; stretcher van, mileage; per mile	National T Codes Established for State Medicaid Agencies	N/A	No	None
T2101	Human breast milk processing, storage and distribution only	National T Codes Established for State Medicaid Agencies	N/A	No	None
T4521	Adult sized disposable incontinence product, brief/diaper, small, each	National T Codes Established for State Medicaid Agencies	N/A	No	None
T4522	Adult sized disposable incontinence product, brief/diaper, medium, each	National T Codes Established for State Medicaid Agencies	N/A	No	None
T4523	Adult sized disposable incontinence product, brief/diaper, large, each	National T Codes Established for State Medicaid Agencies	N/A	No	None
T4524	Adult sized disposable incontinence product, brief/diaper, extra large, each	National T Codes Established for State Medicaid Agencies	N/A	No	None
T4525	Adult sized disposable incontinence product, protective underwear/pull-on, small size, each	National T Codes Established for State Medicaid Agencies	N/A	No	None
T4526	Adult sized disposable incontinence product, protective underwear/pull-on, medium size, each	National T Codes Established for State Medicaid Agencies	N/A	No	None
T4527	Adult sized disposable incontinence product, protective underwear/pull-on, large size, each	National T Codes Established for State Medicaid Agencies	N/A	No	None
T4528	Adult sized disposable incontinence product, protective underwear/pull-on, extra large size, each	National T Codes Established for State Medicaid Agencies	N/A	No	None
T4529	Pediatric sized disposable incontinence product, brief/diaper, small/medium size, each	National T Codes Established for State Medicaid Agencies	N/A	No	None
T4530	Pediatric sized disposable incontinence product, brief/diaper, large size, each	National T Codes Established for State Medicaid Agencies	N/A	No	None
T4531	Pediatric sized disposable incontinence product, protective underwear/pull-on, small/medium size, each	National T Codes Established for State Medicaid Agencies	N/A	No	None
T4532	Pediatric sized disposable incontinence product, protective underwear/pull-on, large size, each	National T Codes Established for State Medicaid Agencies	N/A	No	None

T4533	Youth sized disposable incontinence product, brief/diaper, each	National T Codes Established for State Medicaid Agencies	N/A	No	None
T4534	Youth sized disposable incontinence product, protective underwear/pull-on, each	National T Codes Established for State Medicaid Agencies	N/A	No	None
T4535	Disposable liner/shield/guard/pad/undergarment, for incontinence, each	National T Codes Established for State Medicaid Agencies	N/A	No	None
T4536	Incontinence product, protective underwear/pull-on, reusable, any size, each	National T Codes Established for State Medicaid Agencies	N/A	No	None
T4537	Incontinence product, protective underpad, reusable, bed size, each	National T Codes Established for State Medicaid Agencies	N/A	No	None
T4538	Diaper service, reusable diaper, each diaper	National T Codes Established for State Medicaid Agencies	N/A	No	None
T4539	Incontinence product, diaper/brief, reusable, any size, each	National T Codes Established for State Medicaid Agencies	N/A	No	None
T4540	Incontinence product, protective underpad, reusable, chair size, each	National T Codes Established for State Medicaid Agencies	N/A	No	None
T4541	Incontinence product, disposable underpad, large, each	National T Codes Established for State Medicaid Agencies	N/A	No	None
T4542	Incontinence product, disposable underpad, small size, each	National T Codes Established for State Medicaid Agencies	N/A	No	None
T4543	Adult sized disposable incontinence product, protective brief/diaper, above extra large, each	National T Codes Established for State Medicaid Agencies	N/A	No	None
T4544	Adult sized disposable incontinence product, protective underwear/pull-on, above extra large, each	National T Codes Established for State Medicaid Agencies	N/A	No	None
T4545	Incontinence product, disposable, penile wrap, each	National Codes Established for State Medicaid Agencies	Incontinence Supplies	No	None
T5001	Positioning seat for persons with special orthopedic needs	National T Codes Established for State Medicaid Agencies	N/A	No	None
T5999	Supply, not otherwise specified	National T Codes Established for State Medicaid Agencies	N/A	No	None
V2020	Frames, purchases	Vision Services	Frames	No	None

V2025	Deluxe frame	Vision Services	Frames	No	None
V2100	Sphere, single vision, plano to plus or minus 4.00, per lens	Vision Services	Single Vision, Glass, or Plastic	No	None
V2101	Sphere, single vision, plus or minus 4.12 to plus or minus 7.00d, per lens	Vision Services	Single Vision, Glass, or Plastic	No	None
V2102	Sphere, single vision, plus or minus 7.12 to plus or minus 20.00d, per lens	Vision Services	Single Vision, Glass, or Plastic	No	None
V2103	Sphero-cylinder, single vision, plano to plus or minus 4.00d sphere, 0.12 to 2.00d cylinder, per lens	Vision Services	Single Vision, Glass, or Plastic	No	None
V2104	Sphero-cylinder, single vision, plano to plus or minus 4.00d sphere, 2.12 to 4.00d cylinder, per lens	Vision Services	Single Vision, Glass, or Plastic	No	None
V2105	Sphero-cylinder, single vision, plano to plus or minus 4.00d sphere, 4.25 to 6.00d cylinder, per lens	Vision Services	Single Vision, Glass, or Plastic	No	None
V2106	Sphero-cylinder, single vision, plano to plus or minus 4.00d sphere, over 6.00d cylinder, per lens	Vision Services	Single Vision, Glass, or Plastic	No	None
V2107	Sphero-cylinder, single vision, plus or minus 4.25 to plus or minus 7.00 sphere, 0.12 to 2.00d cylinder, per lens	Vision Services	Single Vision, Glass, or Plastic	No	None
V2108	Sphero-cylinder, single vision, plus or minus 4.25d to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens	Vision Services	Single Vision, Glass, or Plastic	No	None
V2109	Sphero-cylinder, single vision, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per lens	Vision Services	Single Vision, Glass, or Plastic	No	None
V2110	Sphero-cylinder, single vision, plus or minus 4.25 to 7.00d sphere, over 6.00d cylinder, per lens	Vision Services	Single Vision, Glass, or Plastic	No	None
V2111	Sphero-cylinder, single vision, plus or minus 7.25 to plus or minus 12.00d sphere, 0.25 to 2.25d cylinder, per lens	Vision Services	Single Vision, Glass, or Plastic	No	None
V2112	Sphero-cylinder, single vision, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25d to 4.00d cylinder, per lens	Vision Services	Single Vision, Glass, or Plastic	No	None
V2113	Sphero-cylinder, single vision, plus or minus 7.25 to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens	Vision Services	Single Vision, Glass, or Plastic	No	None
V2114	Sphero-cylinder, single vision, sphere over plus or minus 12.00d, per lens	Vision Services	Single Vision, Glass, or Plastic	No	None
V2115	Lenticular, (myodisc), per lens, single vision	Vision Services	Single Vision, Glass, or Plastic	No	None
V2118	Aniseikonic lens, single vision	Vision Services	Single Vision, Glass, or Plastic	No	None
V2121	Lenticular lens, per lens, single	Vision Services	Single Vision, Glass, or Plastic	No	None
V2199	Not otherwise classified, single vision lens	Vision Services	Single Vision, Glass, or Plastic	No	None
V2200	Sphere, bifocal, plano to plus or minus 4.00d, per lens	Vision Services	Lenses, Bifocals	No	None

V2201	Sphere, bifocal, plus or minus 4.12 to plus or minus 7.00d, per lens	Vision Services	Lenses, Bifocals	No	None
V2202	Sphere, bifocal, plus or minus 7.12 to plus or minus 20.00d, per lens	Vision Services	Lenses, Bifocals	No	None
V2203	Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, 0.12 to 2.00d cylinder, per lens	Vision Services	Lenses, Bifocals	No	None
V2204	Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, 2.12 to 4.00d cylinder, per lens	Vision Services	Lenses, Bifocals	No	None
V2205	Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, 4.25 to 6.00d cylinder, per lens	Vision Services	Lenses, Bifocals	No	None
V2206	Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, over 6.00d cylinder, per lens	Vision Services	Lenses, Bifocals	No	None
V2207	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 0.12 to 2.00d cylinder, per lens	Vision Services	Lenses, Bifocals	No	None
V2208	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens	Vision Services	Lenses, Bifocals	No	None
V2209	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per lens	Vision Services	Lenses, Bifocals	No	None
V2210	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, over 6.00d cylinder, per lens	Vision Services	Lenses, Bifocals	No	None
V2211	Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 0.25 to 2.25d cylinder, per lens	Vision Services	Lenses, Bifocals	No	None
V2212	Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25 to 4.00d cylinder, per lens	Vision Services	Lenses, Bifocals	No	None
V2213	Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens	Vision Services	Lenses, Bifocals	No	None
V2214	Spherocylinder, bifocal, sphere over plus or minus 12.00d, per lens	Vision Services	Lenses, Bifocals	No	None
V2215	Lenticular (myodisc), per lens, bifocal	Vision Services	Lenses, Bifocals	No	None
V2218	Aniseikonic, per lens, bifocal	Vision Services	Lenses, Bifocals	No	None
V2219	Bifocal seg width over 28 mm	Vision Services	Lenses, Bifocals	No	None
V2220	Bifocal add over 3.25d	Vision Services	Lenses, Bifocals	No	None
V2221	Lenticular lens, per lens, bifocal	Vision Services	Lenses, Bifocals	No	None
V2299	Specialty bifocal (by report)	Vision Services	Lenses, Bifocals	No	None
V2300	Sphere, trifocal, plano to plus or minus 4.00d, per lens	Vision Services	Lenses, Trifocal	No	None
V2301	Sphere, trifocal, plus or minus 4.12 to plus or minus 7.00d, per lens	Vision Services	Lenses, Trifocal	No	None
V2302	Sphere, trifocal, plus or minus 7.12 to plus or minus 20.00, per lens	Vision Services	Lenses, Trifocal	No	None
V2303	Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, 0.12-2.00d cylinder, per lens	Vision Services	Lenses, Trifocal	No	None

V2304	Sphero-cylinder, trifocal, plano to plus or minus 4.00d sphere, 2.25-4.00d cylinder, per lens	Vision Services	Lenses, Trifocal	No	None
V2305	Sphero-cylinder, trifocal, plano to plus or minus 4.00d sphere, 4.25 to 6.00 cylinder, per lens	Vision Services	Lenses, Trifocal	No	None
V2306	Sphero-cylinder, trifocal, plano to plus or minus 4.00d sphere, over 6.00d cylinder, per lens	Vision Services	Lenses, Trifocal	No	None
V2307	Sphero-cylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 0.12 to 2.00d cylinder, per lens	Vision Services	Lenses, Trifocal	No	None
V2308	Sphero-cylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens	Vision Services	Lenses, Trifocal	No	None
V2309	Sphero-cylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per lens	Vision Services	Lenses, Trifocal	No	None
V2310	Sphero-cylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, over 6.00d cylinder, per lens	Vision Services	Lenses, Trifocal	No	None
V2311	Sphero-cylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 0.25 to 2.25d cylinder, per lens	Vision Services	Lenses, Trifocal	No	None
V2312	Sphero-cylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25 to 4.00d cylinder, per lens	Vision Services	Lenses, Trifocal	No	None
V2313	Sphero-cylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens	Vision Services	Lenses, Trifocal	No	None
V2314	Sphero-cylinder, trifocal, sphere over plus or minus 12.00d, per lens	Vision Services	Lenses, Trifocal	No	None
V2315	Lenticular, (myodisc), per lens, trifocal	Vision Services	Lenses, Trifocal	No	None
V2318	Aniseikonic lens, trifocal	Vision Services	Lenses, Trifocal	No	None
V2319	Trifocal seg width over 28 mm	Vision Services	Lenses, Trifocal	No	None
V2320	Trifocal add over 3.25d	Vision Services	Lenses, Trifocal	No	None
V2321	Lenticular lens, per lens, trifocal	Vision Services	Lenses, Trifocal	No	None
V2399	Specialty trifocal (by report)	Vision Services	Lenses, Trifocal	No	None
V2410	Variable asphericity lens, single vision, full field, glass or plastic, per lens	Vision Services	Variable Asphericity Lens, Glass, or Plastic	No	None
V2430	Variable asphericity lens, bifocal, full field, glass or plastic, per lens	Vision Services	Variable Asphericity Lens, Glass, or Plastic	No	None
V2499	Variable sphericity lens, other type	Vision Services	Variable Asphericity Lens, Glass, or Plastic	No	None
V2500	Contact lens, PMMA, spherical, per lens	Vision Services	Contact Lens	Yes	None
V2501	Contact lens, PMMA, toric or prism ballast, per lens	Vision Services	Contact Lens	No	None
V2502	Contact lens, PMMA, bifocal, per lens	Vision Services	Contact Lens	No	None

V2503	Contact lens, PMMA, color vision deficiency, per lens	Vision Services	Contact Lens	No	None
V2510	Contact lens, gas permeable, spherical, per lens	Vision Services	Contact Lens	Yes	None
V2511	Contact lens, gas permeable, toric, prism ballast, per lens	Vision Services	Contact Lens	No	None
V2512	Contact lens, gas permeable, bifocal, per lens	Vision Services	Contact Lens	No	None
V2513	Contact lens, gas permeable, extended wear, per lens	Vision Services	Contact Lens	No	None
V2520	Contact lens, hydrophilic, spherical, per lens	Vision Services	Contact Lens	Yes	None
V2521	Contact lens, hydrophilic, toric, or prism ballast, per lens	Vision Services	Contact Lens	No	None
V2522	Contact lens, hydrophilic, bifocal, per lens	Vision Services	Contact Lens	No	None
V2523	Contact lens, hydrophilic, extended wear, per lens	Vision Services	Contact Lens	No	None
V2530	Contact lens, scleral, gas impermeable, per lens (for contact lens modification, see 92325)	Vision Services	Contact Lens	No	None
V2531	Contact lens, scleral, gas permeable, per lens (for contact lens modification, see 92325)	Vision Services	Contact Lens	Yes	PA Effective 3/17/2020
V2599	Contact lens, other type	Vision Services	Contact Lens	Yes	None
V2600	Hand held low vision aids and other nonspectacle mounted aids	Vision Services	Low and Near Vision Aids	No	None
V2610	Single lens spectacle mounted low vision aids	Vision Services	Low and Near Vision Aids	No	None
V2615	Telescopic and other compound lens system, including distance vision telescopic, near vision telescopes and compound microscopic lens system	Vision Services	Low and Near Vision Aids	No	None
V2623	Prosthetic eye, plastic, custom	Vision Services	Eye Prosthetics and Services	No	None
V2624	Polishing/resurfacing of ocular prosthesis	Vision Services	Eye Prosthetics and Services	No	None
V2625	Enlargement of ocular prosthesis	Vision Services	Eye Prosthetics and Services	No	None
V2626	Reduction of ocular prosthesis	Vision Services	Eye Prosthetics and Services	No	None
V2627	Scleral cover shell	Vision Services	Eye Prosthetics and Services	No	None
V2628	Fabrication and fitting of ocular conformer	Vision Services	Eye Prosthetics and Services	No	None
V2629	Prosthetic eye, other type	Vision Services	Eye Prosthetics and Services	Yes	None
V2630	Anterior chamber intraocular lens	Vision Services	Intraocular Lenses	No	None
V2631	Iris supported intraocular lens	Vision Services	Intraocular Lenses	No	None
V2632	Posterior chamber intraocular lens	Vision Services	Intraocular Lenses	No	None

V2700	Balance lens, per lens	Vision Services	Vision Services	No	None
V2702	Deluxe lens feature	Vision Services	Vision Services	No	None
V2710	Slab off prism, glass or plastic, per lens	Vision Services	Vision Services	No	None
V2715	Prism, per lens	Vision Services	Vision Services	No	None
V2718	Press-on lens, fresnell prism, per lens	Vision Services	Vision Services	No	None
V2730	Special base curve, glass or plastic, per lens	Vision Services	Vision Services	No	None
V2744	Tint, photochromatic, per lens	Vision Services	Vision Services	No	None
V2745	Addition to lens; tint, any color, solid, gradient or equal, excludes photochromatic, any lens material, per lens	Vision Services	Vision Services	No	None
V2750	Anti-reflective coating, per lens	Vision Services	Vision Services	No	None
V2755	U-V lens, per lens	Vision Services	Vision Services	No	None
V2756	Eye glass case	Vision Services	Vision Services	No	None
V2760	Scratch resistant coating, per lens	Vision Services	Vision Services	No	None
V2761	Mirror coating, any type, solid, gradient or equal, any lens material, per lens	Vision Services	Vision Services	No	None
V2762	Polarization, any lens material, per lens	Vision Services	Vision Services	No	None
V2770	Occluder lens, per lens	Vision Services	Vision Services	No	None
V2780	Oversize lens, per lens	Vision Services	Vision Services	No	None
V2781	Progressive lens, per lens	Vision Services	Vision Services	No	None
V2782	Lens, index 1.54 to 1.65 plastic or 1.60 to 1.79 glass, excludes polycarbonate, per lens	Vision Services	Vision Services	No	None
V2783	Lens, index greater than or equal to 1.66 plastic or greater than or equal to 1.80 glass, excludes polycarbonate, per lens	Vision Services	Vision Services	No	None
V2784	Lens, polycarbonate or equal, any index, per lens	Vision Services	Vision Services	No	None
V2785	Processing, preserving and transporting corneal tissue	Vision Services	Vision Services	No	None
V2786	Specialty occupational multifocal lens, per lens	Vision Services	Vision Services	No	None
V2787	Astigmatism correcting function of intraocular lens	Vision Services	Vision Services	No	None
V2788	Presbyopia correcting function of intraocular lens	Vision Services	Vision Services	No	None
V2790	Amniotic membrane for surgical reconstruction, per procedure	Vision Services	Vision Services	No	None
V2797	Vision supply, accessory and/or service component of another HCPCS vision code	Vision Services	Vision Services	No	None
V2799	Vision item or service, miscellaneous	Vision Services	Vision Services	Yes	None
V5008	Hearing screening	Hearing Services	Hearing Assessments and Evaluations	No	None
V5010	Assessment for hearing aid	Hearing Services	Hearing Assessments and Evaluations	No	None
V5011	Fitting/orientation/checking of hearing aid	Hearing Services	Hearing Assessments and Evaluations	No	None
V5014	Repair/modification of a hearing aid	Hearing Services	Hearing Assessments and Evaluations	No	None

V5020	Conformity evaluation	Hearing Services	Hearing Assessments and Evaluations	No	None
V5030	Hearing aid, monaural, body worn, air conduction	Hearing Services	Hearing Aid - Monaural	No	None
V5040	Hearing aid, monaural, body worn, bone conduction	Hearing Services	Hearing Aid - Monaural	No	None
V5050	Hearing aid, monaural, in the ear	Hearing Services	Hearing Aid - Monaural	No	None
V5060	Hearing aid, monaural, behind the ear	Hearing Services	Hearing Aid - Monaural	No	None
V5070	Glasses, air conduction	Hearing Services	Other Hearing Services	No	None
V5080	Glasses, bone conduction	Hearing Services	Other Hearing Services	No	None
V5090	Dispensing fee, unspecified hearing aid	Hearing Services	Other Hearing Services	No	None
V5095	Semi-implantable middle ear hearing prosthesis	Hearing Services	Other Hearing Services	No	None
V5100	Hearing aid, bilateral, body worn	Hearing Services	Other Hearing Services	No	None
V5110	Dispensing fee, bilateral	Hearing Services	Other Hearing Services	No	None
V5120	Binaural, body	Hearing Services	Hearing Aids	No	None
V5130	Binaural, in the ear	Hearing Services	Hearing Aids	No	None
V5140	Binaural, behind the ear	Hearing Services	Hearing Aids	No	None
V5150	Binaural, glasses	Hearing Services	Hearing Aids	No	None
V5160	Dispensing fee, binaural	Hearing Services	Hearing Aids	No	None
V5170	Hearing aid, CROS, in the ear	Hearing Services	Hearing Aids	No	AMA CodeTermed 1/01/2019
V5171	Hearing aid, contralateral routing device, monaural, in the ear (ITE)	Hearing Services	Hearing Aids	No	None
V5172	Hearing aid, contralateral routing device, monaural, in the canal (ITC)	Hearing Services	Hearing Aids	No	None
V5180	Hearing aid, CROS, behind the ear	Hearing Services	Hearing Aids	No	AMA CodeTermed 1/01/2019
V5181	Hearing aid, contralateral routing device, monaural, behind the ear (BTE)	Hearing Services	Hearing Aids	No	None
V5190	Hearing aid, CROS, glasses	Hearing Services	Hearing Aids	No	None
V5200	Dispensing fee, CROS	Hearing Services	Hearing Aids	No	None
V5210	Hearing aid, BICROS, in the ear	Hearing Services	Hearing Aids	No	AMA CodeTermed 1/01/2019
V5211	Hearing aid, contralateral routing system, binaural, ITE/ITE	Hearing Services	Hearing Aids	No	None
V5212	Hearing aid, contralateral routing system, binaural, ITE/ITC	Hearing Services	Hearing Aids	No	None
V5213	Hearing aid, contralateral routing system, binaural, ITE/BTE	Hearing Services	Hearing Aids	No	None
V5214	Hearing aid, contralateral routing system, binaural, ITC/ITC	Hearing Services	Hearing Aids	No	None
V5215	Hearing aid, contralateral routing system, binaural, ITC/BTE	Hearing Services	Hearing Aids	No	None
V5220	Hearing aid, BICROS, behind the ear	Hearing Services	Hearing Aids	No	AMA CodeTermed 1/01/2019
V5221	Hearing aid, contralateral routing system, binaural, BTE/BTE	Hearing Services	Hearing Aids	No	None
V5230	Hearing aid, BICROS, glasses	Hearing Services	Hearing Aids	No	None
V5240	Dispensing fee, BICROS	Hearing Services	Hearing Aids	No	None
V5241	Dispensing fee, monaural hearing aid, any type	Hearing Services	Hearing Aids	No	None
V5242	Hearing aid, analog, monaural, CIC (completely in the ear canal)	Hearing Services	Hearing Aids	No	None

V5243	Hearing aid, analog, monaural, ITC (in the canal)	Hearing Services	Hearing Aids	No	None
V5244	Hearing aid, digitally programmable analog, monaural, CIC	Hearing Services	Hearing Aids	No	None
V5245	Hearing aid, digitally programmable, analog, monaural, ITC	Hearing Services	Hearing Aids	No	None
V5246	Hearing aid, digitally programmable analog, monaural, ITE (in the ear)	Hearing Services	Hearing Aids	No	None
V5247	Hearing aid, digitally programmable analog, monaural, BTE (behind the ear)	Hearing Services	Hearing Aids	No	None
V5248	Hearing aid, analog, binaural, CIC	Hearing Services	Hearing Aids	No	None
V5249	Hearing aid, analog, binaural, ITC	Hearing Services	Hearing Aids	No	None
V5250	Hearing aid, digitally programmable analog, binaural, CIC	Hearing Services	Hearing Aids	No	None
V5251	Hearing aid, digitally programmable analog, binaural, ITC	Hearing Services	Hearing Aids	No	None
V5252	Hearing aid, digitally programmable, binaural, ITE	Hearing Services	Hearing Aids	No	None
V5253	Hearing aid, digitally programmable, binaural, BTE	Hearing Services	Hearing Aids	No	None
V5254	Hearing aid, digital, monaural, CIC	Hearing Services	Hearing Aids	No	None
V5255	Hearing aid, digital, monaural, ITC	Hearing Services	Hearing Aids	No	None
V5256	Hearing aid, digital, monaural, ITE	Hearing Services	Hearing Aids	No	None
V5257	Hearing aid, digital, monaural, BTE	Hearing Services	Hearing Aids	No	None
V5258	Hearing aid, digital, binaural, CIC	Hearing Services	Hearing Aids	No	None
V5259	Hearing aid, digital, binaural, ITC	Hearing Services	Hearing Aids	No	None
V5260	Hearing aid, digital, binaural, ITE	Hearing Services	Hearing Aids	No	None
V5261	Hearing aid, digital, binaural, BTE	Hearing Services	Hearing Aids	No	None
V5262	Hearing aid, disposable, any type, monaural	Hearing Services	Hearing Aids	No	None
V5263	Hearing aid, disposable, any type, binaural	Hearing Services	Hearing Aids	No	None
V5264	Ear mold/insert, not disposable, any type	Hearing Services	Hearing Aids	No	None
V5265	Ear mold/insert, disposable, any type	Hearing Services	Hearing Aids	No	None
V5266	Battery for use in hearing device	Hearing Services	Hearing Aids	No	None
V5267	Hearing aid or assistive listening device/supplies/accessories, not otherwise specified	Hearing Services	Hearing Aids	Yes	None
V5268	Assistive listening device, telephone amplifier, any type	Hearing Services	Assistive Hearing Device	No	None
V5269	Assistive listening device, alerting, any type	Hearing Services	Assistive Hearing Device	No	None
V5270	Assistive listening device, television amplifier, any type	Hearing Services	Assistive Hearing Device	No	None
V5271	Assistive listening device, television caption decoder	Hearing Services	Assistive Hearing Device	No	None
V5272	Assistive listening device, TDD	Hearing Services	Assistive Hearing Device	No	None
V5273	Assistive listening device, for use with cochlear implant	Hearing Services	Assistive Hearing Device	No	None
V5274	Assistive listening device, not otherwise specified	Hearing Services	Assistive Hearing Device	No	None

V5275	Ear impression, each	Hearing Services	Assistive Hearing Device	No	None
V5281	Assistive listening device, personal FM/DM system, monaural, (1 receiver, transmitter, microphone), any type	Hearing Services	Assistive Hearing Device	No	None
V5282	Assistive listening device, personal FM/DM system, binaural, (2 receivers, transmitter, microphone), any type	Hearing Services	Assistive Hearing Device	No	None
V5283	Assistive listening device, personal FM/DM neck, loop induction receiver	Hearing Services	Assistive Hearing Device	No	None
V5284	Assistive listening device, personal FM/DM, ear level receiver	Hearing Services	Assistive Hearing Device	No	None
V5285	Assistive listening device, personal FM/DM, direct audio input receiver	Hearing Services	Assistive Hearing Device	No	None
V5286	Assistive listening device, personal blue tooth FM/DM receiver	Hearing Services	Assistive Hearing Device	No	None
V5287	Assistive listening device, personal FM/DM receiver, not otherwise specified	Hearing Services	Assistive Hearing Device	No	None
V5288	Assistive listening device, personal FM/DM transmitter assistive listening device	Hearing Services	Assistive Hearing Device	No	None
V5289	Assistive listening device, personal FM/DM adapter/boot coupling device for receiver, any type	Hearing Services	Assistive Hearing Device	No	None
V5290	Assistive listening device, transmitter microphone, any type	Hearing Services	Assistive Hearing Device	No	None
V5298	Hearing aid, not otherwise classified	Hearing Services	Miscellaneous Hearing Services	No	None
V5299	Hearing service, miscellaneous	Hearing Services	Miscellaneous Hearing Services	Yes	PA Effective 3/17/2020
V5336	Repair/modification of augmentative communicative system or device (excludes adaptive hearing aid)	Hearing Services	Speech-Language Pathology Services	No	None
V5362	Speech screening	Hearing Services	Speech-Language Pathology Services	No	None
V5363	Language screening	Hearing Services	Speech-Language Pathology Services	No	None
V5364	Dysphagia screening	Hearing Services	Speech-Language Pathology Services	No	None

J7609	Injection, bendamustine hydrochloride, (Belrapzo/bendamustine), 1 mg	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	Yes	Effective 11/01/2019 - FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
Q5105	Injection, trastuzumab, 10 mg and hyaluronidase- oysk	J Codes Chemotherapy Drugs	Injectable Chemotherapy Drugs	No	Effective 11/01/2019 - FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
Q5111	Injection, pegfilgrastim-cbqv, biosimilar, (Udenyca), 0.5 mg	Temporary Codes Assigned by CMS	Anti- Inflammatory Medication	Yes	Effective 11/01/2019 - FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
Q9991	Albuterol, inhalation solution, compounded product, administered through DME, unit dose, 1 mg	J Codes Drugs	Inhalation Solutions	No	None
Q9992	Injection, epoetin alfa, biosimilar, (Retacrit) (for esrd on dialysis), 100 units	Temporary Codes Assigned by CMS	Chemotherapy Medications	No	None
J9036	injection, buprenorphine extended release (sublocade), less than or equal to 100mg	Temporary Codes Assigned by CMS	Contrast Agent/Diagnostic Imaging	Yes	None
J9356	Injection, buprenorphine extended release, greater than 100mg	Temporary Codes Assigned by CMS	Contrast Agent/Diagnostic Imaging	Yes	None
J7208	Injection, Factor VIII, (antihemophilic factor, recombinant), PEGylated-aucl, (Jivi), 1 IU	J Codes Drugs	Clotting Factors	Yes	None
J7677	Revefenacin inhalation solution, FDA-approved final product, noncompounded, administered through DME, 1 mcg	J Codes Drugs	Clotting Factors	Yes	None

0008U	Helicobacter pylori detection and antibiotic resistance, DNA, 16S and 23S rRNA, gyrA, bbp1, rdxA and rpoB, next-generation sequencing, formalin-fixed paraffin-embedded or fresh tissue or fecal sample, predictive, reported as positive or negative for resistance to clarithromycin, fluoroquinolones, metronidazole, amoxicillin, tetracycline, and rifabutin	Pathology and Laboratory	Proprietary Laboratory Analysis	No	None
0089U	Oncology (melanoma), gene expression profiling by RTqPCR, PRAME and LINC00518, superficial collection using adhesive patch(es)	Pathology and Laboratory	Proprietary Laboratory Analysis	No	Service is within the scope of EviCore delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates
0095U	Inflammation (eosinophilic esophagitis), ELISA analysis of eotaxin-3 (CCL26 [C-C motif chemokine ligand 26]) and major basic protein (PRG2 [proteoglycan 2, pro eosinophil major basic protein]), specimen obtained by swallowed nylon string, algorithm reported as predictive probability index for active eosinophilic esophagitis	Pathology and Laboratory	Proprietary Laboratory Analysis	No	None
0101U	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with MRNA analytics to resolve variants of unknown significance when indicated (15 genes [sequencing and deletion/duplication], EPCAM and GREM1 [deletion/duplication only])	Pathology and Laboratory	Proprietary Laboratory Analysis	No	Service is within the scope of EviCore delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates
0103U	Hereditary ovarian cancer (eg, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with MRNA analytics to resolve variants of unknown significance when indicated (24 genes [sequencing and deletion/duplication], EPCAM [deletion/duplication only])	Pathology and Laboratory	Proprietary Laboratory Analysis	No	Service is within the scope of EviCore delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates
0105U	Nephrology (chronic kidney disease), multiplex electrochemiluminescent immunoassay (ECLIA) of tumor necrosis factor receptor 1A, receptor superfamily 2 (TNFR1, TNFR2), and kidney injury molecule-1 (KIM-1) combined with longitudinal clinical data, including APOL1 genotype if available, and plasma (isolated fresh or frozen), algorithm reported as probability score for rapid kidney function decline (RKFD)	Pathology and Laboratory	Proprietary Laboratory Analysis	No	None

0106U	Gastric emptying, serial collection of 7 timed breath specimens, non-radioisotope carbon-13 (13C) spirulina substrate, analysis of each specimen by gas isotope ratio mass spectrometry, reported as rate of 13CO2 excretion	Pathology and Laboratory	Proprietary Laboratory Analysis	No	None
0107U	Clostridium difficile toxin(s) antigen detection by immunoassay technique, stool, qualitative, multiple-step method	Pathology and Laboratory	Proprietary Laboratory Analysis	No	None
0108U	Gastroenterology (Barrett's esophagus), whole slide-digital imaging, including morphometric analysis, computer-assisted quantitative immunolabeling of 9 protein biomarkers (p16, AMACR, p53, CD68, COX-2, CD45RO, HIF1a, HER-2, K20) and morphology, formalin-fixed paraffin-embedded tissue, algorithm reported as risk of progression to high-grade dysplasia or cancer	Pathology and Laboratory	Proprietary Laboratory Analysis	No	None
0109U	Infectious disease (Aspergillus species), real-time PCR for detection of DNA from 4 species (A. fumigatus, A. terreus, A. niger, and A. flavus), blood, lavage fluid, or tissue, qualitative reporting of presence or absence of each species	Pathology and Laboratory	Proprietary Laboratory Analysis	No	None
0110U	Prescription drug monitoring, one or more oral oncology drug(s) and substances, definitive tandem mass spectrometry with chromatography, serum or plasma from capillary blood or venous blood, quantitative report with steady-state range for the prescribed drug(s) when detected	Pathology and Laboratory	Proprietary Laboratory Analysis	No	None
0111U	Oncology (colon cancer), targeted KRAS (codons 12, 13, and 61) and NRAS (codons 12, 13, and 61) gene analysis utilizing formalin-fixed paraffin-embedded tissue	Pathology and Laboratory	Proprietary Laboratory Analysis	No	Service is within the scope of EviCore delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates
0112U	Infectious agent detection and identification, targeted sequence analysis (16S and 18S rRNA genes) with drug-resistance gene	Pathology and Laboratory	Proprietary Laboratory Analysis	No	None
0113U	Oncology (prostate), measurement of PCA3 and TMPRSS2-ERG in urine and PSA in serum following prostatic massage, by RNA amplification and fluorescence-based detection, algorithm reported as risk score	Pathology and Laboratory	Proprietary Laboratory Analysis	No	New Code effective 1/1/2020; Coverage status will be determined once guidelines/rates have been established/released by state
0114U	Gastroenterology (Barrett's esophagus), VIM and CCNA1 methylation analysis, esophageal cells, algorithm reported as likelihood for Barrett's esophagus	Pathology and Laboratory	Proprietary Laboratory Analysis	No	New Code effective 1/1/2020; Coverage status will be determined once guidelines/rates have been established/released by state

0115U	Respiratory infectious agent detection by nucleic acid (DNA and RNA), 18 viral types and subtypes and 2 bacterial targets, amplified probe technique, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected	Pathology and Laboratory	Proprietary Laboratory Analysis	No	None
0116U	Prescription drug monitoring, enzyme immunoassay of 35 or more drugs confirmed with LC-MS/MS, oral fluid, algorithm results reported as a patient-compliance measurement with risk of drug to drug interactions for prescribed medications	Pathology and Laboratory	Proprietary Laboratory Analysis	No	None
0117U	Pain management, analysis of 11 endogenous analytes (methylmalonic acid, xanthurenic acid, homocysteine, pyroglutamic acid, vanilmandelate, 5-hydroxyindoleacetic acid, hydroxymethylglutarate, ethylmalonate, 3-hydroxypropyl mercapturic acid (3-HPMA), quinolinic acid, kynurenic acid), LC-MS/MS, urine, algorithm reported as a pain-index score with likelihood of atypical biochemical function associated with pain	Pathology and Laboratory	Proprietary Laboratory Analysis	No	None
0118U	Transplantation medicine, quantification of donor-derived cell-free DNA using whole genome next-generation sequencing, plasma, reported as percentage of donor-derived cell-free DNA in the total cell-free DNA	Pathology and Laboratory	Proprietary Laboratory Analysis	No	New Code effective 1/1/2020; Coverage status will be determined once guidelines/rates have been established/released by state
0119U	Cardiology, ceramides by liquid chromatography-tandem mass spectrometry, plasma, quantitative report with risk score for major cardiovascular events	Pathology and Laboratory	Proprietary Laboratory Analysis	No	None
0120U	Oncology (B-cell lymphoma classification), mRNA, gene expression profiling by fluorescent probe hybridization of 58 genes (45 content and 13 housekeeping genes), formalin-fixed paraffin-embedded tissue, algorithm reported as likelihood for primary mediastinal B-cell lymphoma (PMBCL) and diffuse large B-cell lymphoma (DLBCL) with cell of origin subtyping in the latter	Pathology and Laboratory	Proprietary Laboratory Analysis	No	New Code effective 1/1/2020; Coverage status will be determined once guidelines/rates have been established/released by state
0121U	Sickle cell disease, microfluidic flow adhesion (VCAM-1), whole blood	Pathology and Laboratory	Proprietary Laboratory Analysis	No	None
0122U	Sickle cell disease, microfluidic flow adhesion (P-Selectin), whole blood	Pathology and Laboratory	Proprietary Laboratory Analysis	No	None
0123U	Mechanical fragility, RBC, shear stress and spectral analysis profiling	Pathology and Laboratory	Proprietary Laboratory Analysis	No	None

0124U	Fetal congenital abnormalities, biochemical assays of 3 analytes (free beta-hCG, PAPP-A, AFP), time-resolved fluorescence immunoassay, maternal dried-blood spot, algorithm reported as risk scores for fetal trisomies 13/18 and 21	Pathology and Laboratory	Proprietary Laboratory Analysis	No	None
0125U	Fetal congenital abnormalities and perinatal complications, biochemical assays of 5 analytes (free beta-hCG, PAPP-A, AFP, placental growth factor, and inhibin-A), time-resolved fluorescence immunoassay, maternal serum, algorithm reported as risk scores for fetal trisomies 13/18, 21, and preeclampsia	Pathology and Laboratory	Proprietary Laboratory Analysis	No	None
0126U	Fetal congenital abnormalities and perinatal complications, biochemical assays of 5 analytes (free beta-hCG, PAPP-A, AFP, placental growth factor, and inhibin-A), time-resolved fluorescence immunoassay, includes qualitative assessment of Y chromosome in cell-free fetal DNA, maternal serum and plasma, predictive algorithm reported as a risk scores for fetal trisomies 13/18, 21, and preeclampsia	Pathology and Laboratory	Proprietary Laboratory Analysis	No	None
0127U	Obstetrics (preeclampsia), biochemical assays of 3 analytes (PAPP-A, AFP, and placental growth factor), time-resolved fluorescence immunoassay, maternal serum, predictive algorithm reported as a risk score for preeclampsia	Pathology and Laboratory	Proprietary Laboratory Analysis	No	None
0128U	Obstetrics (preeclampsia), biochemical assays of 3 analytes (PAPP-A, AFP, and placental growth factor), time-resolved fluorescence immunoassay, includes qualitative assessment of Y chromosome in cell-free fetal DNA, maternal serum and plasma, predictive algorithm reported as a risk score for preeclampsia	Pathology and Laboratory	Proprietary Laboratory Analysis	No	None
0129U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis and deletion/duplication analysis panel (ATM, BRCA1, BRCA2, CDH1, CHEK2, PALB2, PTEN, and TP53)	Pathology and Laboratory	Proprietary Laboratory Analysis	No	New Code effective 1/1/2020; Coverage status will be determined once guidelines/rates have been established/released by state
0130U	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis), targeted mRNA sequence analysis panel (APC, CDH1, CHEK2, MLH1, MSH2, MSH6, MUTYH, PMS2, PTEN, and TP53) (List separately in addition to code for primary procedure)	Pathology and Laboratory	Proprietary Laboratory Analysis	No	New Code effective 1/1/2020; Coverage status will be determined once guidelines/rates have been established/released by state

0131U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), targeted mRNA sequence analysis panel (13 genes) (List separately in addition to code for primary procedure)	Pathology and Laboratory	Proprietary Laboratory Analysis	No	New Code effective 1/1/2020; Coverage status will be determined once guidelines/rates have been established/released by state
0132U	Hereditary ovarian cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), targeted mRNA sequence analysis panel (17 genes) (List separately in addition to code for primary procedure)	Pathology and Laboratory	Proprietary Laboratory Analysis	No	New Code effective 1/1/2020; Coverage status will be determined once guidelines/rates have been established/released by state
0133U	Hereditary prostate cancer-related disorders, targeted mRNA sequence analysis panel (11 genes) (List separately in addition to code for primary procedure)	Pathology and Laboratory	Proprietary Laboratory Analysis	No	New Code effective 1/1/2020; Coverage status will be determined once guidelines/rates have been established/released by state
0134U	Hereditary pan cancer (eg, hereditary breast and ovarian cancer, hereditary endometrial cancer, hereditary colorectal cancer), targeted mRNA sequence analysis panel (18 genes) (List separately in addition to code for primary procedure)	Pathology and Laboratory	Proprietary Laboratory Analysis	No	New Code effective 1/1/2020; Coverage status will be determined once guidelines/rates have been established/released by state
0135U	Hereditary gynecological cancer (eg, hereditary breast and ovarian cancer, hereditary endometrial cancer, hereditary colorectal cancer), targeted mRNA sequence analysis panel (12 genes) (List separately in addition to code for primary procedure)	Pathology and Laboratory	Proprietary Laboratory Analysis	No	New Code effective 1/1/2020; Coverage status will be determined once guidelines/rates have been established/released by state
0136U	ATM (ataxia telangiectasia mutated) (eg, ataxia telangiectasia) mRNA sequence analysis (List separately in addition to code for primary procedure)	Pathology and Laboratory	Proprietary Laboratory Analysis	No	New Code effective 1/1/2020; Coverage status will be determined once guidelines/rates have been established/released by state
0137U	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) mRNA sequence analysis (List separately in addition to code for primary procedure)	Pathology and Laboratory	Proprietary Laboratory Analysis	No	New Code effective 1/1/2020; Coverage status will be determined once guidelines/rates have been established/released by state
0138U	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) mRNA sequence analysis (List separately in addition to code for primary procedure)	Pathology and Laboratory	Proprietary Laboratory Analysis	No	New Code effective 1/1/2020; Coverage status will be determined once guidelines/rates have been established/released by state
0139U	Neurology (autism spectrum disorder [ASD]), quantitative measurements of 6 central carbon metabolites (ie, a-ketoglutarate, alanine, lactate, phenylalanine, pyruvate, and succinate), LC-MS/MS, plasma, algorithmic analysis with result reported as negative or positive (with metabolic subtypes of ASD)	Pathology and Laboratory	Proprietary Laboratory Analysis	No	None
0140U	Infectious disease (fungi), fungal pathogen identification, DNA (15 fungal targets), blood culture, amplified probe technique, each target reported as detected or not detected	Pathology and Laboratory	Proprietary Laboratory Analysis	No	None

0141U	Infectious disease (bacteria and fungi), gram-positive organism identification and drug resistance element detection, DNA (20 gram-positive bacterial targets, 4 resistance genes, 1 pan gram-negative bacterial target, 1 pan Candida target), blood culture, amplified probe technique, each target reported as detected or not detected	Pathology and Laboratory	Proprietary Laboratory Analysis	No	None
0142U	Infectious disease (bacteria and fungi), gram-negative bacterial identification and drug resistance element detection, DNA (21 gram-negative bacterial targets, 6 resistance genes, 1 pan gram-positive bacterial target, 1 pan Candida target), amplified probe technique, each target reported as detected or not detected	Pathology and Laboratory	Proprietary Laboratory Analysis	No	None
0143U	Drug assay, definitive, 120 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	Pathology and Laboratory	Proprietary Laboratory Analysis	No	None
0144U	Drug assay, definitive, 160 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	Pathology and Laboratory	Proprietary Laboratory Analysis	No	None
0145U	Drug assay, definitive, 65 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	Pathology and Laboratory	Proprietary Laboratory Analysis	No	None
0146U	Drug assay, definitive, 80 or more drugs or metabolites, urine, by quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	Pathology and Laboratory	Proprietary Laboratory Analysis	No	None
0147U	Drug assay, definitive, 85 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	Pathology and Laboratory	Proprietary Laboratory Analysis	No	None

0148U	Drug assay, definitive, 100 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	Pathology and Laboratory	Proprietary Laboratory Analysis	No	None
0149U	Drug assay, definitive, 60 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	Pathology and Laboratory	Proprietary Laboratory Analysis	No	None
0150U	Drug assay, definitive, 120 or more drugs or metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring (MRM), with drug or metabolite description, comments including sample validation, per date of service	Pathology and Laboratory	Proprietary Laboratory Analysis	No	None
0151U	Infectious disease (bacterial or viral respiratory tract infection), pathogen specific nucleic acid (DNA or RNA), 33 targets, real-time semi-quantitative PCR, bronchoalveolar lavage, sputum, or endotracheal aspirate, detection of 33 organismal and antibiotic resistance genes with limited semi-quantitative results	Pathology and Laboratory	Proprietary Laboratory Analysis	No	None
0152U	Infectious disease (bacteria, fungi, parasites, and DNA viruses), DNA, PCR and next-generation sequencing, plasma, detection of >1,000 potential microbial organisms for significant positive pathogens	Pathology and Laboratory	Proprietary Laboratory Analysis	No	None
0153U	Oncology (breast), mRNA, gene expression profiling by next-generation sequencing of 101 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a triple negative breast cancer clinical subtype(s) with information on immune cell involvement	Pathology and Laboratory	Proprietary Laboratory Analysis	No	New Code effective 1/1/2020; Coverage status will be determined once guidelines/rates have been established/released by state
0154U	FGFR3 (fibroblast growth factor receptor 3) gene analysis (ie, p.R248C [c.742C>T], p.S249C [c.746C>G], p.G370C [c.1108G>T], p.Y373C [c.1118A>G], FGFR3-TACC3v1, and FGFR3-TACC3v3)	Pathology and Laboratory	Proprietary Laboratory Analysis	No	None
0155U	PIK3CA (phosphatidylinositol-4,5-bisphosphate 3-kinase, catalytic subunit alpha) (eg, breast cancer) gene analysis (ie, p.C420R, p.E542K, p.E545A, p.E545D [g.1635G>T only], p.E545G, p.E545K, p.Q546E, p.Q546R, p.H1047L, p.H1047R, p.H1047Y)	Pathology and Laboratory	Proprietary Laboratory Analysis	No	None

0156U	Copy number (eg, intellectual disability, dysmorphism), sequence analysis	Pathology and Laboratory	Proprietary Laboratory Analysis	No	New Code effective 1/1/2020; Coverage status will be determined once guidelines/rates have been established/released by state
0157U	APC (APC regulator of WNT signaling pathway) (eg, familial adenomatous polyposis [FAP]) mRNA sequence analysis (List separately in addition to code for primary procedure)	Pathology and Laboratory	Proprietary Laboratory Analysis	No	New Code effective 1/1/2020; Coverage status will be determined once guidelines/rates have been established/released by state
0158U	MLH1 (mutL homolog 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	Pathology and Laboratory	Proprietary Laboratory Analysis	No	New Code effective 1/1/2020; Coverage status will be determined once guidelines/rates have been established/released by state
0159U	MSH2 (mutS homolog 2) (eg, hereditary colon cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	Pathology and Laboratory	Proprietary Laboratory Analysis	No	New Code effective 1/1/2020; Coverage status will be determined once guidelines/rates have been established/released by state
0160U	MSH6 (mutS homolog 6) (eg, hereditary colon cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	Pathology and Laboratory	Proprietary Laboratory Analysis	No	New Code effective 1/1/2020; Coverage status will be determined once guidelines/rates have been established/released by state
0161U	PMS2 (PMS1 homolog 2, mismatch repair system component) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)	Pathology and Laboratory	Proprietary Laboratory Analysis	No	New Code effective 1/1/2020; Coverage status will be determined once guidelines/rates have been established/released by state
0162U	Hereditary colon cancer (Lynch syndrome), targeted mRNA sequence analysis panel (MLH1, MSH2, MSH6, PMS2) (List separately in addition to code for primary procedure)	Pathology and Laboratory	Proprietary Laboratory Analysis	No	New Code effective 1/1/2020; Coverage status will be determined once guidelines/rates have been established/released by state
0563T	Evacuation of meibomian glands, using heat delivered through wearable, open-eye eyelid treatment devices and manual gland expression, bilateral	Category III Codes	Category III Codes	No	None
0564T	Oncology, chemotherapeutic drug cytotoxicity assay of cancer stem cells (CSCs), from cultured CSCs and primary tumor cells, categorical drug response reported based on percent of cytotoxicity observed, a minimum of 14 drugs or drug combinations	Category III Codes	Category III Codes	No	None
0565T	Autologous cellular implant derived from adipose tissue for the treatment of osteoarthritis of the knees; tissue harvesting and cellular implant creation	Category III Codes	Category III Codes	No	None
0566T	Autologous cellular implant derived from adipose tissue for the treatment of osteoarthritis of the knees; injection of cellular implant into knee joint including ultrasound guidance, unilateral	Category III Codes	Category III Codes	No	None
0567T	Permanent fallopian tube occlusion with degradable biopolymer implant, transcervical approach, including transvaginal ultrasound	Category III Codes	Category III Codes	No	None

0568T	Introduction of mixture of saline and air for sonosalpingography to confirm occlusion of fallopian tubes, transcervical approach, including transvaginal ultrasound and pelvic ultrasound	Category III Codes	Category III Codes	No	None
0569T	Transcatheter tricuspid valve repair, percutaneous approach; initial prosthesis	Category III Codes	Category III Codes	No	None
0570T	Transcatheter tricuspid valve repair, percutaneous approach; each additional prosthesis during same session (List separately in addition to code for primary procedure)	Category III Codes	Category III Codes	No	None
0571T	Insertion or replacement of implantable cardioverter-defibrillator system with substernal electrode(s), including all imaging guidance and electrophysiological evaluation (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters), when performed	Category III Codes	Category III Codes	No	None
0572T	Insertion of substernal implantable defibrillator electrode	Category III Codes	Category III Codes	No	None
0573T	Removal of substernal implantable defibrillator electrode	Category III Codes	Category III Codes	No	None
0574T	Repositioning of previously implanted substernal implantable defibrillator-pacing electrode	Category III Codes	Category III Codes	No	None
0575T	Programming device evaluation (in person) of implantable cardioverter-defibrillator system with substernal electrode, with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional	Category III Codes	Category III Codes	No	None
0576T	Interrogation device evaluation (in person) of implantable cardioverter-defibrillator system with substernal electrode, with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter	Category III Codes	Category III Codes	No	None
0577T	Electrophysiological evaluation of implantable cardioverter-defibrillator system with substernal electrode (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)	Category III Codes	Category III Codes	No	None

0578T	Interrogation device evaluation(s) (remote), up to 90 days, substernal lead implantable cardioverter-defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	Category III Codes	Category III Codes	No	None
0579T	Interrogation device evaluation(s) (remote), up to 90 days, substernal lead implantable cardioverter-defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	Category III Codes	Category III Codes	No	None
0580T	Removal of substernal implantable defibrillator pulse generator only	Category III Codes	Category III Codes	No	None
0581T	Ablation, malignant breast tumor(s), percutaneous, cryotherapy, including imaging guidance when performed, unilateral	Category III Codes	Category III Codes	No	None
0582T	Transurethral ablation of malignant prostate tissue by high-energy water vapor thermotherapy, including intraoperative imaging and needle guidance	Category III Codes	Category III Codes	No	None
0583T	Tympanostomy (requiring insertion of ventilating tube), using an automated tube delivery system, iontophoresis local anesthesia	Category III Codes	Category III Codes	No	None
0584T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; percutaneous	Category III Codes	Category III Codes	No	None
0585T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; laparoscopic	Category III Codes	Category III Codes	No	None
0586T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; open	Category III Codes	Category III Codes	No	None
0587T	Percutaneous implantation or replacement of integrated single device neurostimulation system including electrode array and receiver or pulse generator, including analysis, programming, and imaging guidance when performed, posterior tibial nerve	Category III Codes	Category III Codes	No	None
0588T	Revision or removal of integrated single device neurostimulation system including electrode array and receiver or pulse generator, including analysis, programming, and imaging guidance when performed, posterior tibial nerve	Category III Codes	Category III Codes	No	None

0589T	Electronic analysis with simple programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, posterior tibial nerve, 1-3 parameters	Category III Codes	Category III Codes	No	None
0590T	Electronic analysis with complex programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, posterior tibial nerve, 4 or more parameters	Category III Codes	Category III Codes	No	None
0591T	Health and well-being coaching face-to-face; individual, initial assessment	Category III Codes	Category III Codes	No	None
0592T	Health and well-being coaching face-to-face; individual, follow-up session, at least 30 minutes	Category III Codes	Category III Codes	No	None
0593T	Health and well-being coaching face-to-face; group (2 or more individuals), at least 30 minutes	Category III Codes	Category III Codes	No	None
15769	Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	No	None
15771	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	Yes	None
15772	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50 cc injectate, or part thereof (List separately in addition to code for primary procedure)	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	Yes	None
15773	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	Yes	None

15774	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; each additional 25 cc injectate, or part thereof (List separately in addition to code for primary procedure)	Integumentary	Surgical Repair (Closure) Procedures on the Integumentary System	Yes	None
2023F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy (DM)	Category II Codes	Category II Codes	No	None
2025F	7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy (DM)	Category II Codes	Category II Codes	No	None
2033F	Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; without evidence of retinopathy (DM)	Category II Codes	Category II Codes	No	None
20560	Needle insertion(s) without injection(s); 1 or 2 muscle(s)	#N/A	#N/A	No	None
20561	Needle insertion(s) without injection(s); 3 or more muscles	#N/A	#N/A	No	None
20700	Manual preparation and insertion of drug-delivery device(s), deep (eg, subfascial) (List separately in addition to code for primary procedure)	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	Yes	None
20701	Removal of drug-delivery device(s), deep (eg, subfascial) (List separately in addition to code for primary procedure)	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	No	None
20702	Manual preparation and insertion of drug-delivery device(s), intramedullary (List separately in addition to code for primary procedure)	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	Yes	None
20703	Removal of drug-delivery device(s), intramedullary (List separately in addition to code for primary procedure)	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	No	None
20704	Manual preparation and insertion of drug-delivery device(s), intra-articular (List separately in addition to code for primary procedure)	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	Yes	None
20705	Removal of drug-delivery device(s), intra-articular (List separately in addition to code for primary procedure)	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	No	None

21601	Excision of chest wall tumor including rib(s)	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	Yes	None
21602	Excision of chest wall tumor involving rib(s), with plastic reconstruction; without mediastinal lymphadenectomy	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	Yes	None
21603	Excision of chest wall tumor involving rib(s), with plastic reconstruction; with mediastinal lymphadenectomy	Musculoskeletal	General Surgical Procedures on the Musculoskeletal System	Yes	None
3051F	Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0% (DM)	Category II Codes	Category II Codes	No	New Code effective 1/1/2020; Coverage status will be determined once guidelines/rates have been established/released by state.
3052F	Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0% (DM)	Category II Codes	Category II Codes	No	New Code effective 1/1/2020; Coverage status will be determined once guidelines/rates have been established/released by state.
33016	Pericardiocentesis, including imaging guidance, when performed	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33017	Pericardial drainage with insertion of indwelling catheter, percutaneous, including fluoroscopy and/or ultrasound guidance, when performed; 6 years and older without congenital cardiac anomaly	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33018	Pericardial drainage with insertion of indwelling catheter, percutaneous, including fluoroscopy and/or ultrasound guidance, when performed; birth through 5 years of age or any age with congenital cardiac anomaly	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33019	Pericardial drainage with insertion of indwelling catheter, percutaneous, including CT guidance	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33858	Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed; for aortic dissection	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
33859	Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed; for aortic disease other than dissection (eg, aneurysm)	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None

33871	Transverse aortic arch graft, with cardiopulmonary bypass, with profound hypothermia, total circulatory arrest and isolated cerebral perfusion with reimplantation of arch vessel(s) (eg, island pedicle or individual arch vessel reimplantation)	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
34717	Endovascular repair of iliac artery at the time of aorto-iliac artery endograft placement by deployment of an iliac branched endograft including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone angioplasty/stenting, when performed, for rupture or other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, penetrating ulcer, traumatic disruption), unilateral (List separately in addition to code for primary procedure)	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
34718	Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)	Cardiovascular	Surgical Procedures on the Heart and Pericardium	Yes	None
35702	Exploration not followed by surgical repair, artery; upper extremity (eg, axillary, brachial, radial, ulnar)	Cardiovascular	Surgical Procedures on the Heart and Pericardium	No	None
35703	Exploration not followed by surgical repair, artery; lower extremity (eg, common femoral, deep femoral, superficial femoral, popliteal, tibial, peroneal)	Cardiovascular	Surgical Procedures on the Heart and Pericardium	No	None
46948	Hemorrhoidectomy, internal, by transanal hemorrhoidal dearterialization, 2 or more hemorrhoid columns/groups, including ultrasound guidance, with mucopexy, when performed	Digestive	Surgical Procedures on the Anus	No	None
49013	Preperitoneal pelvic packing for hemorrhage associated with pelvic trauma, including local exploration	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	No	None

49014	Re-exploration of pelvic wound with removal of preperitoneal pelvic packing, including repacking, when performed	Digestive	Surgical Procedures on the Abdomen, Peritoneum, and Omentum	No	None
62328	Spinal puncture, lumbar, diagnostic; with fluoroscopic or CT guidance	Nervous	Surgical Procedures on the Spine and Spinal Cord	No	None
62329	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter); with fluoroscopic or CT guidance	Nervous	Surgical Procedures on the Spine and Spinal Cord	No	None
64451	Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nerves	Yes	None
64454	Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches, including imaging guidance, when performed	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nerves	Yes	None
64624	Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nerves	Yes	None
64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	Nervous	Surgical Procedures on the Extracranial Nerves, Peripheral Nerves, and Autonomic Nerves	Yes	Effective 1/1/2020: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
66987	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with endoscopic cyclophotocoagulation	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	No	None

66988	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); with endoscopic cyclophotocoagulation	Eye and Ocular Adnexa	Surgical Procedures on the Anterior Segment of the Eye	No	None
74221	Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; double-contrast (eg, high-density barium and effervescent agent) study	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedure of the Gastrointestinal Tract	No	None
74248	Radiologic small intestine follow-through study, including multiple serial images (List separately in addition to code for primary procedure for upper GI radiologic examination)	Radiology	Diagnostic Radiology (Diagnostic Imaging) Procedure of the Gastrointestinal Tract	No	None
78429	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 1/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78430	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 1/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).

78431	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 1/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78432	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability);	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 1/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78433	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 1/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78434	Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography (PET), rest and pharmacologic stress (List separately in addition to code for primary procedure)	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 1/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).

78830	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, single area (eg, head, neck, chest, pelvis), single day imaging	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78831	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), minimum 2 areas (eg, pelvis and knees, abdomen and pelvis), single day imaging, or single area imaging over 2 or more days	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78832	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired computed tomography (CT) transmission scan for anatomical review, localization and determination/detection of pathology, minimum 2 areas (eg, pelvis and knees, abdomen and pelvis), single day imaging, or single area imaging over 2 or more days	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to Meridian. Prior to that date, all requests should be sent to eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
78835	Radiopharmaceutical quantification measurement(s) single area (List separately in addition to code for primary procedure)	Radiology	Diagnostic Nuclear Medicine Procedures	Yes	None
80145	Adalimumab	Pathology and Laboratory	Therapeutic Drug Assays	Yes	None
80187	Posaconazole	Pathology and Laboratory	Therapeutic Drug Assays	Yes	None
80230	Infliximab	Pathology and Laboratory	Therapeutic Drug Assays	Yes	None
80235	Lacosamide	Pathology and Laboratory	Therapeutic Drug Assays	Yes	None
80280	Vedolizumab	Pathology and Laboratory	Therapeutic Drug Assays	Yes	None
80285	Voriconazole	Pathology and Laboratory	Therapeutic Drug Assays	Yes	None
81277	Cytogenomic neoplasia (genome-wide) microarray analysis, interrogation of genomic regions for copy number and loss-of-heterozygosity variants for chromosomal abnormalities	Pathology and Laboratory	Molecular Pathology Procedures	Yes	Effective 1/1/2020: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)

81307	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; full gene sequence	Pathology and Laboratory	Molecular Pathology Procedures	Yes	Effective 1/1/2020 : Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81308	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; known familial variant	Pathology and Laboratory	Molecular Pathology Procedures	Yes	Effective 1/1/2020 : Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
81309	PIK3CA (phosphatidylinositol-4, 5-biphosphate 3-kinase, catalytic subunit alpha) (eg, colorectal and breast cancer) gene analysis, targeted sequence analysis (eg, exons 7, 9, 20)	Pathology and Laboratory	Molecular Pathology Procedures	Yes	None
81522	Oncology (breast), mRNA, gene expression profiling by RT-PCR of 12 genes (8 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk score	Pathology and Laboratory	Multianalyte Assays with Algorithmic Analyses	Yes	New Code effective 1/1/2020; Coverage status will be determined once guidelines/rates have been established/released by state
81542	Oncology (prostate), mRNA, microarray gene expression profiling of 22 content genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as metastasis risk score	Pathology and Laboratory	Multianalyte Assays with Algorithmic Analyses	No	New Code effective 1/1/2020; Coverage status will be determined once guidelines/rates have been established/released by state
81552	Oncology (uveal melanoma), mRNA, gene expression profiling by real-time RT-PCR of 15 genes (12 content and 3 housekeeping), utilizing fine needle aspirate or formalin-fixed paraffin-embedded tissue, algorithm reported as risk of metastasis	Pathology and Laboratory	Multianalyte Assays with Algorithmic Analyses	No	Effective 1/1/2020: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406)
87563	Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma genitalium, amplified probe technique	Pathology and Laboratory	Microbiology Procedures	Yes	None
90694	Influenza virus vaccine, quadrivalent (allV4), inactivated, adjuvanted, preservative free, 0.5 mL dosage, for intramuscular use	Medicine	Vaccines and Toxoids	No	None
90912	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; initial 15 minutes of one-on-one physician or other qualified health care professional contact with the patient	Medicine	Biofeedback Services and Procedures	No	None

90913	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; each additional 15 minutes of one-on-one physician or other qualified health care professional contact with the patient (List separately in addition to code for primary procedure)	Medicine	Biofeedback Services and Procedures	No	None
92201	Ophthalmoscopy, extended; with retinal drawing and scleral depression of peripheral retinal disease (eg, for retinal tear, retinal detachment, retinal tumor) with interpretation and report, unilateral or bilateral	Medicine	Ophthalmology Service and Procedures	Yes	None
92202	Ophthalmoscopy, extended; with drawing of optic nerve or macula (eg, for glaucoma, macular pathology, tumor) with interpretation and report, unilateral or bilateral	Medicine	Ophthalmology Service and Procedures	Yes	None
92549	Computerized dynamic posturography sensory organization test (CDP-SOT), 6 conditions (ie, eyes open, eyes closed, visual sway, platform sway, eyes closed platform sway, platform and visual sway), including interpretation and report; with motor control test (MCT) and adaptation test (ADT)	Medicine	Ophthalmology Service and Procedures	Yes	None
93356	Myocardial strain imaging using speckle tracking-derived assessment of myocardial mechanics (List separately in addition to codes for echocardiography imaging)	Medicine	Cardiovascular Procedures	Yes	Effective 4/1/2021: Authorization must be submitted to NIA, Meridian's vendor for prior authorization of this service. Please submit via the NIA website (RadMD.com), or by phone (866-214-2493). Prior to that date, effective 1/1/2019: Authorization must be submitted to eviCore, Meridian's vendor for prior authorization of this service. Please submit via the eviCore website, by phone (888-333-8641) or by fax (800-540-2406).
93985	Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete bilateral study	Medicine	Non-Invasive Vascular Diagnostic Studies	No	None
93986	Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete unilateral study	Medicine	Non-Invasive Vascular Diagnostic Studies	No	None
95700	Electroencephalogram (EEG) continuous recording, with video when performed, setup, patient education, and takedown when performed, administered in person by EEG technologist, minimum of 8 channels	Medicine	Neurology and Neuromuscular Procedures	No	None

95705	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; unmonitored	Medicine	Neurology and Neuromuscular Procedures	No	None
95706	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; with intermittent monitoring and maintenance	Medicine	Neurology and Neuromuscular Procedures	No	None
95707	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; with continuous, real-time monitoring and maintenance	Medicine	Neurology and Neuromuscular Procedures	No	None
95708	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored	Medicine	Neurology and Neuromuscular Procedures	No	None
95709	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance	Medicine	Neurology and Neuromuscular Procedures	No	None
95710	Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance	Medicine	Neurology and Neuromuscular Procedures	No	None
95711	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; unmonitored	Medicine	Neurology and Neuromuscular Procedures	Yes	None
95712	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; with intermittent monitoring and maintenance	Medicine	Neurology and Neuromuscular Procedures	Yes	None
95713	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; with continuous, real-time monitoring and maintenance	Medicine	Neurology and Neuromuscular Procedures	Yes	None
95714	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored	Medicine	Neurology and Neuromuscular Procedures	Yes	None
95715	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance	Medicine	Neurology and Neuromuscular Procedures	Yes	None
95716	Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance	Medicine	Neurology and Neuromuscular Procedures	Yes	None

95717	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of EEG recording; without video	Medicine	Neurology and Neuromuscular Procedures	No	None
95718	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of EEG recording; with video (VEEG)	Medicine	Neurology and Neuromuscular Procedures	Yes	None
95719	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period; without video	Medicine	Neurology and Neuromuscular Procedures	No	None
95720	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period; with video (VEEG)	Medicine	Neurology and Neuromuscular Procedures	Yes	None
95721	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60 hours of EEG recording, without video	Medicine	Neurology and Neuromuscular Procedures	No	None
95722	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60 hours of EEG recording, with video (VEEG)	Medicine	Neurology and Neuromuscular Procedures	Yes	None
95723	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of EEG recording, without video	Medicine	Neurology and Neuromuscular Procedures	No	None

95724	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of EEG recording, with video (VEEG)	Medicine	Neurology and Neuromuscular Procedures	Yes	None
95725	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of EEG recording, without video	Medicine	Neurology and Neuromuscular Procedures	No	None
95726	Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of EEG recording, with video (VEEG)	Medicine	Neurology and Neuromuscular Procedures	Yes	None
96156	Health behavior assessment, or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making)	Medicine	Health and Behavior Assessment/Intervention Procedures	No	None
96158	Health behavior intervention, individual, face-to-face; initial 30 minutes	Medicine	Health and Behavior Assessment/Intervention Procedures	No	None
96159	Health behavior intervention, individual, face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	Medicine	Health and Behavior Assessment/Intervention Procedures	No	None
96164	Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes	Medicine	Health and Behavior Assessment/Intervention Procedures	No	None
96165	Health behavior intervention, group (2 or more patients), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	Medicine	Health and Behavior Assessment/Intervention Procedures	No	None
96167	Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes	Medicine	Health and Behavior Assessment/Intervention Procedures	No	None
96168	Health behavior intervention, family (with the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	Medicine	Health and Behavior Assessment/Intervention Procedures	No	None

96170	Health behavior intervention, family (without the patient present), face-to-face; initial 30 minutes	Medicine	Health and Behavior Assessment/Intervention Procedures	No	None
96171	Health behavior intervention, family (without the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	Medicine	Health and Behavior Assessment/Intervention Procedures	No	None
97129	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes	Medicine	Physical Medicine and Rehabilitation	No	Service is within the scope of EviCore delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates
97130	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (List separately in addition to code for primary procedure)	Medicine	Physical Medicine and Rehabilitation	No	Service is within the scope of EviCore delegated services, however, prior authorization status will not be updated until or unless the state establishes/releases reimbursement guidelines/ rates
98970	Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	Medicine	Non Face-to-Face Nonphysician Services	No	None
98971	Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes	Medicine	Non Face-to-Face Nonphysician Services	No	None
98972	Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes	Medicine	Non Face-to-Face Nonphysician Services	No	None
99421	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	Medicine	Non Face-to-Face Nonphysician Services	No	None
99422	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes	Medicine	Non Face-to-Face Nonphysician Services	No	None
99423	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes	Medicine	Non Face-to-Face Nonphysician Services	No	None

99458	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; each additional 20 minutes (List separately in addition to code for primary procedure)	Medicine	Non Face-to-Face Nonphysician Services	No	None
99473	Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration	Medicine	Education and Training for Patient Self Management	No	None
99474	Self-measured blood pressure using a device validated for clinical accuracy; separate self-measurements of two readings one minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver to the physician or other qualified health care professional, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient	Medicine	Patient Measured Blood Pressure	No	None
A4226	Supplies for maintenance of insulin infusion pump with dosage rate adjustment using therapeutic continuous glucose sensing, per week	Medical and Surgical Supplies	Injection and Infusion Services	No	None
A9590	Iodine I-131, iobenguane, 1 mCi	Administrative, Miscellaneous, and Investigational	Diagnostic and Therapeutic Radiopharmaceuticals	No	None
B4187	Omegaven, 10 g lipids	Enteral and Parenteral Therapy	Parenteral Solutions and Supplies	No	None
C1734	Orthopedic/device/drug matrix for opposing bone-to-bone or soft tissue-to bone (implantable)	Outpatient PPS	Associated Devices, Implants, and Systems	No	None
C1824	Generator, cardiac contractility modulation (implantable)	Outpatient PPS	Associated Devices, Implants, and Systems	No	None
C1839	Iris prosthesis	Outpatient PPS	Associated Devices, Implants, and Systems	No	None
C1982	Catheter, pressure generating, one-way valve, intermittently occlusive	Outpatient PPS	Associated Devices, Implants, and Systems	No	None
C2596	Probe, image guided, robotic, waterjet ablation	Outpatient PPS	Associated Devices, Implants, and Systems	No	None
C9054	Injection, lefamulin (Xenleta), 1 mg	Outpatient PPS	Miscellaneous Drugs, Biologicals, and Supplies	No	None

C9055	Injection, brexanolone, 1 mg	Outpatient PPS	Miscellaneous Drugs, Biologicals, and Supplies	No	None
C9757	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and excision of herniated intervertebral disc, and repair of annular defect with implantation of bone anchored annular closure device, including annular defect measurement, alignment and sizing assessment, and image guidance; 1 interspace, lumbar	Outpatient PPS	Other Therapeutic Services and Supplies	No	None
C9758	Blinded procedure for NYHA Class III/IV heart failure; transcatheter implantation of interatrial shunt or placebo control, including right heart catheterization, transesophageal echocardiography (TEE)/intracardiac echocardiography (ICE), and all imaging with or without guidance (e.g., ultrasound, fluoroscopy), performed in an approved investigational device exemption (IDE) study	Outpatient PPS	Other Therapeutic Services and Supplies	No	None
E0787	External ambulatory infusion pump, insulin, dosage rate adjustment using therapeutic continuous glucose sensing	Durable Medical Equipment	Infusion Pumps and Supplies	No	None
E2398	Wheelchair accessory, dynamic positioning hardware for back	Durable Medical Equipment	Wheelchairs, Components and Accessories	No	None
G1000	Clinical Decision Support Mechanism Applied Pathways, as defined by the Medicare Appropriate Use Criteria Program	Clinical Decision Support Mechanism	Medicare Appropriate use Criteria	No	None
G1001	Clinical Decision Support Mechanism eviCore, as defined by the Medicare Appropriate Use Criteria Program	Clinical Decision Support Mechanism	Medicare Appropriate use Criteria	No	None
G1002	Clinical Decision Support Mechanism MedCurrent, as defined by the Medicare Appropriate Use Criteria Program	Clinical Decision Support Mechanism	Medicare Appropriate use Criteria	No	None
G1003	Clinical Decision Support Mechanism Medicalis, as defined by the Medicare Appropriate Use Criteria Program	Clinical Decision Support Mechanism	Medicare Appropriate use Criteria	No	None
G1004	Clinical Decision Support Mechanism National Decision Support Company, as defined by the Medicare Appropriate Use Criteria Program	Clinical Decision Support Mechanism	Medicare Appropriate use Criteria	No	None
G1005	Clinical Decision Support Mechanism National Imaging Associates, as defined by the Medicare Appropriate Use Criteria Program	Clinical Decision Support Mechanism	Medicare Appropriate use Criteria	No	Code Termined 01/01/2021
G1006	Clinical Decision Support Mechanism Test Appropriate, as defined by the Medicare Appropriate Use Criteria Program	Clinical Decision Support Mechanism	Medicare Appropriate use Criteria	No	Code Termined 01/01/2021
G1007	Clinical Decision Support Mechanism AIM Specialty Health, as defined by the Medicare Appropriate Use Criteria Program	Clinical Decision Support Mechanism	Medicare Appropriate use Criteria	No	None

G1008	Clinical Decision Support Mechanism Cranberry Peak, as defined by the Medicare Appropriate Use Criteria Program	Clinical Decision Support Mechanism	Medicare Appropriate use Criteria	No	None
G1009	Clinical Decision Support Mechanism Sage Health Management Solutions, as defined by the Medicare Appropriate Use Criteria Program	Clinical Decision Support Mechanism	Medicare Appropriate use Criteria	No	None
G1010	Clinical Decision Support Mechanism Stanson, as defined by the Medicare Appropriate Use Criteria Program	Clinical Decision Support Mechanism	Medicare Appropriate use Criteria	No	None
G1011	Clinical Decision Support Mechanism, qualified tool not otherwise specified, as defined by the Medicare Appropriate Use Criteria Program	Clinical Decision Support Mechanism	Medicare Appropriate use Criteria	No	None
G2021	Health care practitioners rendering treatment in place (TIP)	Procedures/Professional Services	Other Services	No	None
G2022	A model participant (ambulance supplier/provider), the beneficiary refuses services covered under the model (transport to an alternate destination/treatment in place)	Procedures/Professional Services	Other Services	No	None
G2058	Chronic care management services, each additional 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (list separately in addition to code for primary procedure). (Do not report G2058 for care management services of less than 20 minutes additional to the first 20 minutes of chronic care management services during a calendar month.) (Use G2058 in conjunction with 99490.) (Do not report 99490, G2058 in the same calendar month as 99487, 99489, 99491.)	Procedures/Professional Services	Other Services	No	Code Termined 01/01/2021
G2061	Qualified nonphysician health care professional online assessment, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	Procedures/Professional Services	Other Services	No	None
G2062	Qualified nonphysician health care professional online assessment service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes	Procedures/Professional Services	Other Services	No	None
G2063	Qualified nonphysician qualified health care professional assessment service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes	Procedures/Professional Services	Other Services	No	None

G2064	Comprehensive care management services for a single high risk disease, e.g., principal care management, at least 30 minutes of physician or other qualified health care professional time per calendar month with the following elements: one complex chronic condition lasting at least 3 months, which is the focus of the care plan, the condition is of sufficient severity to place patient at risk of hospitalization or have been the cause of a recent hospitalization, the condition requires development or revision of disease specific care plan, the condition requires frequent adjustments in the medication regimen, and/or the management of the condition is unusually complex due to comorbidities	Procedures/Professional Services	Other Services	No	None
G2065	Comprehensive care management for a single high risk disease services, e.g., principal care management, at least 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month with the following elements: one complex chronic condition lasting at least 3 months, which is the focus of the care plan, the condition is of sufficient severity to place patient at risk of hospitalization or have been cause of a recent hospitalization, the condition requires development or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen, and/or the management of the condition is unusually complex due to comorbidities	Procedures/Professional Services	Other Services	No	None
G2066	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, implantable loop recorder system, or subcutaneous cardiac rhythm monitor system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	Procedures/Professional Services	Other Services	No	None
G2067	Medication assisted treatment, methadone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare-enrolled opioid treatment program)	Procedures/Professional Services	Other Services	No	None

G2068	Medication assisted treatment, buprenorphine (oral); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program)	Procedures/Professional Services	Other Services	No	None
G2069	Medication assisted treatment, buprenorphine (injectable); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program)	Procedures/Professional Services	Other Services	No	None
G2070	Medication assisted treatment, buprenorphine (implant insertion); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program)	Procedures/Professional Services	Other Services	No	None
G2071	Medication assisted treatment, buprenorphine (implant removal); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program)	Procedures/Professional Services	Other Services	No	None
G2072	Medication assisted treatment, buprenorphine (implant insertion and removal); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program)	Procedures/Professional Services	Other Services	No	None
G2073	Medication assisted treatment, naltrexone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program)	Procedures/Professional Services	Other Services	No	None
G2074	Medication assisted treatment, weekly bundle not including the drug, including substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program)	Procedures/Professional Services	Other Services	No	None

G2075	Medication assisted treatment, medication not otherwise specified; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare-enrolled opioid treatment program)	Procedures/Professional Services	Other Services	No	None
G2076	Intake activities, including initial medical examination that is a complete, fully documented physical evaluation and initial assessment by a program physician or a primary care physician, or an authorized health care professional under the supervision of a program physician qualified personnel that includes preparation of a treatment plan that includes the patient's short-term goals and the tasks the patient must perform to complete the short-term goals; the patient's requirements for education, vocational rehabilitation, and employment; and the medical, psycho-social, economic, legal, or other supportive services that a patient needs, conducted by qualified personnel (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure	Procedures/Professional Services	Other Services	No	None
G2077	Periodic assessment; assessing periodically by qualified personnel to determine the most appropriate combination of services and treatment (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure	Procedures/Professional Services	Other Services	No	None
G2078	Take home supply of methadone; up to 7 additional day supply (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure	Procedures/Professional Services	Other Services	No	None
G2079	Take home supply of buprenorphine (oral); up to 7 additional day supply (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure	Procedures/Professional Services	Other Services	No	None
G2080	Each additional 30 minutes of counseling in a week of medication assisted treatment, (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure	Procedures/Professional Services	Other Services	No	None
G2081	Patients age 66 and older in institutional special needs plans (SNP) or residing in long-term care with a POS code 32, 33, 34, 54 or 56 for more than 90 days during the measurement period	Procedures/Professional Services	Other Services	No	None

G2082	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of up to 56 mg of esketamine nasal self administration, includes 2 hours post administration observation	Procedures/Professional Services	Other Services	No	None
G2083	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of greater than 56 mg esketamine nasal self administration, includes 2 hours post administration observation	Procedures/Professional Services	Other Services	No	None
G2086	Office-based treatment for opioid use disorder, including development of the treatment plan, care coordination, individual therapy and group therapy and counseling; at least 70 minutes in the first calendar month	Procedures/Professional Services	Other Services	No	None
G2087	Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; at least 60 minutes in a subsequent calendar month	Procedures/Professional Services	Other Services	No	None
G2088	Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; each additional 30 minutes beyond the first 120 minutes (list separately in addition to code for primary procedure)	Procedures/Professional Services	Other Services	No	None
G2089	Most recent hemoglobin A1c (HbA1c) level 7.0% to 9.0%	Procedures/Professional Services	Other Services	No	Code Termined 01/01/2021
G2090	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period	Procedures/Professional Services	Quality Measures	No	None
G2091	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period	Procedures/Professional Services	Quality Measures	No	None
G2092	Angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) or angiotensin receptor-neprilysin inhibitor (ARNI) therapy prescribed or currently being taken	Procedures/Professional Services	Quality Measures	No	None

G2093	Documentation of medical reason(s) for not prescribing ACE inhibitor or ARB or ARNI therapy (e.g., hypotensive patients who are at immediate risk of cardiogenic shock, hospitalized patients who have experienced marked azotemia, allergy, intolerance, other medical reasons)	Procedures/Professional Services	Quality Measures	No	None
G2094	Documentation of patient reason(s) for not prescribing ACE inhibitor or ARB or ARNI therapy (e.g., patient declined, other patient reasons)	Procedures/Professional Services	Quality Measures	No	None
G2095	Documentation of system reason(s) for not prescribing ACE inhibitor or ARB or ARNI therapy (e.g., other system reasons)	Procedures/Professional Services	Quality Measures	No	None
G2096	Angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) or angiotensin receptor-neprilysin inhibitor (ARNI) therapy was not prescribed, reason not given	Procedures/Professional Services	Quality Measures	No	None
G2097	Children with a competing diagnosis for upper respiratory infection within 3 days of diagnosis of pharyngitis (e.g., intestinal infection, pertussis, bacterial infection, Lyme disease, otitis media, acute sinusitis, acute pharyngitis, acute tonsillitis, chronic sinusitis, infection of the pharynx/larynx/tonsils/adenoids, prostatitis, cellulitis, mastoiditis, or bone infections, acute lymphadenitis, impetigo, skin staph infections, pneumonia/gonococcal infections, venereal disease (syphilis, chlamydia, inflammatory diseases [female reproductive organs]), infections of the kidney, cystitis or UTI	Procedures/Professional Services	Quality Measures	No	None
G2098	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period	Procedures/Professional Services	Quality Measures	No	None
G2099	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period	Procedures/Professional Services	Quality Measures	No	None
G2100	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period	Procedures/Professional Services	Quality Measures	No	None

G2101	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period	Procedures/Professional Services	Quality Measures	No	None
G2102	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed	Procedures/Professional Services	Quality Measures	No	Code Termined 01/01/2021
G2103	Seven standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist documented and reviewed	Procedures/Professional Services	Quality Measures	No	Code Termined 01/01/2021
G2104	Eye imaging validated to match diagnosis from seven standard field stereoscopic photos results documented and reviewed	Procedures/Professional Services	Quality Measures	No	Code Termined 01/01/2021
G2105	Patients age 66 or older in institutional special needs plans (SNP) or residing in long-term care with POS code 32, 33, 34, 54 or 56 for more than 90 days during the measurement period	Procedures/Professional Services	Quality Measures	No	None
G2106	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period	Procedures/Professional Services	Quality Measures	No	None
G2107	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period	Procedures/Professional Services	Quality Measures	No	None
G2108	Patients age 66 or older in institutional special needs plans (SNP) or residing in long-term care with POS code 32, 33, 34, 54 or 56 for more than 90 days during the measurement period	Procedures/Professional Services	Quality Measures	No	None
G2109	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period	Procedures/Professional Services	Quality Measures	No	None

G2110	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period	Procedures/Professional Services	Quality Measures	No	None
G2112	Patient receiving <=5 mg daily prednisone (or equivalent), or RA activity is worsening, or glucocorticoid use is for less than 6 months	Procedures/Professional Services	Quality Measures	No	None
G2113	Patient receiving >5 mg daily prednisone (or equivalent) for longer than 6 months, and improvement or no change in disease activity	Procedures/Professional Services	Quality Measures	No	None
G2114	Patients 66-80 years of age with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period	Procedures/Professional Services	Quality Measures	No	Code Termined 01/01/2021
G2115	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period	Procedures/Professional Services	Quality Measures	No	None
G2116	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period	Procedures/Professional Services	Quality Measures	No	None
G2117	Patients 66-80 years of age with at least one claim/encounter for frailty during the measurement period and either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period	Procedures/Professional Services	Quality Measures	No	Code Termined 01/01/2021
G2118	Patients 81 years of age and older with evidence of frailty during the measurement period	Procedures/Professional Services	Quality Measures	No	None
G2119	Within the past 2 years, calcium and/or vitamin D optimization has been ordered or performed	Procedures/Professional Services	Quality Measures	No	Code Termined 01/01/2021
G2120	Within the past 2 years, calcium and/or vitamin D optimization has not been ordered or performed	Procedures/Professional Services	Quality Measures	No	Code Termined 01/01/2021

G2121	Psychosis, depression, anxiety, apathy, and impulse control disorder assessed	Procedures/Professional Services	Quality Measures	No	None
G2122	Psychosis, depression, anxiety, apathy, and impulse control disorder not assessed	Procedures/Professional Services	Quality Measures	No	None
G2123	Patients 66-80 years of age and had at least one claim/encounter for frailty during the measurement period and either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period	Procedures/Professional Services	Quality Measures	No	Code Termined 01/01/2021
G2124	Patients 66-80 years of age and had at least one claim/encounter for frailty during the measurement period and a dispensed dementia medication	Procedures/Professional Services	Quality Measures	No	Code Termined 01/01/2021
G2125	Patients 81 years of age and older with evidence of frailty during the measurement period	Procedures/Professional Services	Quality Measures	No	None
G2126	Patients 66 years of age or older and had at least one claim/encounter for frailty during the measurement period and either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period	Procedures/Professional Services	Quality Measures	No	None
G2127	Patients 66 years of age or older and had at least one claim/encounter for frailty during the measurement period and a dispensed dementia medication	Procedures/Professional Services	Quality Measures	No	None
G2128	Documentation of medical reason(s) for not on a daily aspirin or other antiplatelet (e.g., history of gastrointestinal bleed, intracranial bleed, blood disorders, idiopathic thrombocytopenic purpura (ITP), gastric bypass or documentation of active anticoagulant use during the measurement period)	Procedures/Professional Services	Quality Measures	No	None
G2129	Procedure related BP's not taken during an outpatient visit. Examples include same day surgery, ambulatory service center, GI, lab, dialysis, infusion center, chemotherapy	Procedures/Professional Services	Quality Measures	No	None
G2130	Patients age 66 or older in institutional special needs plans (SNP) or residing in long-term care with POS code 32, 33, 34, 54 or 56 for more than 90 days during the measurement period	Procedures/Professional Services	Quality Measures	No	Code Termined 01/01/2021
G2131	Patients 81 years and older with a diagnosis of frailty	Procedures/Professional Services	Quality Measures	No	Code Termined 01/01/2021

G2132	Patients 66-80 years of age with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period	Procedures/Professional Services	Quality Measures	No	Code Termined 01/01/2021
G2133	Patients 66-80 years of age with at least one claim/encounter for frailty during the measurement period and either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period	Procedures/Professional Services	Quality Measures	No	Code Termined 01/01/2021
G2134	Patients 66 years of age or older with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period	Procedures/Professional Services	Quality Measures	No	Code Termined 01/01/2021
G2135	Patients 66 years of age or older with at least one claim/encounter for frailty during the measurement period and either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period	Procedures/Professional Services	Quality Measures	No	Code Termined 01/01/2021
G2136	Back pain measured by the visual analog scale (VAS) at 3 months (6 to 20 weeks) postoperatively was less than or equal to 3.0 or back pain measured by the visual analog scale (VAS) within 3 months preoperatively and at 3 months (6 to 20 weeks) postoperatively demonstrated an improvement of 5.0 points or greater	Procedures/Professional Services	Quality Measures	No	None
G2137	Back pain measured by the visual analog scale (VAS) at 3 months (6 to 20 weeks) postoperatively was greater than 3.0 and back pain measured by the visual analog scale (VAS) within 3 months preoperatively and at 3 months (6 to 20 weeks) postoperatively demonstrated a change of less than an improvement of 5.0 points	Procedures/Professional Services	Quality Measures	No	None
G2138	Back pain as measured by the visual analog scale (VAS) at 1 year (9 to 15 months) postoperatively was less than or equal to 3.0 or back pain measured by the visual analog scale (VAS) within 3 months preoperatively and at 1 year (9 to 15 months) postoperatively demonstrated a change of 5.0 points or greater	Procedures/Professional Services	Quality Measures	No	None

G2139	Back pain measured by the visual analog scale (VAS) pain at 1 year (9 to 15 months) postoperatively was greater than 3.0 and back pain measured by the visual analog scale (VAS) within 3 months preoperatively and at 1 year (9 to 15 months) postoperatively demonstrated a change of less than 5.0	Procedures/Professional Services	Quality Measures	No	None
G2140	Leg pain measured by the visual analog scale (VAS) at three months (6 to 20 weeks) postoperatively was less than or equal to 3.0 or leg pain measured by the visual analog scale (VAS) within three months preoperatively and at three months (6 to 20 weeks) postoperatively demonstrated an improvement of 5.0 points or greater	Procedures/Professional Services	Quality Measures	No	None
G2141	Leg pain measured by the visual analog scale (VAS) at 3 months (6 to 20 weeks) postoperatively was greater than 3.0 and leg pain measured by the visual analog scale (VAS) within 3 months preoperatively and at 3 months (6 to 20 weeks) postoperatively demonstrated less than an improvement of 5.0 points	Procedures/Professional Services	Quality Measures	No	None
G2142	Functional status measured by the Oswestry Disability Index (ODI version 2.1a) at 1 year (9 to 15 months) postoperatively was less than or equal to 22 or functional status measured by the ODI version 2.1a within 3 months preoperatively and at 1 year (9 to 15 months) postoperatively demonstrated a change of 30 points or greater	Procedures/Professional Services	Quality Measures	No	None
G2143	Functional status measured by the Oswestry Disability Index (ODI version 2.1a) at 1 year (9 to 15 months) postoperatively was greater than 22 and functional status measured by the ODI version 2.1a within 3 months preoperatively and at 1 year (9 to 15 months) postoperatively demonstrated a change of less than 30 points	Procedures/Professional Services	Quality Measures	No	None
G2144	Functional status measured by the Oswestry Disability Index (ODI version 2.1a) at 3 months (6 to 20 weeks) postoperatively was less than or equal to 22 or functional status measured by the ODI version 2.1a within 3 months preoperatively and at 3 months (6 to 20 weeks) postoperatively demonstrated a change of 30 points or greater	Procedures/Professional Services	Quality Measures	No	None
G2145	Functional status measured by the Oswestry Disability Index (ODI version 2.1a) at 3 months (6 to 20 weeks) postoperatively was greater than 22 and functional status measured by the ODI version 2.1a within 3 months preoperatively and at 3 months (6 to 20 weeks) postoperatively demonstrated a change of less than 30 points	Procedures/Professional Services	Quality Measures	No	None

G2146	Leg pain as measured by the visual analog scale (VAS) at 1 year (9 to 15 months) postoperatively was less than or equal to 3.0 or leg pain measured by the visual analog scale (VAS) within 3 months preoperatively and at 1 year (9 to 15 months) postoperatively demonstrated an improvement of 5.0 points or greater	Procedures/Professional Services	Quality Measures	No	None
G2147	Leg pain measured by the visual analog scale (VAS) at 1 year (9 to 15 months) postoperatively was greater than 3.0 and leg pain measured by the visual analog scale (VAS) within 3 months preoperatively and at 1 year (9 to 15 months) postoperatively demonstrated less than an improvement of 5.0 points	Procedures/Professional Services	Quality Measures	No	None
G2148	Performance met: multimodal pain management was used	Procedures/Professional Services	Quality Measures	No	None
G2149	Documentation of medical reason(s) for not using multimodal pain management (e.g., allergy to multiple classes of analgesics, intubated patient, hepatic failure, patient reports no pain during PACU stay, other medical reason(s))	Procedures/Professional Services	Quality Measures	No	None
G2150	Performance not met: multimodal pain management was not used	Procedures/Professional Services	Quality Measures	No	None
G2151	Patients with diagnosis of a degenerative neurological condition such as ALS, MS, Parkinson's diagnosed at any time before or during the episode of care	Procedures/Professional Services	Quality Measures	No	None
G2152	Performance met: the residual change score is equal to or greater than 0	Procedures/Professional Services	Quality Measures	No	None
G2153	In hospice or using hospice services during the measurement period	Procedures/Professional Services	Quality Measures	No	Code Termined 01/01/2021
G2154	Patient received at least one Td vaccine or one Tdap vaccine between nine years prior to the start of the measurement period and the end of the measurement period	Procedures/Professional Services	Quality Measures	No	Code Termined 01/01/2021
G2155	Patient had history of at least one of the following contraindications any time during or before the measurement period: anaphylaxis due to Tdap vaccine, anaphylaxis due to Td vaccine or its components; encephalopathy due to Tdap or Td vaccination (post tetanus vaccination encephalitis, post diphtheria vaccination encephalitis or post pertussis vaccination encephalitis)	Procedures/Professional Services	Quality Measures	No	Code Termined 01/01/2021

G2156	Patient did not receive at least one Td vaccine or one Tdap vaccine between nine years prior to the start of the measurement period and the end of the measurement period; or have history of at least one of the following contraindications any time during or before the measurement period: anaphylaxis due to Tdap vaccine, anaphylaxis due to Td vaccine or its components; encephalopathy due to Tdap or Td vaccination (post tetanus vaccination encephalitis, post diphtheria vaccination encephalitis or post pertussis vaccination encephalitis)	Procedures/Professional Services	Quality Measures	No	Code Termined 01/01/2021
G2157	Patients received both the 13-valent pneumococcal conjugate vaccine and the 23-valent pneumococcal polysaccharide vaccine at least 12 months apart, with the first occurrence after the age of 60 before or during the measurement period	Procedures/Professional Services	Quality Measures	No	Code Termined 01/01/2021
G2158	Patient had prior pneumococcal vaccine adverse reaction any time during or before the measurement period	Procedures/Professional Services	Quality Measures	No	Code Termined 01/01/2021
G2159	Patient did not receive both the 13-valent pneumococcal conjugate vaccine and the 23-valent pneumococcal polysaccharide vaccine at least 12 months apart, with the first occurrence after the age of 60 before or during measurement period; or have prior pneumococcal vaccine adverse reaction any time during or before the measurement period	Procedures/Professional Services	Quality Measures	No	Code Termined 01/01/2021
G2160	Patient received at least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine (at least 28 days apart) anytime on or after the patient's 50th birthday before or during the measurement period	Procedures/Professional Services	Quality Measures	No	Code Termined 01/01/2021
G2161	Patient had prior adverse reaction caused by zoster vaccine or its components any time during or before the measurement period	Procedures/Professional Services	Quality Measures	No	Code Termined 01/01/2021
G2162	Patient did not receive at least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine (at least 28 days apart) anytime on or after the patient's 50th birthday before or during the measurement period; or have prior adverse reaction caused by zoster vaccine or its components any time during or before the measurement period	Procedures/Professional Services	Quality Measures	No	Code Termined 01/01/2021
G2163	Patient received an influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period	Procedures/Professional Services	Quality Measures	No	Code Termined 01/01/2021

G2164	Patient had a prior influenza virus vaccine adverse reaction any time before or during the measurement period	Procedures/Professional Services	Quality Measures	No	Code Termined 01/01/2021
G2165	Patient did not receive an influenza vaccine on or between July 1 of the year prior to the measurement period and June 30 of the measurement period; or did not have a prior influenza virus vaccine adverse reaction any time before or during the measurement period	Procedures/Professional Services	Quality Measures	No	Code Termined 01/01/2021
G2166	Patient refused to participate at admission and/or discharge; patient unable to complete the neck FS PROM at admission or discharge due to cognitive deficit, visual deficit, motor deficit, language barrier, or low reading level, and a suitable proxy/recorder is not available; patient self discharged early; medical reason	Procedures/Professional Services	Quality Measures	No	Code Termined 01/01/2021
G2167	Performance not met: the residual change score is less than 0	Procedures/Professional Services	Quality Measures	No	None
J0121	Injection, omadacycline, 1 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J0122	Injection, eravacycline, 1 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J0179	Injection, brolocizumab-dbl, 1 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J0222	Injection, patisiran, 0.1 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J0291	Injection, plazomicin, 5 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J0593	Injection, lanadelumab-flyo, 1 mg (code may be used for Medicare when drug administered under direct supervision of a physician, not for use when drug is self-administered)	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J0642	Injection, levoleucovorin (Khapzory), 0.5 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	Effective 1/01/2020 - FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J1096	Dexamethasone, lacrimal ophthalmic insert, 0.1 mg	J Codes Drugs	Miscellaneous Drugs, Biologicals, and Supplies	Yes	None

J1097	Phenylephrine 10.16 mg/ml and ketorolac 2.88 mg/ml ophthalmic irrigation solution, 1 ml	J Codes Drugs	Miscellaneous Drugs, Biologicals, and Supplies	Yes	Code effective 10/01/2019
J1303	Injection, ravulizumab-cwvz, 10 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J1943	Injection, aripiprazole lauroxil, (Aristada Initio), 1 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J1944	Injection, aripiprazole lauroxil, (Aristada), 1 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J2798	Injection, risperidone, (Perseris), 0.5 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J3031	Injection, fremanezumab-vfrm, 1 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J3111	Injection, romosozumab-aqqg, 1 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J7314	Injection, fluocinolone acetonide, intravitreal implant (Yutiq), 0.01 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J7331	Hyaluronan or derivative, SYNOJOYNT, for intra-articular injection, 1 mg	J Codes Drugs	Miscellaneous Drugs, Biologicals, and Supplies	No	None
J7332	Hyaluronan or derivative, Triluron, for intra-articular injection, 1 mg	J Codes Drugs	Miscellaneous Drugs, Biologicals, and Supplies	No	None
J7401	Mometasone furoate sinus implant, 10 mcg	J Codes Drugs	Miscellaneous Drugs, Biologicals, and Supplies	Yes	None
J9118	Injection, calaspargase pegol-mknl, 10 units	J Codes Drugs	Drugs, Administered by Injection	Yes	Effective 1/1/2020: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.

J9119	Injection, cemiplimab-rwlc, 1 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	Effective 1/1/2020: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J9199	Injection, gemcitabine HCl (Infugem), 200 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J9204	Injection, mogamulizumab-kpkc, 1 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	Effective 1/1/2020: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J9210	Injection, emapalumab-lzsg, 1 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	None
J9269	Injection, tagraxofusp-erzs, 10 mcg	J Codes Drugs	Drugs, Administered by Injection	Yes	Effective 1/1/2020: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
J9309	Injection, polatuzumab vedotin-piiq, 1 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	Effective 1/1/2020: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.

J9313	Injection, moxetumomab pasudotox-tdfk, 0.01 mg	J Codes Drugs	Drugs, Administered by Injection	Yes	Effective 1/1/2020: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
K1001	Electronic positional obstructive sleep apnea treatment, with sensor, includes all components and accessories, any type	Durable Medical Equipment	Miscellaneous Supplies and Equipment	No	None
K1002	Cranial electrotherapy stimulation (CES) system, includes all supplies and accessories, any type	Durable Medical Equipment	Miscellaneous Supplies and Equipment	No	None
K1003	Whirlpool tub, walk in, portable	Durable Medical Equipment	Miscellaneous Supplies and Equipment	No	None
K1004	Low frequency ultrasonic diathermy treatment device for home use, includes all components and accessories	Durable Medical Equipment	Miscellaneous Supplies and Equipment	No	None
K1005	Disposable collection and storage bag for breast milk, any size, any type, each	Durable Medical Equipment	Miscellaneous Supplies and Equipment	No	None
L2006	Knee-ankle-foot (KAF) device, any material, single or double upright, swing and/or stance phase microprocessor control with adjustability, includes all components (e.g., sensors, batteries, charger), any type activation, with or without ankle joint(s), custom fabricated	Orthotic Procedures and Services	Knee-Ankel-Foot Orthotic (KAFO)	No	None
L8033	Nipple prosthesis, custom fabricated, reusable, any material, any type, each	Prosthetics	Breast Prosthesis and Accessories	No	None
M1106	The start of an episode of care documented in the medical record	Medical Services	Miscellaneous Medical Services	No	None
M1107	Documentation stating patient has a diagnosis of a degenerative neurological condition such as ALS, MS, or Parkinson's diagnosed at any time before or during the episode of care	Medical Services	Miscellaneous Medical Services	No	None
M1108	Ongoing care not indicated, patient seen only one to two visits (e.g., home program only, referred to another provider or facility, consultation only)	Medical Services	Miscellaneous Medical Services	No	None
M1109	Ongoing care not indicated, patient discharged after only one to two visits due to specific medical events, documented in the medical record that make the treatment episode impossible such as the patient becomes hospitalized or scheduled for surgery or hospitalized	Medical Services	Miscellaneous Medical Services	No	None

M1110	Ongoing care not indicated, patient self-discharged early and seen only one to two visits (e.g., financial or insurance reasons, transportation problems, or reason unknown)	Medical Services	Miscellaneous Medical Services	No	None
M1111	The start of an episode of care documented in the medical record	Medical Services	Miscellaneous Medical Services	No	None
M1112	Documentation stating patient has a diagnosis of a degenerative neurological condition such as ALS, MS, or Parkinson's diagnosed at any time before or during the episode of care	Medical Services	Miscellaneous Medical Services	No	None
M1113	Ongoing care not indicated, patient seen only one to two visits (e.g., home program only, referred to another provider or facility, consultation only)	Medical Services	Miscellaneous Medical Services	No	None
M1114	Ongoing care not indicated, patient discharged after only one to two visits due to specific medical events, documented in the medical record that make the treatment episode impossible such as the patient becomes hospitalized or scheduled for surgery or hospitalized	Medical Services	Miscellaneous Medical Services	No	None
M1115	Ongoing care not indicated, patient self-discharged early and seen only one to two visits (e.g., financial or insurance reasons, transportation problems, or reason unknown)	Medical Services	Miscellaneous Medical Services	No	None
M1116	The start of an episode of care documented in the medical record	Medical Services	Miscellaneous Medical Services	No	None
M1117	Documentation stating patient has a diagnosis of a degenerative neurological condition such as ALS, MS, or Parkinson's diagnosed at any time before or during the episode of care	Medical Services	Miscellaneous Medical Services	No	None
M1118	Ongoing care not indicated, patient seen only one to two visits (e.g., home program only, referred to another provider or facility, consultation only)	Medical Services	Miscellaneous Medical Services	No	None
M1119	Ongoing care not indicated, patient discharged after only one to two visits due to specific medical events, documented in the medical record that make the treatment episode impossible such as the patient becomes hospitalized or scheduled for surgery or hospitalized	Medical Services	Miscellaneous Medical Services	No	None
M1120	Ongoing care not indicated, patient self-discharged early and seen only one to two visits (e.g., financial or insurance reasons, transportation problems, or reason unknown)	Medical Services	Miscellaneous Medical Services	No	None
M1121	The start of an episode of care documented in the medical record	Medical Services	Miscellaneous Medical Services	No	None

M1122	Documentation stating patient has a diagnosis of a degenerative neurological condition such as ALS, MS, or Parkinson's diagnosed at any time before or during the episode of care	Medical Services	Miscellaneous Medical Services	No	None
M1123	Ongoing care not indicated, patient seen only one to two visits (e.g., home program only, referred to another provider or facility, consultation only)	Medical Services	Miscellaneous Medical Services	No	None
M1124	Ongoing care not indicated, patient discharged after only one to two visits due to specific medical events, documented in the medical record that make the treatment episode impossible such as the patient becomes hospitalized or scheduled for surgery	Medical Services	Miscellaneous Medical Services	No	None
M1125	Ongoing care not indicated, patient self-discharged early and seen only one to two visits (e.g., financial or insurance reasons, transportation problems, or reason unknown)	Medical Services	Miscellaneous Medical Services	No	None
M1126	The start of an episode of care documented in the medical record	Medical Services	Miscellaneous Medical Services	No	None
M1127	Documentation stating patient has a diagnosis of a degenerative neurological condition such as ALS, MS, or Parkinson's diagnosed at any time before or during the episode of care	Medical Services	Miscellaneous Medical Services	No	None
M1128	Ongoing care not indicated, patient seen only one to two visits (e.g., home program only, referred to another provider or facility, consultation only)	Medical Services	Miscellaneous Medical Services	No	None
M1129	Ongoing care not indicated, patient discharged after only one to two visits due to specific medical events, documented in the medical record that make the treatment episode impossible such as the patient becomes hospitalized or scheduled for surgery	Medical Services	Miscellaneous Medical Services	No	None
M1130	Ongoing care not indicated, patient self-discharged early and seen only one to two visits (e.g., financial or insurance reasons, transportation problems, or reason unknown)	Medical Services	Miscellaneous Medical Services	No	None
M1131	Documentation stating patient has a diagnosis of a degenerative neurological condition such as ALS, MS, or Parkinson's diagnosed at any time before or during the episode of care	Medical Services	Miscellaneous Medical Services	No	None
M1132	Ongoing care not indicated, patient seen only one to two visits (e.g., home program only, referred to another provider or facility, consultation only)	Medical Services	Miscellaneous Medical Services	No	None
M1133	Ongoing care not indicated, patient discharged after only one to two visits due to specific medical events, documented in the medical record that make the treatment episode impossible such as the patient becomes hospitalized or scheduled for surgery	Medical Services	Miscellaneous Medical Services	No	None

M1134	Ongoing care not indicated, patient self-discharged early and seen only one to two visits (e.g., financial or insurance reasons, transportation problems, or reason unknown)	Medical Services	Miscellaneous Medical Services	No	None
M1135	The start of an episode of care documented in the medical record	Medical Services	Miscellaneous Medical Services	No	None
M1136	The start of an episode of care documented in the medical record	Medical Services	Miscellaneous Medical Services	No	Code Termined 01/01/2021
M1137	Documentation stating patient has a diagnosis of a degenerative neurological condition such as ALS, MS, or Parkinson's diagnosed at any time before or during the episode of care	Medical Services	Miscellaneous Medical Services	No	Code Termined 01/01/2021
M1138	Ongoing care not indicated, patient seen only one to two visits (e.g., home program only, referred to another provider or facility, consultation only)	Medical Services	Miscellaneous Medical Services	No	Code Termined 01/01/2021
M1139	Ongoing care not indicated, patient self-discharged early and seen only one to two visits (e.g., financial or insurance reasons, transportation problems, or reason unknown)	Medical Services	Miscellaneous Medical Services	No	Code Termined 01/01/2021
M1140	Ongoing care not indicated, patient discharged after only one to two visits due to specific medical events, documented in the medical record that make the treatment episode impossible such as the patient becomes hospitalized or scheduled for surgery or hospitalized	Medical Services	Miscellaneous Medical Services	No	Code Termined 01/01/2021
M1141	Functional status was not measured by the Oxford Knee Score (OKS) at 1 year (9 to 15 months) postoperatively	Medical Services	Miscellaneous Medical Services	No	None
M1142	Emergent cases	Medical Services	Miscellaneous Medical Services	No	None
M1143	Initiated episode of rehabilitation therapy, medical, or chiropractic care for neck impairment	Medical Services	Miscellaneous Medical Services	No	None
M1144	Ongoing care not indicated, patient seen only one to two visits (e.g., home program only, referred to another provider or facility, consultation only)	Medical Services	Miscellaneous Medical Services	No	Code Termined 01/01/2021
P9099	Blood component or product not otherwise classified	Pathology and Laboratory	Blood and Blood Products with Associate Procedures	No	None
Q4205	Membrane Graft or Membrane Wrap, per sq cm	Temporary Codes	Skin Substitutes and Biologicals	No	None
Q4206	Fluid Flow or Fluid GF, 1 cc	Temporary Codes	Skin Substitutes and Biologicals	No	None

Q4208	Novafix, per sq cm	Temporary Codes	Skin Substitutes and Biologicals	No	None
Q4209	SurGraft, per sq cm	Temporary Codes	Skin Substitutes and Biologicals	No	None
Q4210	Axolotl Graft or Axolotl DualGraft, per sq cm	Temporary Codes	Skin Substitutes and Biologicals	No	None
Q4211	Amnion Bio or AxoBioMembrane, per sq cm	Temporary Codes	Skin Substitutes and Biologicals	No	None
Q4212	AlloGen, per cc	Temporary Codes	Skin Substitutes and Biologicals	No	None
Q4213	Ascent, 0.5 mg	Temporary Codes	Skin Substitutes and Biologicals	No	None
Q4214	Cellesta Cord, per sq cm	Temporary Codes	Skin Substitutes and Biologicals	No	None
Q4215	Axolotl Ambient or Axolotl Cryo, 0.1 mg	Temporary Codes	Skin Substitutes and Biologicals	No	None
Q4216	Artacent Cord, per sq cm	Temporary Codes	Skin Substitutes and Biologicals	No	None
Q4217	WoundFix, BioWound, WoundFix Plus, BioWound Plus, WoundFix Xplus or BioWound Xplus, per sq cm	Temporary Codes	Skin Substitutes and Biologicals	No	None
Q4218	SurgiCORD, per sq cm	Temporary Codes	Skin Substitutes and Biologicals	No	None
Q4219	SurgiGRAFT-DUAL, per sq cm	Temporary Codes	Skin Substitutes and Biologicals	No	None
Q4220	BellaCell HD or Surederm, per sq cm	Temporary Codes	Skin Substitutes and Biologicals	No	None
Q4221	Amnio Wrap2, per sq cm	Temporary Codes	Skin Substitutes and Biologicals	No	None
Q4222	ProgenaMatrix, per sq cm	Temporary Codes	Skin Substitutes and Biologicals	No	None

Q4226	MyOwn Skin, includes harvesting and preparation procedures, per sq cm	Temporary Codes	Skin Substitutes and Biologicals	No	None
Q5116	Injection, trastuzumab-qyyp, biosimilar, (Trazimera), 10 mg	Temporary Codes	Chemotherapy Medications	Yes	Effective 1/1/2020: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
Q5117	Injection, trastuzumab-anns, biosimilar, (Kanjinti), 10 mg	Temporary Codes	Chemotherapy Medications	Yes	Effective 1/1/2020: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
Q5118	Injection, bevacizumab-bvcr, biosimilar, (Zirabev), 10 mg	Temporary Codes	Chemotherapy Medications	No	None
U0001	CDC Novel Coronavirus Real Time RT-PCR Diagnostic Test Panel	Proprietary Laboratory Analysis	N/A	No	New Code Effective 2/4/2020
U0002	Non CDC Coronavirus Testing	Proprietary Laboratory Analysis	N/A	No	New Code Effective 2/4/2020
87635	SAR-COV-2 COVID-19 AMP PRB	Pathology and Laboratory	Microbiology Procedures	No	New Code Effective 3/13/2020
U0003	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique, making use of high throughput technologies as described by CMS-2020-01-R.	Proprietary Laboratory Analysis	N/A	No	New Code Effective 4/14/2020
U0004	2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC, making use of high throughput technologies as described by CMS-2020-01-R.	Proprietary Laboratory Analysis	N/A	No	New Code Effective 4/14/2020
86328	Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method (eg, reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])	Pathology and Laboratory	Microbiology Procedures	No	New Code Effective 4/10/2020
86769	Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])	Pathology and Laboratory	Microbiology Procedures	No	New Code Effective 4/10/2020

J9030	BCG live intravesical instillation, 1 mg	Pathology and Laboratory	Microbiology Procedures	No	None
0202U	Infectious disease (bacterial or viral respiratory tract infection), pathogenspecific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected	Pathology and Laboratory	Microbiology Procedures	No	New Code Effective 4/10/2020
87426	22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR,	Proprietary Laboratory Analysis	Proprietary Laboratory Analysis	No	New AMA Code effective 6/25/20
0223U	nasopharyngeal swab, each pathogen reported as detected or not detected	Proprietary Laboratory Analysis	Proprietary Laboratory Analysis	No	New AMA Code effective 6/25/20
0224U	antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease (COVID 19) includes titer(s), when performed (DO NOT REPORT 0224U in conjunction with 86769)	Proprietary Laboratory Analysis	Proprietary Laboratory Analysis	No	New AMA Code effective 6/25/20
Q5114	Injection, Trastuzumab-dkst, biosimilar, (Ogivri), 10 mg	Temporary Codes	Chemotherapy Medications	No	None
Q5115	Injection, rituximab-abbs, biosimilar, (Truxima), 10 mg	Temporary Codes	Chemotherapy Medications	Yes	FOR MEDICAL ONCOLOGY DIAGNOSIS ONLY: Authorization must be submitted to HealthHelp, Meridian's vendor for prior authorization of this service. Please submit via the HealthHelp website, by phone 888-285-0562 or by fax 866-203-7271. Requests not related to medical oncology diagnoses should be submitted to Meridian.
0001A	ADM SARSCOV2 30MCG/0.3ML 1ST	TBD	TBD	No	New AMA Code effective 1/01/2021
0002A	ADM SARSCOV2 30MCG/0.3ML 2ND	TBD	TBD	No	New AMA Code effective 1/01/2021
0011A	ADM SARSCOV2 100MCG/0.5ML1ST	TBD	TBD	No	New AMA Code effective 1/01/2021
0012A	ADM SARSCOV2 100MCG/0.5ML2ND	TBD	TBD	No	New AMA Code effective 1/01/2021
0227U	RX ASY PRSMV 30+RX/METABLT	TBD	TBD	No	New AMA Code effective 1/01/2021
0228U	ONC PRST8 MA MOLEC PRFL ALG	TBD	TBD	No	New AMA Code effective 1/01/2021
0229U	BCAT1 PROMOTER MTHYLTN ALYS	TBD	TBD	No	New AMA Code effective 1/01/2021
0230U	AR FULL SEQUENCE ANALYSIS	TBD	TBD	No	New AMA Code effective 1/01/2021
0231U	CACNA1A FULL GENE ANALYSIS	TBD	TBD	No	New AMA Code effective 1/01/2021
0232U	CSTB FULL GENE ANALYSIS	TBD	TBD	No	New AMA Code effective 1/01/2021
0233U	FXN GENE ANALYSIS	TBD	TBD	No	New AMA Code effective 1/01/2021
0234U	MECP2 FULL GENE ANALYSIS	TBD	TBD	No	New AMA Code effective 1/01/2021

0235U	PTEN FULL GENE ANALYSIS	TBD	TBD	No	New AMA Code effective 1/01/2021
0236U	SMN1&SMN2 FULL GENE ANALYSIS	TBD	TBD	No	New AMA Code effective 1/01/2021
0237U	CAR ION CHNLPHTY GEN SEQ PNL	TBD	TBD	No	New AMA Code effective 1/01/2021
0238U	ONC LNCH SYN GEN DNA SEQ ALY	TBD	TBD	No	New AMA Code effective 1/01/2021
0239U	TRGT GEN SEQ ALYS PNL 311+	TBD	TBD	No	New AMA Code effective 1/01/2021
0620T	EVASC VEN ARTLZ TIBL/PRNL VN	TBD	TBD	No	New AMA Code effective 1/01/2021
0621T	TRABECULOSTOMY INTERNO LASER	TBD	TBD	No	New AMA Code effective 1/01/2021
0622T	TRABECULOSTOMY INT LSR W/SCP	TBD	TBD	No	New AMA Code effective 1/01/2021
0623T	AUTO QUANTIFICATION C PLAQUE	TBD	TBD	No	New AMA Code effective 1/01/2021
0624T	AUTO QUAN C PLAQ DATA PREP	TBD	TBD	No	New AMA Code effective 1/01/2021
0625T	AUTO QUAN C PLAQ CPTR ALYS	TBD	TBD	No	New AMA Code effective 1/01/2021
0626T	AUTO QUAN C PLAQ I&R	TBD	TBD	No	New AMA Code effective 1/01/2021
0627T	PERQ NJX ALGC FLUOR LMBR 1ST	TBD	TBD	No	New AMA Code effective 1/01/2021
0628T	PERQ NJX ALGC FLUOR LMBR EA	TBD	TBD	No	New AMA Code effective 1/01/2021
0629T	PERQ NJX ALGC CT LMBR 1ST	TBD	TBD	No	New AMA Code effective 1/01/2021
0630T	PERQ NJX ALGC CT LMBR EA	TBD	TBD	No	New AMA Code effective 1/01/2021
0631T	TC VIS LIT HYPERSPECTRAL IMG	TBD	TBD	No	New AMA Code effective 1/01/2021
0632T	PERQ TCAT US ABLTJ NRV P-ART	TBD	TBD	No	New AMA Code effective 1/01/2021
0633T	CT BREAST W/3D UNI C-	TBD	TBD	No	New AMA Code effective 1/01/2021
0634T	CT BREAST W/3D UNI C+	TBD	TBD	No	New AMA Code effective 1/01/2021
0635T	CT BREAST W/3D UNI C-/C+	TBD	TBD	No	New AMA Code effective 1/01/2021
0636T	CT BREAST W/3D BI C-	TBD	TBD	No	New AMA Code effective 1/01/2021
0637T	CT BREAST W/3D BI C+	TBD	TBD	No	New AMA Code effective 1/01/2021
0638T	CT BREAST W/3D BI C-/C+	TBD	TBD	No	New AMA Code effective 1/01/2021
0639T	WRLS SKN SNR ANISOTROPY MEAS	TBD	TBD	No	New AMA Code effective 1/01/2021
30468	RPR NSL VLV COLLAPSE W/IMPLT	TBD	TBD	No	New AMA Code effective 1/01/2021
32408	CORE NDL BX LNG/MED PERQ	TBD	TBD	No	New AMA Code effective 1/01/2021
33741	TAS CONGENITAL CAR ANOMAL	TBD	TBD	No	New AMA Code effective 1/01/2021
33745	TIS CGEN CAR ANOMAL 1ST SHNT	TBD	TBD	No	New AMA Code effective 1/01/2021
33746	TIS CGEN CAR ANOMAL EA ADDL	TBD	TBD	No	New AMA Code effective 1/01/2021

33995	INSJ PERQ VAD R HRT VENOUS	TBD	TBD	No	New AMA Code effective 1/01/2021
33997	RMVL PERQ RIGHT HEART VAD	TBD	TBD	No	New AMA Code effective 1/01/2021
55880	ABLTJ MAL PRST8 TISS HIFU	TBD	TBD	No	New AMA Code effective 1/01/2021
57465	CAM CERVIX UTERI DRG COLP	TBD	TBD	No	New AMA Code effective 1/01/2021
69705	NPS SURG DILAT EUST TUBE UNI	TBD	TBD	No	New AMA Code effective 1/01/2021
69706	NPS SURG DILAT EUST TUBE BI	TBD	TBD	No	New AMA Code effective 1/01/2021
71271	CT THORAX LUNG CANCER SCR C-	TBD	TBD	No	New AMA Code, effective 1/1/2021, is within the scope of NIA delegated services, prior authorization status will be updated once guidelines/rates have been established/released by the state.
76145	MED PHYSIC DOS EVAL RAD EXPS	TBD	TBD	No	New AMA Code effective 1/01/2021
80143	DRUG ASSAY ACETAMINOPHEN	TBD	TBD	No	New AMA Code effective 1/01/2021
80151	DRUG ASSAY AMIODARONE	TBD	TBD	No	New AMA Code effective 1/01/2021
80161	ASY CARBAMAZEPIN 10,11-EPXID	TBD	TBD	No	New AMA Code effective 1/01/2021
80167	DRUG ASSAY FELBAMATE	TBD	TBD	No	New AMA Code effective 1/01/2021
80179	DRUG ASSAY SALICYLATE	TBD	TBD	No	New AMA Code effective 1/01/2021
80181	DRUG ASSAY FLECAINIDE	TBD	TBD	No	New AMA Code effective 1/01/2021
80189	DRUG ASSAY ITRACONAZOLE	TBD	TBD	No	New AMA Code effective 1/01/2021
80193	DRUG ASSAY LEFLUNOMIDE	TBD	TBD	No	New AMA Code effective 1/01/2021
80204	DRUG ASSAY METHOTREXATE	TBD	TBD	No	New AMA Code effective 1/01/2021
80210	DRUG ASSAY RUFINAMIDE	TBD	TBD	No	New AMA Code effective 1/01/2021
81168	CCND1/IGH TRANSLOCATION ALYS	TBD	TBD	No	New AMA Code effective 1/01/2021
81191	NTRK1 TRANSLOCATION ANALYSIS	TBD	TBD	No	New AMA Code effective 1/01/2021
81192	NTRK2 TRANSLOCATION ANALYSIS	TBD	TBD	No	New AMA Code effective 1/01/2021
81193	NTRK3 TRANSLOCATION ANALYSIS	TBD	TBD	No	New AMA Code effective 1/01/2021
81194	NTRK TRANSLOCATION ANALYSIS	TBD	TBD	No	New AMA Code effective 1/01/2021
81278	IGH@/BCL2 TRANSLOCATION ALYS	TBD	TBD	No	New AMA Code effective 1/01/2021
81279	JAK2 GENE TRGT SEQUENCE ALYS	TBD	TBD	No	New AMA Code effective 1/01/2021
81338	MPL GENE COMMON VARIANTS	TBD	TBD	No	New AMA Code effective 1/01/2021
81339	MPL GENE SEQ ALYS EXON 10	TBD	TBD	No	New AMA Code effective 1/01/2021

81347	SF3B1 GENE COMMON VARIANTS	TBD	TBD	No	New AMA Code effective 1/01/2021
81348	SRSF2 GENE COMMON VARIANTS	TBD	TBD	No	New AMA Code effective 1/01/2021
81351	TP53 GENE FULL GENE SEQUENCE	TBD	TBD	No	New AMA Code effective 1/01/2021
81352	TP53 GENE TRGT SEQUENCE ALYS	TBD	TBD	No	New AMA Code effective 1/01/2021
81353	TP53 GENE KNOWN FAMIL VRNT	TBD	TBD	No	New AMA Code effective 1/01/2021
81357	U2AF1 GENE COMMON VARIANTS	TBD	TBD	No	New AMA Code effective 1/01/2021
81360	ZRSR2 GENE COMMON VARIANTS	TBD	TBD	No	New AMA Code effective 1/01/2021
81419	EPILEPSY GEN SEQ ALYS PANEL	TBD	TBD	No	New AMA Code effective 1/01/2021
81513	NFCT DS BV RNA VAG FLU ALG	TBD	TBD	No	New AMA Code effective 1/01/2021
81514	NFCT DS BV&VAGINITIS DNA ALG	TBD	TBD	No	New AMA Code effective 1/01/2021
81529	ONC CUTAN MLNMA MRNA 31 GENE	TBD	TBD	No	New AMA Code effective 1/01/2021
81546	ONC THYR MRNA 10,196 GEN ALG	TBD	TBD	No	New AMA Code effective 1/01/2021
81554	PULM DS IPF MRNA 190 GEN ALG	TBD	TBD	No	New AMA Code effective 1/01/2021
82077	ASSAY SPEC XCP UR&BREATH IA	TBD	TBD	No	New AMA Code effective 1/01/2021
82681	ASSAY DIR MEAS FR ESTRADIOL	TBD	TBD	No	New AMA Code effective 1/01/2021
87428	SARSCOV & INF VIR A&B AG IA	TBD	TBD	No	New AMA Code effective 1/01/2021
90377	RABIES IG HT&SOL HUMAN IM/SC	TBD	TBD	No	New AMA Code effective 1/01/2021
91300	SARSCOV2 VAC 30MCG/0.3ML IM	TBD	TBD	No	New AMA Code effective 1/01/2021
91301	SARSCOV2 VAC 100MCG/0.5ML IM	TBD	TBD	No	New AMA Code effective 1/01/2021
92229	IMG RTA DETC/MNTR DS POC ALY	TBD	TBD	No	New AMA Code effective 1/01/2021
92517	VEMP TEST I&R CERVICAL	TBD	TBD	No	New AMA Code effective 1/01/2021
92518	VEMP TEST I&R OCULAR	TBD	TBD	No	New AMA Code effective 1/01/2021
92519	VEMP TST I&R CERVICAL&OCULAR	TBD	TBD	No	New AMA Code effective 1/01/2021
92650	AEP SCR AUDITORY POTENTIAL	TBD	TBD	No	New AMA Code effective 1/01/2021
92651	AEP HEARING STATUS DETER I&R	TBD	TBD	No	New AMA Code effective 1/01/2021
92652	AEP THRSHLD EST MLT FREQ I&R	TBD	TBD	No	New AMA Code effective 1/01/2021
92653	AEP NEURODIAGNOSTIC I&R	TBD	TBD	No	New AMA Code effective 1/01/2021
93241	EXT ECG>48HR<7D REC SCAN A/R	TBD	TBD	No	New AMA Code effective 1/01/2021
93242	EXT ECG>48HR<7D RECORDING	TBD	TBD	No	New AMA Code effective 1/01/2021
93243	EXT ECG>48HR<7D SCAN A/R	TBD	TBD	No	New AMA Code effective 1/01/2021

93244	EXT ECG>48HR<7D REV&INTERPJ	TBD	TBD	No	New AMA Code effective 1/01/2021
93245	EXT ECG>7D<15D REC SCAN A/R	TBD	TBD	No	New AMA Code effective 1/01/2021
93246	EXT ECG>7D<15D RECORDING	TBD	TBD	No	New AMA Code effective 1/01/2021
93247	EXT ECG>7D<15D SCAN A/R	TBD	TBD	No	New AMA Code effective 1/01/2021
93248	EXT ECG>7D<15D REV&INTERPJ	TBD	TBD	No	New AMA Code effective 1/01/2021
94619	EXERCISE TST BRNCSPSM WO ECG	TBD	TBD	No	New AMA Code effective 1/01/2021
99417	PROLNG OFF/OP E/M EA 15 MIN	TBD	TBD	No	New AMA Code effective 1/01/2021
99439	CHRNC CARE MGMT SVC EA ADDL	TBD	TBD	No	New AMA Code effective 1/01/2021
C9060	FLUROESTRADIOL F18 DIAGNOSTC 1 MCI	TBD	TBD	No	Code Termed 01/01/2021; to report, see A9591
C9062	INJ DARATUMUMAB 10 MG AND HYAL-FIHJ	TBD	TBD	No	Code Termed 01/01/2021; to report, see J9144
C9064	MITOMYCIN PYELOALYCL INSTILL 1 MG	TBD	TBD	No	Code Termed 01/01/2021; to report, see A9281
C9066	INJ SACITUZUMB GOVITECN-HZIIY 2.5 MG	TBD	TBD	No	Code Termed 01/01/2021; to report, see A9317
C9745	NASAL ENDO SURG; BALLN DILAT EUST T	TBD	TBD	No	Code Termed 01/01/2021; to report, see 69705-69706
C9747	ABLATION PROS TR HIFU INCL I GUID	TBD	TBD	No	Code Termed 01/01/2021; to report, see 55880
C9749	REPAIR NAS VEST LAT WALL STEN IMPL	TBD	TBD	No	Code Termed 01/01/2021; to report, see 30468
A9591	FLUROESTRADIOL F 18 DIAG 1 MCI	TBD	TBD	No	New AMA Code effective 1/01/2021
C1052	HEMOSTATIC AGT GASTROINTESTINAL TOP	TBD	TBD	No	New AMA Code effective 1/01/2021
C1062	VT MC PP APP SR IJ PHRMACL/BIOL AGT	TBD	TBD	No	New AMA Code effective 1/01/2021
C1825	GN NROSTM NONRCHRGBL CR SN BR STM L	TBD	TBD	No	New AMA Code effective 1/01/2021
C9068	COPPER CU-64 DOTATATE DIAG 1 MCI	TBD	TBD	No	New AMA Code effective 1/01/2021
C9069	INJ BELANTAMB MAFODONTN-BLMF 0.5 MG	TBD	TBD	No	New AMA Code effective 1/01/2021
C9070	INJECTION TAFASITAMAB-CXIX 2 MG	TBD	TBD	No	New AMA Code effective 1/01/2021
C9071	INJECTION VILTOLARSEN 10 MG	TBD	TBD	No	New AMA Code effective 1/01/2021
C9072	INJECTION IMMUNE GLOBULIN 500 MG	TBD	TBD	No	New AMA Code effective 1/01/2021
C9073	BREXUCABTAGNE AUTOLCL TO 200 M AUTO	TBD	TBD	No	New AMA Code effective 1/01/2021
C9770	VT MC PP APP SR IJ PHRMACL/BIOL AGT	TBD	TBD	No	New AMA Code effective 1/01/2021
C9771	NASAL/SINUS ENDO CRYO NSL TISS&/NRV	TBD	TBD	No	New AMA Code effective 1/01/2021
C9772	RVSC EVAR OPN/PERC TB/PA IVASC LITH	TBD	TBD	No	New AMA Code effective 1/01/2021
C9773	RVSC EVAR O/PC TB/PA;IVASC LTH&TSP	TBD	TBD	No	New AMA Code effective 1/01/2021
C9774	RVSC EVAR O/PC TIB/PA;IVASC LITH&AT	TBD	TBD	No	New AMA Code effective 1/01/2021

C9775	RVSC EVAR O/P TB/PA; IVL & TSP & AT	TBD	TBD	No	New AMA Code effective 1/01/2021
G0088	P SVC INI V ADM ANT-INF PM H EA 15M	TBD	TBD	No	New AMA Code effective 1/01/2021
G0089	PROF SVC INI V ADM SUB IMT/OTH INF	TBD	TBD	No	New AMA Code effective 1/01/2021
G0090	PROF ADM IV CT/COP INFS RX H EA 15M	TBD	TBD	No	New AMA Code effective 1/01/2021
G2173	URI EP PT CMPT CM CND DUR 12M EP DT	TBD	TBD	No	New AMA Code effective 1/01/2021
G2174	URI EPI PT RX ABX 30D PRI/ON EPI DT	TBD	TBD	No	New AMA Code effective 1/01/2021
G2175	EPIS PT CMPET CM CND DUR 12M EPIS D	TBD	TBD	No	New AMA Code effective 1/01/2021
G2176	OP ED/OBS VISITS RSLT IN IP ADM	TBD	TBD	No	New AMA Code effective 1/01/2021
G2177	AC BR EP PT NU/RFL RX ABX 30 D EP D	TBD	TBD	No	New AMA Code effective 1/01/2021
G2178	CLIN DC PT NO LE NEUR EX MSR B AMP;	TBD	TBD	No	New AMA Code effective 1/01/2021
G2179	CLIN DOC PT MED RSN NO LE NEURO EX	TBD	TBD	No	New AMA Code effective 1/01/2021
G2180	CLIN DOC PT NOT ELG EVAL FTWR B LEA	TBD	TBD	No	New AMA Code effective 1/01/2021
G2181	BMI NOT DC MD RSN/PT REFS HT/WT MSR	TBD	TBD	No	New AMA Code effective 1/01/2021
G2182	PT RCV FT BIOL DZ MOD ANTIRHM DX TX	TBD	TBD	No	New AMA Code effective 1/01/2021
G2183	DOC PT UNABL TO COM & INF NOT AVAIL	TBD	TBD	No	New AMA Code effective 1/01/2021
G2184	PATIENT DOES NOT HAVE A CAREGIVER	TBD	TBD	No	New AMA Code effective 1/01/2021
G2185	DOC CAREGIV IS TRN & CERT DEM CARE	TBD	TBD	No	New AMA Code effective 1/01/2021
G2186	PT/CG DYAD RF APP RS & CON RES CNF	TBD	TBD	No	New AMA Code effective 1/01/2021
G2187	PT CLIN IND IMAG HEAD: HEAD TAURMA	TBD	TBD	No	New AMA Code effective 1/01/2021
G2188	PT CLN IND IMG HD:NW/CHG HA >50 YA	TBD	TBD	No	New AMA Code effective 1/01/2021
G2189	PT CLIN IND IMAG HEAD: ABN NEURO EX	TBD	TBD	No	New AMA Code effective 1/01/2021
G2190	PT CLIN IND IMAG HEAD: HA RAD NECK	TBD	TBD	No	New AMA Code effective 1/01/2021
G2191	PT CLIN IND IMAG HEAD: POSIT HA	TBD	TBD	No	New AMA Code effective 1/01/2021
G2192	PT CLN IND IMG HD:TMP HA PT O 55 YA	TBD	TBD	No	New AMA Code effective 1/01/2021
G2193	PT CLIN IND IMG HD:NEW ON HA <6 YOA	TBD	TBD	No	New AMA Code effective 1/01/2021
G2194	PT CLN IND IMG HD;NU ON HA PD PT DB	TBD	TBD	No	New AMA Code effective 1/01/2021
G2195	PT CLIN IND IMAG HEAD: OCC HA CHILD	TBD	TBD	No	New AMA Code effective 1/01/2021
G2196	PT IDENT UH ALC USR SCR UH ALC USE	TBD	TBD	No	New AMA Code effective 1/01/2021
G2197	PT SCR UH ALC USE NOT ID UH ALC USR	TBD	TBD	No	New AMA Code effective 1/01/2021
G2198	DOC MD RSN NO S UH ALC USE SYS S ME	TBD	TBD	No	New AMA Code effective 1/01/2021

G2199	PT NOT SCR UH ALC USE SYS SM NO RSN	TBD	TBD	No	New AMA Code effective 1/01/2021
G2200	PT IDENT UH ALC USER RCV BRF CNSLG	TBD	TBD	No	New AMA Code effective 1/01/2021
G2201	DOC MED RSN FOR NOT PROV BRF CNSLG	TBD	TBD	No	New AMA Code effective 1/01/2021
G2202	PT NO CNSL ID UH ALC USR NO RSN GVN	TBD	TBD	No	New AMA Code effective 1/01/2021
G2203	DOC MED RSN NO CNSLG ID UH ALC USER	TBD	TBD	No	New AMA Code effective 1/01/2021
G2204	PT B/T 50&85 Y RCVD SCR CC DUR PR P	TBD	TBD	No	New AMA Code effective 1/01/2021
G2205	PT WITH PREGNANCY DUR ADJ TX CRS	TBD	TBD	No	New AMA Code effective 1/01/2021
G2206	PT RCV ADJ TX CRS CHEMO&HER2-TGT TX	TBD	TBD	No	New AMA Code effective 1/01/2021
G2207	RSN NOT ADM ADJ TX CRS CHMO&HER2-TT	TBD	TBD	No	New AMA Code effective 1/01/2021
G2208	PT DID NOT RECV ADJUVANT TX COURSE	TBD	TBD	No	New AMA Code effective 1/01/2021
G2209	PATIENT REFUSED TO PARTICIPATE	TBD	TBD	No	New AMA Code effective 1/01/2021
G2210	RD CG SC NCK IMPR NO MSR PT NOT CMP	TBD	TBD	No	New AMA Code effective 1/01/2021
G2211	VISIT CPLX INHERENT E&M ASSOC MCS	TBD	TBD	No	New AMA Code effective 1/01/2021
G2212	PROLNG OF/OP E&M BYND RT;EA AD 15 M	TBD	TBD	No	New AMA Code effective 1/01/2021
G2213	INIT MED TX OPIOID USE D/O ED SET	TBD	TBD	No	New AMA Code effective 1/01/2021
G2214	INIT/SUB PSY CCM 1ST 30 M MO BH CAR	TBD	TBD	No	New AMA Code effective 1/01/2021
G2215	TAKE H SPLY NSL NLX;LIST SEP ADD CD	TBD	TBD	No	New AMA Code effective 1/01/2021
G2216	TAKE HM SPLY INJ NLXLIST SEP ADD CD	TBD	TBD	No	New AMA Code effective 1/01/2021
G2250	INTRAVERTEBRAL BODY FX AUG W/IMPL	TBD	TBD	No	New AMA Code effective 1/01/2021
G2251	BRF COM TECH-B SRVC VR C/I Q HCP	TBD	TBD	No	New AMA Code effective 1/01/2021
G2252	BRF CM TCH-B SRVC VR C/I P/O Q HCP	TBD	TBD	No	New AMA Code effective 1/01/2021
J0693	INJECTION CEFIDEROCOL 5 MG	TBD	TBD	No	New AMA Code effective 1/01/2021
J1823	INJECTION INEBILIZUMAB-CDON 1 MG	TBD	TBD	No	New AMA Code effective 1/01/2021
J7212	FACTOR VIIA-JNCW 1 MCG	TBD	TBD	No	New AMA Code effective 1/01/2021
J7352	AFAMELANOTIDE IMPLANT 1 MG	TBD	TBD	No	New AMA Code effective 1/01/2021
J9144	INJ DARA 10 MG & HYALURONIDASE-FIHJ	TBD	TBD	No	New AMA Code effective 1/01/2021
J9223	INJECTION LURBINECTEDIN 0.1 MG	TBD	TBD	No	New AMA Code effective 1/01/2021
J9281	MITOMYCN PYELOCALYCEAL INSTILL 1 MG	TBD	TBD	No	New AMA Code effective 1/01/2021
J9316	INJ PER TMAB & HYAL-ZZXF PER 10 MG	TBD	TBD	No	New AMA Code effective 1/01/2021
J9317	INJ SACITUZUMB GOVITECN-HZIY 2.5 MG	TBD	TBD	No	New AMA Code effective 1/01/2021

M0239	IV INF BAMLANIVIMAB-XXXX INF&PA MON	TBD	TBD	No	Code effective 11/10/2020
M0243	IV INFUSION CASIRIVIMAB & IMDEVIMAB	TBD	TBD	No	Code effective 11/21/2020
M1145	MFN MODEL DRUG ADD-ON AMNT PER DOSE	TBD	TBD	No	New AMA Code effective 1/01/2021
M1146	ONGNG CARE NOT INDC PT ND HP DOC MR	TBD	TBD	No	New AMA Code effective 1/01/2021
M1147	ONG CRE NOT MED PSS PT D/C E DOC MR	TBD	TBD	No	New AMA Code effective 1/01/2021
M1148	ONGNG CARE NOT POSS PT SLF-D/C ERLY	TBD	TBD	No	New AMA Code effective 1/01/2021
M1149	PT UN CMPL NCK FS PROM INIT EV&/D/C	TBD	TBD	No	New AMA Code effective 1/01/2021
Q0239	INJECTION BAMLANIVIMAB-XXXX 700 MG	TBD	TBD	No	Code effective 11/10/2020
Q0243	INJ CASIRIVIMAB & IMDEVIMAB 2400 MG	TBD	TBD	No	Code effective 11/21/2020
Q5122	INJ PEGFILGRASTIM-APGF BS 0.5 MG	TBD	TBD	No	New AMA Code effective 1/01/2021
S0013	ESKETAMINE NASAL SPRAY 1 MG	TBD	TBD	No	New AMA Code effective 1/01/2021
U0005	IA DET NA; SARS-COV-2 COVID-19	TBD	TBD	No	New AMA Code effective 1/01/2021
Q0245	INJECTION, BAMLANIVIMAB AND ETESEVIMAB, 2100 MG	TBD	TBD	No	Code effective 2/9/2021
M0245	INTRAVENOUS INFUSION, BAMLANIVIMAB AND ETESEVIMAB, INCLUDES INFUSION AND POST ADMINISTRATION MONITORING	TBD	TBD	No	Code effective 2/9/2021
M0244	Intravenous infusion, casirivimab and imdevimab includes infusion and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency.	TBD	TBD	No	New COVID Infusion code, effective 5/6/2021. Awaiting State guidance and rate release.
M0246	Intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the covid-19 public health emergency.	TBD	TBD	No	New COVID Infusion code, effective 5/6/2021. Awaiting State guidance and rate release.
0242U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 55-74 genes, interrogation for sequence variants, gene copy number amplifications, and gene rearrangements	TBD	TBD	No	New AMA Code, effective 4/1/2021; Coverage status will be determined once guidelines/rates have been established/released by the state
0243U	Obstetrics (preeclampsia), biochemical assay of placental-growth factor, time-resolved fluorescence immunoassay, maternal serum, predictive algorithm reported as a risk score for preeclampsia	TBD	TBD	No	New AMA Code, effective 4/1/2021; Coverage status will be determined once guidelines/rates have been established/released by the state
0244U	Oncology (solid organ), DNA, comprehensive genomic profiling, 257 genes, interrogation for single-nucleotide variants, insertions/deletions, copy number alterations, gene rearrangements, tumor-mutational burden and microsatellite instability, utilizing formalin-fixed paraffin-embedded tumor tissue	TBD	TBD	No	New AMA Code, effective 4/1/2021; Coverage status will be determined once guidelines/rates have been established/released by the state

0245U	Oncology (thyroid), mutation analysis of 10 genes and 37 RNA fusions and expression of 4 mRNA markers using next-generation sequencing, fine needle aspirate, report includes associated risk of malignancy expressed as a percentage	TBD	TBD	No	New AMA Code, effective 4/1/2021; Coverage status will be determined once guidelines/rates have been established/released by the state
0246U	Red blood cell antigen typing, DNA, genotyping of at least 16 blood groups with phenotype prediction of at least 51 red blood cell antigens	TBD	TBD	No	New AMA Code, effective 4/1/2021; Coverage status will be determined once guidelines/rates have been established/released by the state
0247U	Obstetrics (preterm birth), insulin-like growth factor-binding protein 4 (IBP4), sex hormone-binding globulin (SHBG), quantitative measurement by LC-MS/MS, utilizing maternal serum, combined with clinical data, reported as predictive-risk stratification for spontaneous preterm birth	TBD	TBD	No	New AMA Code, effective 4/1/2021; Coverage status will be determined once guidelines/rates have been established/released by the state
Q0244	Injection, casirivimab and imdevimab, 1200 mg	TBD	TBD	No	New COVID Infusion code, effective 6/3/2021. Awaiting State guidance and rate release.
Q0247	Injection, sotrovimab, 500 mg	TBD	TBD	No	New COVID Infusion code, effective 5/26/2021. Awaiting State guidance and rate release.
M0247	Intravenous infusion, sotrovimab, includes infusion and post administration monitoring	TBD	TBD	No	New COVID Infusion code, effective 5/26/2021. Awaiting State guidance and rate release.
M0248	Intravenous infusion, sotrovimab, includes infusion and post administration monitoring in the home or residence; this includes a beneficiary's home that has been made provider-based to the hospital during the COVID-19 public health emergency	TBD	TBD	No	New COVID Infusion code, effective 5/26/2021. Awaiting State guidance and rate release.
Q0249	Injection, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, 1 mg	TBD	TBD	No	New COVID Infusion code, effective 6/24/2021. Awaiting State guidance and rate release.
M0249	Intravenous infusion, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, includes infusion and post administration monitoring, first dose	TBD	TBD	No	New COVID Infusion code, effective 6/24/2021. Awaiting State guidance and rate release.

M0250	Intravenous infusion, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, includes infusion and post administration monitoring, second dose	TBD	TBD	No	New COVID Infusion code, effective 6/24/2021. Awaiting State guidance and rate release.
C9761	Cystourethroscopy, with ureteroscopy and/or pyeloscopy, with lithotripsy, and ureteral catheterization for steerable vacuum aspiration of the kidney, collecting system, ureter, bladder, and urethra if applicable	TBD	TBD	No	New Code Effective 10/1/2020. Awaiting State guidance and rate released.
C9764	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy, includes angioplasty within the same vessel(s), when performed	TBD	TBD	No	New Code Effective 7/1/2020. Awaiting State guidance and rate released.
C9765	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy, and transluminal stent placement(s), includes angioplasty within the same vessel(s), when performed	TBD	TBD	No	New Code Effective 7/1/2020. Awaiting State guidance and rate released.
C9766	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel(s), when performed	TBD	TBD	No	New Code Effective 7/1/2020. Awaiting State guidance and rate released.
C9767	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy and transluminal stent placement(s), and atherectomy, includes angioplasty within the same vessel(s), when performed	TBD	TBD	No	New Code Effective 7/1/2020. Awaiting State guidance and rate released.
G9868	Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic evaluation, for use only in a Medicare-approved CMMI model, less than 10 minutes	TBD	TBD	No	New Code Effective 4/1/2020. Awaiting State guidance and rate released.
G9869	Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic evaluation, for use only in a Medicare-approved CMMI model, 10 to 20 minutes	TBD	TBD	No	New Code Effective 4/1/2020. Awaiting State guidance and rate released.

G9870	Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic evaluation, for use only in a Medicare-approved CMMI model, more than 20 minutes	TBD	TBD	No	New Code Effective 4/1/2020. Awaiting State guidance and rate released.
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