

MAP NON-COVERED SERVICES EFF: 11/01/2017 (updated 12/04/2017)

CPT, HCPCS Revenue Code, or ICD-	Description	Comment
0112	Room and Board Private (one bed) - OB	
0114	Room and Board Private (one bed) - Psychiatric	
0116	Room and Board Private (one bed) - Detoxification	
0118	Room and Board Private (one bed) - Rehab	
0120	Long term acute care	
0122	Room and Board Semiprivate (two beds) - OB	
0124	Room and Board Semiprivate (two beds) - Psychiatric	
0126	Room and Board Semiprivate (two beds) - Detoxification	
0128	Level 1 Rehab	
0129	Level 2 Rehab - acute complex	
0132	Room & Board - Three and Four Beds Obstetrics (OB)	
0136	Room & Board - Three and Four Beds Psychiatric	
0138	Room & Board - Three and Four Beds Rehabilitation	
0142	Room & Board - Deluxe Private Obstetrics (OB)	
0144	Room & Board - Deluxe Private Psychiatric	
0146	Room & Board - Deluxe Private Detoxification	
0148	Room & Board - Deluxe Private Rehabilitation	
0152	Room & Board - Ward Obstetrics (OB)	
0154	Room & Board - Ward Psychiatric	
0156	Room & Board - Ward Detoxification	
0158	Room & Board - Ward Rehabilitation	
0170	Nursery General Classification	
0171	Nursery Newborn - Level I	
0172	Nursery Newborn - Level II	
0173	Nursery Newborn - Level III	
0174	Nursery Newborn - Level IV	
0179	Nursery Other	
0362	Transplant	
0413	Hyperbaric Oxygen Therapy outpatient revenue code	
551	Private Duty Nursing and Home Health	
0660	General Classification	
0661	Hourly Charge/Nursing	
0662	Hourly Charge/Aide/Homemaker/Companion	
0663	Daily Respite Charge	
0664	Reserved	
0665	Reserved	
0666	Reserved	
0667	Reserved	
0668	Reserved	
0669	Other Respite Care	
0681	Level I - Trauma Response	
0682	Level II - Trauma Response	
0683	Level III - Trauma Response	
0684	Level IV - Trauma Response	
0685	Reserved	
0686	Reserved	

0687	Reserved	
0688	Reserved	
0689	Other Trauma Response	
0810	General Classification - acquisition of body components	
0811	Living Donor - acquisition of body components	
0812	Cadaver Donor - acquisition of body components	
0813	Unknown Donor - acquisition of body components	
0814	Unsuccessful Organ Search - Donor Bank Charges -	
0815	Stem Cell Acquisition-Allogenic -	
0816	Reserved - acquisition of body components	
0817	Reserved - acquisition of body components	
0818	Reserved - acquisition of body components	
0819	Other Donor - acquisition of body components	
0911	Behavioral Health Rehab	
0912	Behavioral Health Partial Hospitalization - less intensive	
0913	Behavioral Health Partial Hospitalization - intensive	
0930	Medical Rehabilitation Day Program	
0931	Medical Rehabilitation Day Program	
0932	Medical Rehabilitation Day Program	
0933	Medical Rehabilitation Day Program	
0934	Medical Rehabilitation Day Program	
0935	Medical Rehabilitation Day Program	
0936	Medical Rehabilitation Day Program	
0937	Medical Rehabilitation Day Program	
0938	Medical Rehabilitation Day Program	
0939	Medical Rehabilitation Day Program	
0940	Other Therapeutic Services - General	
0951	Athletic training	
0990	General Classification	
0991	Cafeteria/Guest Tray	
0992	Private Linen Service	
0993	Telephone/Telecom	
0994	TV/Radio	
0995	Nonpatient Room Rentals	
0996	Late Discharge	
0997	Admission Kits	
0998	Beauty Shop/Barber	
0999	Other Convenience Items	
1001	Residential treatment - psychiatric	
1002	Residential treatment - chemical dependency	
01841	Retinal prosthesis, includes all internal and external components	
2100	Alternative Therapy Services	
2101	Alternative Therapy Services	
2102	Alternative Therapy Services	
2103	Alternative Therapy Services	
2104	Alternative Therapy Services	
2105	Alternative Therapy Services	
2106	Alternative Therapy Services	
2107	Alternative Therapy Services	
2108	Alternative Therapy Services	
2109	Alternative Therapy Services	

3100	Reserved	
3101	Adult Day Care, Medical and Social - Hourly	
3102	Adult Day Care, Social - Hourly	
3103	Adult Day Care, Medical and Social - Daily	
3104	Adult Day Care, Social - Daily	
3105	Adult Foster Care - Daily	
3106	Reserved	
3107	Reserved	
3108	Reserved	
3109	Other Adult Care	
10040	Acne surgery, marsupialization	
11950	Subcutan inj filling matl	
11951	Subcutan inj filling matl (e.g., collagen); 1.1 to 5.0 cc	
11952	Subcutans inj filling matl (e.g., collagen); 5.1 to 10.0 cc	
11954	Subcutan inj filling matl (e.g., collagen); over 10.0 cc	
15775	Punch graft for hair transplant	
15776	Punch graft for hair transplant; more than 15 punch grafts	
15780	Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general	
15781	Dermabrasion; segmental, face	
15782	Dermabrasion; regional, other than face	
15783	Dermabrasion; superficial, any site (e.g., tattoo removal)	
15786	Abrasion; single lesion (e.g., keratosis, scar)	
15787	Abrasion, each additional four lesions or less	
15788	Chemical peel, facial, epidermal	
15789	Chemical peel/facial/dermal	
15792	Chemical peel nonfacial/epidermal	
15793	Chemical peel/nonfacial/dermal	
15819	Cervicoplasty	
15820	Blepharoplasty – lower eyelid	
15821	Blepharoplasty – lower eyelid	
15822	Blepharoplasty – upper eyelid	
15823	Blepharoplasty – upper eyelid	
15824	Rhytidectomy; forehead	
15825	Rhytidectomy; neck with platysmal tightening	
15826	Rhytidectomy; glabellar frown lines	
15828	Rhytidectomy; cheek, chin and neck	
15829	Rhytidectomy; subcutaneous musculoaponeurotic system (SMAS) flap	
15830	Panniculectomy	
15837	Excision, excessive skin and subcut tissue; forearm, hand	
15838	Excision, excess skin and subcut tissue; submental fat pad	
15847	Abdominoplasty	
15850	Removal of sutures under anesthesia (other than local), same surgeon	
15876	Suction assisted lipectomy; head and neck	
15877	Lipectomy – suction assisted, trunk when performed in conjunction with abdominoplasty/panniculectomy	
17360	Chemical exfoliation for acne (e.g., acne paste, acid)	
17380	Electrolysis epilation, each 1/2 hour	
19105	Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each	
19300	Mastectomy for gynecomastia	
19316	Mastopexy	
19318	Reduction mammoplasty	
19324	Mammoplasty, augmentation w/ or w/o implant	
19325	Mammoplasty, augmentation w/ or w/o implant	

19367	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site	
19368	with microvascular anastomosis (supercharging)	
19369	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), double pedicle, including closure of donor site	
19380	Revision of reconstructed breast	
19396	Preparation of moulage for custom breast implant	
20552	Trigger point injections	
20553	Trigger point injections	
20930	Allograft for spine surgery only; morselized	
20936	Allograft for spine surgery only (includes harvesting the graft); local (e.g., ribs, spinous process, or laminar fragments) obtained from same incision	
20985	Computer-assisted surgical navigational procedure for musculoskeletal procedures; image-less (list separately in addition to code for primary procedure)	
21050	Condylectomy, temporomandibular joint (separate procedure)	
21060	Meniscectomy, partial or complete, temporomandibular joint (separate procedure)	
21073	Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care)	
21076	Oral Maxillofacial Prosthesis	
21077	Oral Maxillofacial Prosthesis	
21079	Oral Maxillofacial Prosthesis	
21080	Oral Maxillofacial Prosthesis	
21081	Oral Maxillofacial Prosthesis	
21082	Oral Maxillofacial Prosthesis	
21083	Oral Maxillofacial Prosthesis	
21084	Oral Maxillofacial Prosthesis	
21085	Oral Maxillofacial Prosthesis	
21086	Oral Maxillofacial Prosthesis	
21087	Oral Maxillofacial Prosthesis	
21088	Oral Maxillofacial Prosthesis	
21089	Unlisted maxillofacial prosthetic procedure	
21110	Application of interdental fixation device for conditions other than fracture or dislocation, includes removal	
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)	
21121	Genioplasty; sliding osteotomy, single piece	
21122	Genioplasty; sliding osteotomies, two or more	
21123	Genioplasty; sliding, augmentation w interposit bone grafts	
21125	Augmentation, mandibular body or angle; prosthetic material	
21127	Augmentation, mandib body/angle; w bone graft, onlay or interpositional	
21137	Reduction forehead; contouring only	
21138	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)	
21139	Reduction forehead; contouring and setback of anterior frontal sinus wall	
21141	Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft	
21142	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft	
21143	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, without bone graft	
21145	Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)	
21146	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar	
21147	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted bilateral alveolar cleft or multiple osteotomies)	
21150	Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome)	
21151	Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)	

21154	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I	
21155	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I	
21159	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I	
21160	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); with LeFort I	
21172	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)	
21175	Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (eg, plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)	
21179	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)	
21180	Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)	
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)	
21209	Osteoplasty, facial bones; reduction	
21240	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining	
21242	Arthroplasty, temporomandibular joint, with allograft	
21243	Arthroplasty, temporomandibular joint, with prosthetic joint replacement	
21270	Malar augmentation, prosthetic material	
21280	Medial canthopexy	
21282	Lateral canthopexy	
21295	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); extraoral approach	
21296	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); intraoral approach	
21497	Interdental wiring, for condition other than fracture	
21499	Unlisted musculoskeletal procedure, head	
21740	Reconstructive repair of pectus excavatum or carinatum	
21742	Reconstructive repair of pectus excavatum or carinatum	
21743	Reconstructive repair of pectus excavatum or carinatum	
22505	Manipulation of spine requiring anesthesia	
22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance: single level	
22527	Percutaneous intradiscal electrothermal annuloplasty, uni- lateral or bilateral including fluoroscopic guidance; one or more additional levels (list separately in addition to code for primary procedure)	
22841	Internal spinal fixation by wiring of spinous processes	
22865	Removal of total disc arthroplasty (artificial disc), anterior approach, lumbar, single interspace	
25111	Excision of ganglion, wrist	
26531	Implantations (e.g. silicone, saline, penile, etc)	
28035	Release, tarsal tunnel	
28291	Hallux rigidus correction with cheilectomy	
28890	Extracorporeal shockwave, hi energy, by MD, incl u/s guidance, involv plantar fascia	
29800	Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure)	
29804	Arthroscopy , temporomandibular joint (TMJ), surgical	
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip	
30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip	
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)	
30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)	
30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)	
32701	Thoracic target(s) delineation for stereotactic body radiation therapy (SRS/SBRT), (photon or particle beam), entire course of treatment	
32850	Donor Pneumonectomy(s), from cadaver donor	
32851	Lung transplant, single; without cardiopulmonary bypass	

32852	Lung transplant, single; with cardiopulmonary bypass	
32853	Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary	
32854	Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass	
32855	Backbench standard preparation of cadaver donor lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare pulmonary venous/atrial cuff, pulmonary artery, and bronchus; unilateral	
32856	Backbench standard preparation of cadaver donor lung allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare pulmonary venous/atrial cuff, pulmonary artery, and bronchus; bilateral	
33223	Relocation of skin pocket for implantable defibrillator	
33477	Transcatheter pulmonary valve implantation	
33548	Surgical ventricle restoration procedure	
33930	Donor cardiectomy-pneumonectomy	
33935	Heart-lung transplant with recipient cardiectomy-pneumonectomy	
33940	Donor cardiectomy (including cold preservation)	
33944	Backbench standard preparation of cadaver donor heart allograft prior to transplantation, including dissection of allograft from surrounding soft tissues to prepare aorta, superior vena cava, inferior vena cava, pulmonary artery, and left	
33945	Heart transplant, with or without recipient cardiectomy	
33975	Insertion of ventricular assist device; extracorporeal, single ventricle	
33976	Insertion VAD Extracorporeal, biventricular	
33979	Insertion VAD Implantable intracorporeal, single vent	
33981	Replace extracorporeal VAD, single or bivent pump	
33990	Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; arterial access only	
33991	Insertion of ventricular assist device, percutaneous including radiological supervision and interpretation; both arterial and venous access, with transeptal puncture	
33993	Repositioning of percutaneous ventricular assist device with imaging guidance at separate and distinct session from insertion	
34806	Transcatheter placement of wireless physiologic sensor in aneurysmal sac during endovascular repair, including radiological supervision and interpretation, instrument calibration, and collection of pressure data	
36416	Collection of capillary blood specimen (e.g., finger, heel, ear stick)	
36430	Transfusion, blood or blood components	
36468	Injections of sclerosing solutions, spider veins; limb or TR	
36469	Injections of sclerosing solutions, spider veins; face	
36473	Endovenous ablation therapy of incompetent vein, extremity	
36474	Endovenous ablation therapy of incompetent vein, extremity	
37252	Intravascular ultrasound during diagnostic evaluation	
37253	Intravascular ultrasound during diagnostic evaluation	
37788	Penile revascularization, artery, w/without vein graft	
37790	Penile venous occlusive procedure	
38204	Management of recipient hematopoietic progenitor cell donor search and cell	
38207	Transplant preparation of hematopoietic progenitor cells; cryopreservation and	
38208	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing	
38209	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing	
38210	Transplant preparation of hematopoietic progenitor cells; specific cell depletion within harvest, T-cell depletion	
38211	Transplant preparation of hematopoietic progenitor cells; tumor cell depletion	
38212	Transplant preparation of hematopoietic progenitor cells; red blood cell removal	
38213	Transplant preparation of hematopoietic progenitor cells; platelet depletion	
38214	Transplant preparation of hematopoietic progenitor cells; plasma (volume) depletion	
38215	Transplant preparation of hematopoietic progenitor cells; cell concentration in plasma, mononuclear, or buffy coat layer	
38230	Bone marrow harvesting for transplantation	
38231	Bone marrow harvesting for transplantation	

38232	Bone marrow harvesting for transplantation; autologous	
38240	Bone marrow or blood derived peripheral stem cell transplantation, allogenic	
38241	Bone marrow or blood derived peripheral stem cell, transplantation	
38242	Bone marrow or blood-derived peripheral stem cell transplantation; allogenic donor lymphocyte infusion	
38243	Hematopoietic progenitor cell (HPC); HPC boost	
41512	Tongue base suspension, permanent suture technique	
41530	Submucosal ablation of the tongue base, radiofrequency, one or more sites, per	
41821	Operculectomy, excision pericoronal tissues	
41828	Excision of hyperplastic alveolar mucosa, each sextant or quad	
41830	Alveolectomy, including curettage of osteitis or sequestrect	
41870	Periodontal mucosal grafting	
43210	Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed	
43252	Upper GI endoscopy including esophagus, stomach and either the duodenum and/or jejunum as appropriate	
43257	Upper GI endoscopy including esophagus, stomach and either the duodenum and/or jejunum as appropriate; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia for TX of GI reflux disease	
43284	Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band), including cruroplasty when	
43285	Removal of esophageal sphincter augmentation device	
43631	Gastrectomy, partial, distal; with gastroduodenostomy	
43632	Gastrectomy, partial, distal; with gastrojejunostomy	
43633	Gastrectomy, partial, distal; with Roux-en-Y reconstruction	
43634	Gastrectomy, partial, distal; with formation of intestinal pouch	
43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less)	
43645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction to limit absorption	
43647	Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes,	
43648	Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes,	
43659	Unlisted laparoscopy procedure, stomach	
43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric restrictive device (eg, gastric band and subcutaneous port components)	
43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only	
43772	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device component only	
43773	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric restrictive device component only	
43774	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric restrictive device and subcutaneous port components	
43775	Lap sleeve gastrectomy	
43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty	
43843	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty	
43845	Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (50 to 100 cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch)	
43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (less than 100 cm) Roux-en-Y gastroenterostomy	
43847	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption	
43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)	
43855	REVISE STOMACH-BOWEL FUSION	
43860	REVISE STOMACH-BOWEL FUSION	
43865	REVISE STOMACH-BOWEL FUSION	
43881	Implantation or replacement of gastric neurostimulator	

43882	Revision or removal of gastric neurostimulator electrodes, antrum, open	
43886	Gastric restrictive procedure, open; revision of subcutaneous port component only	
43888	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only	
44132	Donor enterectomy, open; from cadaver donor	
44133	Donor enterectomy, open; partial, from living donor	
44135	Intestinal allotransplantation; from cadaver donor	
44136	Intestinal allotransplantation; from living donor	
44137	Removal of transplanted intestinal allograft, complete	
44705	Preparation of fecal microbiota for instillation, including assessment of donor	
44715	Backbench standard preparation of cadaver or living donor intestine allograft prior to transplantation, including mobilization and fashioning of the superior mesenteric artery and vein	
44720	Backbench standard preparation of cadaver or living donor intestine allograft prior to transplantation, venous anastomosis, each	
44721	Backbench standard preparation of cadaver or living donor intestine allograft prior to transplantation, arterial anastomosis each	
47133	Donor hepatectomy (including cold preservation), from cadaver donor	
47135	Liver allotransplantation; orthotopic, partial or whole, from cadaver or living donor, any	
47136	Liver allotransplantation; heterotopic, partial or whole, from cadaver or living donor,	
47140	Donor hepatectomy, with preparation and maintenance of allograft, from living donor; left lateral segment only (segments II and III)	
47141	Donor hepatectomy, with preparation and maintenance of allograft, from living donor; total left lobectomy (segments II, III and IV)	
47142	Donor hepatectomy, with preparation and maintenance of allograft, from living donor; total right lobectomy (segments V, VI, VII and VIII)	
47143	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; without trisegment or lobe split	
47144	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with trisegment split of whole liver graft into 2 partial liver grafts (ie, left lateral segment [segments II and III] and right trisegment [segments I and IV through VIII])	
47145	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with lobe split of whole liver graft into 2 partial liver grafts (ie, left lobe [segments II, III, and IV] and right lobe [segments I and V through VIII])	
47146	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; venous anastomosis, each	
47147	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; arterial anastomosis, each	
48160	PANCREAS REMOVAL/TRANSPLANT	
48550	Donor pancreatectomy (including cold preservation), with or without duodenal segment for transplantation	
48551	Backbench standard preparation of cadaver donor pancreas allograft prior to transplantation, including dissection of allograft from surrounding soft tissues, splenectomy, duodenotomy, ligation of bile duct, ligation of mesenteric vessels, and Y-graft arterial anastomoses from iliac artery to superior mesenteric artery and to	
48552	Backbench reconstruction of cadaver donor pancreas allograft prior to transplantation, venous anastomosis, each	
48554	Transplantation of pancreatic allograft	
48556	Removal of transplanted pancreatic allograft	
49000	Under Incision Procedures on the Abdomen, Peritoneum, and Omentum	
49185	Sclerotherapy	
50300	Donor nephrectomy, open from cadaver living donor (excluding preparation and maintenance of allograft)	
50320	Donor nephrectomy, open from living donor (excluding preparation and maintenance of allograft)	

50323	Backbench standard preparation of cadaver donor renal allograft prior to transplantation, including dissection and removal of perinephric fat, diaphragmatic and retroperitoneal attachments, excision of adrenal gland, and preparation of ureter(s), vein(s), and renal artery(s), ligating branches, as necessary	
50325	Backbench standard preparation of living donor renal allograft (open or laparoscopic) prior to transplantation, including dissection and removal of perinephric fat and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary	
50327	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; venous anastomosis, each	
50328	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; arterial anastomosis, each	
50329	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; ureteral anastomosis, each	
50340	Recipient nephrectomy (separate procedure)	
50360	Renal allotransplantation, implantation of graft; excluding donor and recipient	
50365	Renal allotransplantation, implantation of graft; with recipient nephrectomy	
50370	Removal of transplanted renal allograft	
50380	Renal autotransplantation, reimplantation of kidney	
50547	Laparoscopy, surgical; donor nephrectomy from living donor (excluding preparation and maintenance of allograft)	
52441	Cystourethroscopy, with insertion of permanent adjustable transprotatic implant	
52442	Cystourethroscopy, with insertion of permanent adjustable transprotatic implant	
53855	Insertion of temporary prostatic ureteral stent	
53860	Transurethral, radiofrequency micro-remodeling of the female bladder neck	
54150	Circumcision (routine) for clients one year of age or older.	
54161	Circumcision (routine) for clients one year of age or older.	
54385	Implantation	
54390	Implantation	
54400	Insertion of penile prosthesis; non-inflatable (semi-rigid)	
54401	Insertion of penile prosthesis; inflatable (self-contained)	
54405	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir	
54408	Repair of component(s) of a multi-component, inflatable penile prosthesis	
54410	Removal and replacement of all components of a multi-component, inflatable penile prosthesis at the same operative session	
54416	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session	
54417	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue	
54660	Insertion of testicular prosthesis (separate procedure)	
54900	Epididymovasostomy, anastomosis of epididymis to vas deferens; unilateral	
54901	Epididymovasostomy, anastomosis of epididymis to vas deferens; bilateral	
55200	Vasotomy, cannulization with or without incision of vas, unilateral or bilateral (separate procedure)	
55300	Vasotomy for vasograms, seminal vesiculograms, or epididymograms, unilateral or	
55400	Vasovasostomy, vasovasorrhaphy	
55870	Electroejaculation	
55970	Intersex surgery; male to female	
55980	Intersex surgery; female to male	
56805	Clitoroplasty for intersex state	
57291	Construction of artificial vagina; without graft	
57292	Construction of artificial vagina; with graft	
57335	Vaginoplasty for intersex state	
58321	Artificial insemination; intra-cervical	
58322	Artificial insemination; intra-uterine	
58323	Sperm washing for artificial insemination	
58350	Chromotubation of oviduct, including materials	

58605	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, postpartum, unilateral or bilateral	
58611	Ligation or transection of fallopian tube(s) when done at the time of cesarean delivery or intra-abdominal surgery	
58615	Occlusion of fallopian tube(s) by device (eg, band, clip, Falope ring) vaginal or suprapubic approach	
58672	Laparoscopy, surgical; with fimbrioplasty	
58673	Laparoscopy, surgical; with salpingostomy (salpingoneostomy)	
58750	Tubotubal anastomosis	
58752	Tubouterine implantation	
58760	Fimbrioplasty	
58970	Follicle puncture for oocyte retrieval, any method	
58974	Embryo transfer, intrauterine	
58976	Gamete, zygote, or embryo intrafallopian transfer, any method	
59897	Unlisted fetal invasive procedure, including ultrasound guidance	
59898	Unlisted laparoscopy procedure, maternity care and delivery	
59899	Unlisted procedure, maternity care and delivery	
61630	Balloon angioplasty, intracranial	
61635	Transcatheter placement of intravascular stent, intracranial	
61640	Balloon dilation of intracranial vasospasm	
61641	Balloon dilation of intracranial vasospasm	
61642	Balloon dilation of intracranial vasospasm	
61796	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion	
61797	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (List separately in addition to code for primary	
61798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion	
61799	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (List separately in addition to code for primary	
61800	Applicator of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary procedure)	
61863	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), without use of intraoperative microelectrode recording:	
61867	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site (eg, thalamus, globus pallidus, subthalamic nucleus, periventricular, periaqueductal gray), with use of intraoperative microelectrode recording: first	
61880	Revision or removal of intracranial neurostimulator electrodes	
61885	Insertion or replacement of cranial neurostimulator	
61886	Insertion or replacement of cranial neurostimulator	
61888	Revision or removal of cranial neurostimulator pulse generator or receiver	
62263	Percutaneous lysis of epidural adhesions	
62264	Percutaneous lysis of epidural adhesions	
62280	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance: subarachnoid	
62281	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance: epidural, cervical or thoracic	
62282	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance: epidural, lumbar, sacral (caudal)	
62287	Aspiration or decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method, single or multiple levels, lumbar (e.g., manual or automated percutaneous discectomy, percutaneous laser discectomy)	
62292	Chemolase injections (Chemodiactin, Chymopapain).	
62350	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump: without laminectomy	
62351	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump: with laminectomy	

62355	Removal of previously implanted intrathecal or epidural catheter	
62360	Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir	
62361	Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump	
62362	Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming	
62365	Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion	
62367	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); without reprogramming	
62368	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming	
62369	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill	
62370	Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill (requiring skill of a physician or other qualified health care professional)	
62380	Endoscopic decompression	
63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal	
63621	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separately in addition to code for primary procedure)	
63650	Percutaneous implantation of neurostimulator electrode array, epidural	
63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	
63661	Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	
63662	Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	
63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	
63664	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed	
63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling	
63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver	
64479	Injection, anesthetic agent and/or steroid, transforaminal epidural; cervical or thoracic, single level	
64480	Injection, anesthetic agent and/or steroid, transforaminal epidural; cervical or thoracic, each additional level (List separately in addition to code for primary procedure)	
64483	Injection, anesthetic agent and/or steroid, transforaminal epidural; lumbar or sacral, single level	
64484	Injection, anesthetic agent and/or steroid, transforaminal epidural; lumbar or sacral, each additional level (List separately in addition to code for primary procedure)	
64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (I _r nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic: single level	
64491	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic: second level (List separately in addition to code for primary procedure)	
64492	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic: third and any additional level(s) (List separately in addition to code for	
64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral: single level	
64494	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral: second level (List separately in addition to code for primary procedure)	
64495	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral: third and any additional level(s) (List separately in addition to code for primary	
64510	Injection, anesthetic agent; stellate ganglion (cervical sympathetic)	

64520	Injection, anesthetic agent;lumbar or thoracic (paravertebral sympathetic)	
64553	Percutaneous implantation of neurostimulator electrodes, cranial nerve	
64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	
64561	Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed	
64565	Percutaneous implantation of neurostimulator electrodes; neuromuscular	
64566	Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming	
64568	Incision for implantation cranial nerve	
64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator	
64575	Incision for implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	
64581	Incision for implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)	
64590	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling	
64595	Rev or Removal of peripheral or gastric neurostimulator pulse generator or receiver	
64611	Chemodenevation of parotid and submandibular salivary glands, bilateral	
64612	Chemodenevation of muscle(s); muscle(s) innervated by facial nerve (e.g., for blepharospasm, hemifacial spasm)	
64615	Chemodenevation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)	
64620	Destruction by neurolytic agent, intercostal nerve	
64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	
64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure)	
64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	
64636	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)	
64704	Neuroplasty, nerve of hand or foot	
64708	Neuroplasty,major peripheral nerve, arm or leg	
64712	Neuroplasty, sciatic nerve	
64722	Decompression; unspecified nerve	
65093	Evisceration of eye with implant	
65103	Enucleation w/implant muscle not attached to implant	
65105	Enucleation of eye w/implant, muscle attached to eye	
65125	Modification, ocular implant (separate procedure)	
65130	Evisceration, eye implantation in scleral shell	
65135	After enucleation, muscles not attached to implant	
65140	After enucleation, muscles attached to implant	
65150	Reinsertion/ocular implant w/wo conjunctival graft	
65155	With use of foreign material for reinforcement and/or attachment of muscles	
65175	Removal ocular implant	
65710	Keratoplasty	
65760	Keratomileusis	
65765	Keratophakia	
65767	Epikeratoplasty	
65771	Radial keratotomy	
65772	Corneal relaxing incision for correction of surgically induced astigmatism	
65782	Ocular surface reconstruction, limbal conjunctival autograft	
65785	Implantation of instromal corneal ring segments	
67121	Remove eye implant material	
67221	Destruction of localized lesion of choroid	
67225	Destruction of localized lesion of choroid	

67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)	
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material	
67902	Repair of blepharoptosis; frontalis muscle technique with fascial sling (includes obtaining fascia)	
67903	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach	
67904	Repair of blepharoptosis; (tarso) Levator resection or advancement, external	
67906	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)	
67908	Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (e.g., Fasanella-Servat type)	
67909	Reduction of overcorrection of ptosis	
69090	Ear piercing	
69209	Remove impacted cerumen, unilateral	
69300	Otoplasty, protruding ear, with or without size reduction	
69714	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy	
69715	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy	
69717	Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy	
69718	Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy	
69930	Cochlear device implantation, with or without mastoidectomy	
74261	Ct colonography, w/o dye	
74262	Ct colonography, w/dye	
74263	Computed tomographic (CT) colonography, screening, including image	
74712	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation	
74713	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; each additional gestation (List separately in addition to code for primary procedure)	
74742	Transcervical catheterization of fallopian tube, radiological supervision and	
75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	
75958	Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta	
76977	Ultrasound bone density measurement	
77061	Digital breast tomosynthesis; unilateral	
77062	Digital breast tomosynthesis; bilateral	
77063	Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure)	
77071	Manual application of stress performed by physician for joint radiography, including contralateral joint if indicated	
77371	Stereotactic radiosurgery treatment delivery, complete course of treatment of cerebral lesion(s) 1 session, multi-source Cobalt 60 based	
77372	Stereotactic radiosurgery treatment delivery, complete course of treatment of cerebral lesion(s) 1 session, linac based	
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5	
77432	Stereotactic radiation treatment management cerebral lesion(s) complete course of treatment consisting of 1 session	
77435	Stereotactic body radiation therapy, treatment management, per treatment course, to one or more lesions, including image guidance, entire course not to exceed 5	
77520	Proton treatment delivery; simple, without compensation	
77522	Proton treatment delivery; simple, with compensation	
77523	Proton treatment delivery; intermediate	
77525	Proton treatment delivery; complex	
77600	Hyperthermia	
77605	Hyperthermia	
77610	Hyperthermia	

77615	Hyperthermia	
77620	Hyperthermia	
78808	Injection procedure for radiopharmaceutical localization by non-imaging probe study, intravenous (e.g., parathyroid adenoma)	
81161	DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis, if performed	
81162	BRCA1, BRCA2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion	
81170	ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib tyrosine kinase inhibitor resistance), gene analysis, variants in the kinase domain	
81201	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequence	
81202	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; known familial variants	
81203	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants	
81214	BRCA1 (breast cancer 1) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and common duplication/deletion variants (ie, exon 13 del 3.835kb, exon 13 dup 6kb, exon 14-20 del 26kb, exon 22 del 510bp, exon 8-9 del	
81215	BRCA1 (breast cancer 1) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	
81216	BRCA2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	
81217	BRCA2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	
81219	CALR (calreticulin) (eg, myeloproliferative disorders), gene analysis, common variants in exon 9	
81223	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; full gene sequence	
81226	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *9, *10, *17, *19, *29, *35, *41, *1XN, *2XN, *4XN)	
81228	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number variants (eg, Bacterial Artificial Chromosome [BAC] or oligo-based comparative genomic hybridization [CGH] microarray analysis)	
81229	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants for chromosomal abnormalities	
81235	EGFR (epidermal growth factor receptor) (eg, non-small cell lung cancer) gene analysis, common variants (eg, exon 19 LREA deletion, L858R, T790M, G719A,	
81240	F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis, 20210G>A variant	
81241	F5 (coagulation Factor V) (eg, hereditary hypercoagulability) gene analysis, Leiden	
81243	FMR1 (Fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	
81244	FMR1 (Fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; characterization of alleles (eg, expanded size and methylation status)	
81246	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; tyrosine kinase domain (TKD) variants (eg, D835, I836)	
81252	GJB2 (gap junction protein, beta 2, 26kDa; connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence	
81253	GJB2 (gap junction protein, beta 2, 26kDa; connexin 26) (eg, nonsyndromic hearing loss) gene analysis; known familial variants	
81254	GJB6 (gap junction protein, beta 6, 30kDa, connexin 30) (eg, nonsyndromic hearing loss) gene analysis, common variants (eg, 309kb [del(GJB6-D13S1830)])	
81280	Long QT syndrome gene analyses (eg, KCNQ1, KCNH2, SCN5A, KCNE1, KCNE2, KCNJ2, CACNA1C, CAV3, SCN4B, AKAP, SNTA1, and ANK2); full sequence analysis	
81281	Long QT syndrome gene analyses (eg, KCNQ1, KCNH2, SCN5A, KCNE1, KCNE2, KCNJ2, CACNA1C, CAV3, SCN4B, AKAP, SNTA1, and ANK2); known familial sequence variant	
81282	Long QT syndrome gene analyses (eg, KCNQ1, KCNH2, SCN5A, KCNE1, KCNE2, KCNJ2, CACNA1C, CAV3, SCN4B, AKAP, SNTA1, and ANK2); duplication/deletion variants	
81287	Mgmt methylation analysis	
81288	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; promoter	

81292	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	
81293	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	
81294	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis;	
81295	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	
81296	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	
81297	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis;	
81298	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	
81299	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	
81300	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	
81301	Microsatellite instability analysis (eg, hereditary nonpolyposis colorectal cancer, Lynch syndrome) of markers for mismatch repair deficiency (eg, BAT25, BAT26), includes comparison of neoplastic and normal tissue, if	
81302	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; full sequence analysis	
81304	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; duplication/deletion variants	
81313	PCA3/KLK3 (prostate cancer antigen 3 [non-protein coding]/kallikrein-related peptidase 3 [prostate specific antigen]) ratio (eg, prostate cancer)	
81317	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	
81318	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	
81319	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis;	
81321	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis	
81322	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant	
81323	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant	
81324	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; duplication/deletion	
81325	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; full sequence analysis	
81326	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; known familial variant	
81327	SEPT9 (Septin9) (eg, colorectal cancer) methylation analysis	
81331	SNRPN/UBE3A (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A) (eg, Prader-Willi syndrome and/or Angelman syndrome), methylation	
81332	SERPINA1 (serpin peptidase inhibitor, clade A, alpha-1 antitrypsin, antitrypsin, member 1) (eg, alpha-1-antitrypsin deficiency), gene analysis, common variants (eg,	
81400	Molecular pathology procedure, Level 1 (eg, identification of single germline variant [eg, SNP] by techniques such as restriction enzyme digestion or melt curve analysis)ACADM (acyl-CoA dehydrogenase, C-4 to C-12 straight chain, MCAD) (eg,	
81401	Molecular pathology procedure, Level 2 (eg, 2-10 SNPs, 1 methylated variant, or 1 somatic variant [typically using nonsequencing target variant analysis], or detection of a dynamic mutation disorder/triplet repeat) ABL (c-abl oncogene 1, receptor tyrosine	
81402	Molecular pathology procedure, Level 3 (eg, >10 SNPs, 2-10 methylated variants, or 2-10 somatic variants [typically using non-sequencing target variant analysis], immunoglobulin and T-cell receptor gene rearrangements, duplication/deletion	
81403	Molecular pathology procedure, Level 4 (eg, analysis of single exon by DNA sequence analysis, analysis of >10 amplicons using multiplex PCR in 2 or more independent reactions, mutation scanning or duplication/deletion variants of 2-5	
81404	Molecular pathology procedure, Level 5 (eg, analysis of 2-5 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 6-10 exons, or characterization of a dynamic mutation disorder/triplet repeat by Southern blot analysis) BTD	
81405	Molecular pathology procedure, Level 6 (eg, analysis of 6-10 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 11-25 exons) CYP21A2 (cytochrome P450, family 21, subfamily A, polypeptide2) (eg, steroid 21-hydroxylase	

81406	Molecular pathology procedure, Level 7 (eg, analysis of 11-25 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 26-50 exons, cytogenomic array analysis for neoplasia) CAPN3 (Calpain 3) (eg, limb-girdle	
81407	Molecular pathology procedure, Level 8 (eg, analysis of 26-50 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of >50 exons, sequence analysis of multiple genes on one platform) SCN1A (sodium channel,	
81408	Molecular pathology procedure, Level 9 (eg, analysis of >50 exons in a single gene by DNA sequence analysis) FBN1 (fibrillin 1) (eg, Marfan syndrome), full gene sequence NF1 (neurofibromin 1) (eg, neurofibromatosis, type 1), full gene sequence RYR1	
81410	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); genomic sequence analysis panel, must include sequencing of at least 9 genes, including FBN1, TGFB1, TGFB2, COL3A1, MYH11, ACTA2, SLC2A10, SMAD3, and MYLK	
81411	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); duplication/deletion analysis panel, must include analyses for TGFB1, TGFB2, MYH11, and COL3A1	
81412	Ashkenazi Jewish associated disorders (eg, Bloom syndrome, Canavan disease, cystic fibrosis, familial dysautonomia, Fanconi anemia group C, Gaucher disease, Tay-Sachs disease), genomic sequence analysis panel, must include sequencing of at least 9 genes, including ASPA, BLM, CFTR, FANCC, GBA, HEXA, IKBKAP,	
81413	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); genomic sequence analysis panel, must include sequencing of at least 10 genes, including ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1,	
81414	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); duplication/deletion gene analysis panel, must include analysis of at least 2 genes,	
81415	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	
81416	Exome (e.g., unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator exome (e.g., parents, siblings) (List separately in addition to code for primary procedure)	
81417	Exome (e.g., unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained exome sequence (eg, updated knowledge or unrelated condition/syndrome)	
81420	Fetal chromosomal aneuploidy (eg, trisomy 21, monosomy X) genomic sequence analysis panel, circulating cell-free fetal DNA in maternal blood, must include analysis of chromosomes 13, 18, and 21	
81422	Fetal chromosomal microdeletion(s) genomic sequence analysis (eg, DiGeorge syndrome, Cri-du-chat syndrome), circulating cell-free fetal DNA in maternal blood	
81425	Genome (e.g., unexplained constitutional or heritable disorder or syndrome); sequence analysis	
81426	Genome (e.g., unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator genome (e.g., parents, siblings) (List separately in addition to code for primary procedure)	
81427	Genome (e.g., unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained genome sequence (eg, updated knowledge or unrelated condition/syndrome)	
81430	Hearing loss (e.g., nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); genomic sequence analysis panel, must include sequencing of at least 60 genes, including CDH23, CLRN1, GJB2, GPR98, MTRNR1, MYO7A, MYO15A, PCDH15, OTOF, SLC26A4, TMC1, TMPRSS3, USH1C, USH1G, USH2A, and WFS1	
81431	Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); duplication/deletion analysis panel, must include copy number analyses for STRC and DFNB1 deletions in GJB2 and GJB6 genes	
81432	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); genomic sequence analysis panel, must include sequencing of at least 14 genes, including ATM, BRCA1, BRCA2, BRIP1, CDH1, MLH1, MSH2, MSH6, NBN, PALB2, PTEN, RAD51C, STK11, and	
81433	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); duplication/deletion analysis panel, must include analyses for BRCA1, BRCA2, MLH1, MSH2, and STK11	
81434	Hereditary retinal disorders (eg, retinitis pigmentosa, Leber congenital amaurosis, cone-rod dystrophy), genomic sequence analysis panel, must include sequencing of at least 15 genes, including ABCA4, CNGA1, CRB1, EYS, PDE6A, PDE6B, PRPF31, PRPH2, RDH12, RHO, RP1, RP2, RPE65, RPGR, and USH2A	

81435	Hereditary colon cancer syndromes (eg, Lynch syndrome, familial adenomatosis polyposis); genomic sequence analysis panel, must include analysis of at least 7 genes, including APC, CHEK2, MLH1, MSH2, MSH6.	
81436	Hereditary colon cancer syndromes (eg, Lynch syndrome, familial adenomatosis polyposis); duplication/deletion gene analysis panel, must include analysis of at least 8 genes, including APC, MLH1, MSH2, MSH6, PMS2, EPCAM, CHEK2, and MUTYH	
81437	Hereditary neuroendocrine tumor disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma); genomic sequence analysis panel, must include sequencing of at least 6 genes, including MAX, SDHB, SDHC, SDHD, TMEM127, and VHL	
81438	Hereditary neuroendocrine tumor disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma); duplication/deletion analysis panel, must include analyses for SDHB, SDHC, SDHD,	
81439	Inherited cardiomyopathy (eg, hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy) genomic sequence analysis panel, must include sequencing of at least 5 genes, including DSG2, MYBPC3, MYH7.	
81440	Nuclear encoded mitochondrial genes (eg, neurologic or myopathic phenotypes), genomic sequence panel, must include analysis of at least 100 genes, including BCS1L, C10orf2, COQ2, COX10, DGUOK, MPV17, OPA1, PDSS2, POLG, POLG2, RRM2B, SCO1, SCO2, SLC25A4, SUCLA2, SUCLG1, TAZ, TK2, and TYMP	
81442	Noonan spectrum disorders (eg, Noonan syndrome, cardio-facio-cutaneous syndrome, Costello syndrome, LEOPARD syndrome, Noonan-like syndrome), genomic sequence analysis panel, must include sequencing of at least 12 genes, including BRAF, CBL, HRAS, KRAS, MAP2K1, MAP2K2, NRAS, PTPN11, RAF1,	
81445	Targeted genomic sequence analysis panel, solid organ neoplasm, DNA analysis, 5-50 genes (eg, ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, NRAS, MET, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed	
81450	Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, DNA and RNA analysis when performed, 5-50 genes (eg, BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, JAK2, KRAS, KIT, MLL, NRAS, NPM1, NOTCH1), interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if	
81455	Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm, DNA and RNA analysis when performed, 51 or greater genes (eg, ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MLL, NPM1, NRAS, MET, NOTCH1, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed	
81460	Whole mitochondrial genome (e.g., Leigh syndrome, mitochondrial encephalomyopathy, lactic acidosis, and stroke-like episodes [MELAS], myoclonic epilepsy with ragged-red fibers [MERFF], neuropathy, ataxia, and retinitis pigmentosa [NARP], Leber hereditary optic neuropathy [LHON]), genomic sequence, must include sequence analysis of entire mitochondrial genome with heteroplasmy	
81465	Whole mitochondrial genome large deletion analysis panel (e.g., Kearns-Sayre syndrome, chronic progressive external ophthalmoplegia), including heteroplasmy detection, if performed	
81470	X-linked intellectual disability (XLID) (eg, syndromic and non-syndromic XLID); genomic sequence analysis panel, must include sequencing of at least 60 genes, including ARX, ATRX, CDKL5, FGD1, FMR1, HUWE1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3, and SLC16A2	
81471	X-linked intellectual disability (XLID) (eg, syndromic and non-syndromic XLID); duplication/deletion gene analysis, must include analysis of at least 60 genes, including ARX, ATRX, CDKL5, FGD1, FMR1, HUWE1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3, and SLC16A2	
81479	Unlisted molecular pathology procedure	
81490	Autoimmune (rheumatoid arthritis), analysis of 12 biomarkers using immunoassays, utilizing serum, prognostic algorithm reported as a disease activity score	
81493	Coronary artery disease, mRNA, gene expression profiling by real-time RT-PCR of 23 genes, utilizing whole peripheral blood, algorithm reported as a risk	
81500	Oncology (ovarian), biochemical assays	
81503	Oncology (ovarian), biochemical assays	
81504	Oncology (tissue of origin), microarray gene expression profiling of > 2000 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as tissue	
81506	Endocrinology (type 2 diabetes), biochemical assays of seven analytes	
81507	Fetal aneuploidy 21 18 13 se	

81508	Fetal congenital abnormalities, biochemical assays of two proteins (PAPP-A, hCG [any form]), utilizing maternal serum, algorithm reported as a risk score	
81509	Fetal congenital abnormalities, biochemical assays of three proteins (PAPP-A, hCG [any form], DIA), utilizing maternal serum, algorithm reported as a risk score	
81510	Fetal congenital abnormalities, biochemical assays of three analytes (AFP, uE3, hCG [any form]), utilizing maternal serum, algorithm reported as a risk score	
81511	Fetal congenital abnormalities, biochemical assays of four analytes (AFP, uE3, hCG [any form], DIA) utilizing maternal serum, algorithm reported as a risk score (may include additional results from previous biochemical testing)	
81512	Fetal congenital abnormalities, biochemical assays of five analytes (AFP, uE3, total hCG, hyperglycosylated hCG, DIA) utilizing maternal serum, algorithm reported as a	
81519	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 21 genes, utilizing formalin-fixed paraffin embedded tissue, algorithm reported as	
81525	Oncology (colon), mRNA, gene expression profiling by real-time RT-PCR of 12 genes (7 content and 5 housekeeping), utilizing formalin-fixed paraffin- embedded tissue, algorithm reported as a recurrence score	
81528	Oncology (colorectal) screening, quantitative real-time target and signal amplification of 10 DNA markers (KRAS mutations, promoter methylation of NDRG4 and BMP3) and fecal hemoglobin, utilizing stool, algorithm reported as a positive or negative	
81535	Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by DAPI stain and morphology, predictive algorithm reported as a drug response score; first single drug or drug combination	
81536	Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by DAPI stain and morphology, predictive algorithm reported as a drug response score; each additional single drug or drug combination (List separately in addition to code for primary procedure)	
81538	Oncology (lung), mass spectrometric 8-protein signature, including amyloid A, utilizing serum, prognostic and predictive algorithm reported as good versus poor	
81539	Oncology (high-grade prostate cancer), biochemical assay of four proteins (Total PSA, Free PSA, Intact PSA, and human kallikrein-2 [hK2]), utilizing plasma or serum, prognostic algorithm reported as a probability score	
81540	Oncology (tumor of unknown origin), mRNA, gene expression profiling by real-time RT-PCR of 92 genes (87 content and 5 housekeeping) to classify tumor into main cancer type and subtype, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a probability of a predicted main cancer type and subtype	
81545	Oncology (thyroid), gene expression analysis of 142 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (eg, benign or suspicious)	
81595	Cardiology (heart transplant), mRNA, gene expression profiling by real-time quantitative PCR of 20 genes (11 content and 9 housekeeping), utilizing subfraction of peripheral blood, algorithm reported as a rejection risk score	
81599	Unlisted multianalyte assay with algorithmic analysis	
82777	Galectin-3	
83006	Growth stimulation expressed gene	
83018	Hair Analysis	
83037	Glycosylated (A1C) by device cleared by FDA for home use	
83631	Lactoferrin, fecal, quantitative	
83987	pH; exhaled breath condensate	
84112	Placental alpha microglobulin-1 (PAMG-1), cervicovaginal secretion, qualitative	
84145	Procalcitonin	
84431	Thromboxane metabolite	
84630	Hair Analysis	
85210	Blood clotting factors	
85220	Blood clotting factors	
85230	Blood clotting factors	
85240	Blood clotting factors	
85244	Blood clotting factors	
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85307	Blood clotting factors	
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85347	Blood clotting factors	
85384	Blood clotting factors	
85385	Blood clotting factors	
85610	Blood clotting factors	
85611	Blood clotting factors	
85705	Blood clotting factors	
85732	Blood clotting factors	
86146	Beta 2 Glycoprotein I antibody, each	
86147	Cardiolipin (phospholipid) antibody, each Ig class	
86148	Anti-phosphatidylserine (phospholipid) antibody	
86343	Leukocyte histamine release test	
86645	TORCH Screen	
86677	Antibody; Helicobacter pylori	
86694	TORCH Screen	
86711	Antibody; JC (John Cunningham) virus	
86762	TORCH Screen	
86777	TORCH Screen	
86778	TORCH Screen	
86849	Unlisted immunology procedure	
86890	Autologous blood donations	
86891	Autologous blood donations	
86910	Blood typing for paternity testing, per individual; ABO, RH and MN	
86911	Blood typing for paternity test/per individ/abo/rh & mn/ each add'l antigen	
87622	Infectious agent detection by nucleic acid (DNA or RNA); papillomavirus, human, quantification	
88000	Necropsy (autopsy), gross examination only; without CNS	
88005	Necropsy (autopsy), gross examination only; with brain	
88007	Necropsy (autopsy), gross examination only; with brain and spinal cord	
88012	Necropsy (autopsy), gross examination only; infant with brain	
88014	Necropsy (autopsy), gross examination only; stillborn or newborn with brain	
88016	Necropsy (autopsy), gross examination only; macerated stillborn	
88020	Necropsy (autopsy), gross and microscopic; without CNS	
88025	Necropsy (autopsy), gross and microscopic; with brain	
88027	Necropsy (autopsy), gross and microscopic; with brain and spinal cord	
88028	Necropsy (autopsy), gross and microscopic; infant with brain	
88029	Necropsy (autopsy), gross and microscopic; stillborn or newborn with brain	
88036	Necropsy (autopsy), limited, gross and/or microscopic; regional	
88037	Necropsy (autopsy), limited, gross and/or microscopic; single organ	
88040	Necropsy (autopsy); forensic examination	
88045	Necropsy (autopsy); coroner's call	
88099	Unlisted necropsy (autopsy) procedure	
88184	Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; first marker	
88185	Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; each additional marker (List separately in addition to code for first marker)	

88189	Flow cytometry, interpretation; 16 or more markers Not specified	
88233	Hair Analysis	
88261	Hair Analysis	
88280	Hair Analysis	
88299	Unlisted cytogenetic study	
88375	Optical endomicroscopic image interpretation and report	
88749	Unlisted in vivo (eg, transcutaneous) laboratory service	
89240	Unlisted miscellaneous pathology test	
89250	Culture of oocyte(s)/embryo(s), less than 4 days;	
89251	Culture of oocyte(s)/embryo(s), less than 4 days; with co-culture of oocyte(s)/embryos	
89253	Assisted embryo hatching, microtechniques (any method)	
89254	Oocyte identification from follicular fluid	
89255	Preparation of embryo for transfer (any method)	
89257	Sperm identification from aspiration (other than seminal fluid)	
89258	Cryopreservation; embryo(s)	
89259	Cryopreservation; sperm	
89260	Sperm isolation; simple prep (eg, sperm wash and swim-up) for insemination or diagnosis with semen analysis	
89261	Sperm isolation; complex prep (eg, Percoll gradient, albumin gradient) for insemination or diagnosis with semen analysis	
89264	Sperm identification from testis tissue, fresh or cryopreserved	
89268	Insemination of oocytes	
89272	Extended culture of oocyte(s)/embryo(s), 4-7 days	
89280	Assisted oocyte fertilization, microtechnique; less than or equal to 10 oocytes	
89281	Assisted oocyte fertilization, microtechnique; greater than 10 oocytes	
89290	Biopsy, oocyte polar body or embryo blastomere, microtechnique (for pre-implantation genetic diagnosis); less than or equal to 5 embryos	
89291	Biopsy, oocyte polar body or embryo blastomere, microtechnique (for pre-implantation genetic diagnosis); greater than 5 embryos	
89310	Semen analysis; motility and count (not including Huhner test)	
89320	Semen analysis; complete (volume, count, motility, and differential)	
89321	Semen analysis, presence and/or motility of sperm	
89322	Semen analysis; volume, count, motility, and differential using strict morphologic criteria (eg, Kruger)	
89325	Sperm antibodies	
89329	Sperm evaluation: hamster penetration test	
89330	Sperm evaluation; cervical mucus penetration test, with or without spinnbarkeit test	
89331	Sperm evaluation, for retrograde ejaculation, urine (sperm concentration, motility, and morphology, as indicated)	
89335	Cryopreservation, reproductive tissue	
89337	Cryopreservation, mature oocyte(s)	
89342	Storage, (per year); embryo(s)	
89343	Storage, (per year); sperm/semen	
89344	Storage, reproductive tissue	
89346	Storage, (per year); oocyte(s)	
89352	Thawing of cryopreserved; embryo(s)	
89353	Thawing of cryopreserved; sperm/semen, each aliquot	
89354	Thawing of cryopreserved reproductive tissue	
89356	Thawing of cryopreserved; oocytes, each aliquot	
89398	Unlisted reprod med lab proc	
90399	Unlisted immune globulin	
90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)	
90472	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)	
90581	Immunizations required for travel	

90625	Cholera vaccine, live,adult dosage, 1 dose schedule, for oral use	
90632	Immunizations required for travel	
90633	Immunizations required for travel	
90634	Immunizations required for travel	
90636	Immunizations required for travel	
90653	Influenza vaccine, inactivated, subunit, adjuvanted, for intramuscular use	
90664	Influenza virus vaccine, pandemic formulation, live, for intranasal use	
90666	Influenza virus vaccine, pandemic formulation,	
90667	Influenza virus vaccine (IIV), pandemic formulation, split virus, adjuvanted, for intramuscular use	
90668	Influenza virus vaccine (IIV), pandemic formulation, split virus, for intramuscular use	
90682	Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, pre- servative and antibiotic free, for	
90690	Immunizations required for travel	
90691	Immunizations required for travel	
90697	Diphtheria, tetanus toxoids, acellular pertussis vaccine, inactivated poliovirus vaccine	
90717	Immunizations required for travel	
90738	Immunizations required for travel	
90739	Hepatitis B vaccine, adult dosage (2 dose schedule), for intramuscular use	
90749	Immunizations required for travel	
90750	Zoster (shingles) vaccine (HZV), recombinant, sub-unit, adjuvanted, for intramuscular injection	
90811	Interpreter services	
90813	Interpreter services	
90815	Interpreter services	
90824	Interpreter services	
90827	Interpreter services	
90829	Interpreter services	
90865	Narcosynthesis for psychiatric dx/therapeutic purposes	
90867	Therapeutic repetitive transcranial magnetic stimulation	
90868	Therapeutic repetitive transcranial magnetic stimulation	
90869	Therapeutic repetitive transcranial magnetic stimulation	
90875	Biofeedback	
90876	Biofeedback	
90880	Hypnotherapy	
90882	Psych envir interven mental health off/opd	
90885	Psychiatric evaluation of hosp records, other psychiatric reports, other accum data for med diag purposes	
90889	Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purposes) for other physicians, agencies, or	
90899	Unlisted psychiatric service or procedure	
90901	Biofeedback training by any modality	
90911	Biofeedback training, perineal muscles, anorectal or urethral sphincter	
90935	Dialysis	
90937	Dialysis	
90940	Dialysis	
90945	Dialysis	
90947	Dialysis	
90997	Dialysis	
90999	Dialysis	
91037	Esophageal function test, gastroesophageal reflux test	
91038	Esophageal function test, gastroesophageal reflux test	
91052	Gastric analysis test with injection of stimulant of gastric secretion	
91111	Gastrointestinal tract imaging, intraluminal (e.g., capsule endoscopy), esophagus with physician interpretation and report	

91112	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule with interpretation and report	
92015	Determination of refractive state	
92071	Fitting of contact lens for treatment of ocular surface disease	
92072	Initial fitting of contact lens – for management of keratoconus; initial fitting	
92132	Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral	
92145	Corneal hysteresis determination, by air impulse stimulation	
92310	Prescription of optical and physical characteristics of and fitting of contact lens	
92311	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, 1 eye	
92312	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, both eyes	
92316	Prescription of opt & phys char & fitting of contact lens, with medical supervision and direction of fitting, corneal lens for aphakia, both eyes	
92325	Modification of contact lens (separate procedure), with medical supervision of	
92326	Replacement of contact lens	
92340	Fitting of spectacles, except for aphakia; nonfocal	
92341	Fitting of spectacles, except for aphakia, bifocal	
92342	Fitting of spectacles, except for aphakia, multifocal	
92352	Fitting of spectacle prosthesis for aphakia, monofocal	
92353	Fitting of spectacle prosthesis for aphakia; multifocal	
92354	Fitting of spectacle mounted low vision aid; single element	
92355	Fitting of spectacle mounted low vision aid; telescopic	
92358	Prosthesis service for aphakia, temporary	
92370	Repair and refitting spectacles, except for aphakia	
92371	Repair and refitting spectacles, spectacle prosthesis for aphakia	
92512	Nasal function studies	
92531	Spontaneous nystagmus, including gaze	
92532	Positional nystagmus test	
92533	Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes four	
92534	Optokinetic nystagmus test	
92544	Hyperactivity testing	
92548	Computerized dynamic posturography	
92588	Hair Analysis	
92605	Evaluation for prescription of non-speech-generating augmentative and alternative communication device	
92606	Therapeutic service(s) for the use of non-speech-generating device, including programming and modification	
92618	Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure.)	
92633	Learning disability evaluation	
92971	Cardioassist-method of circulatory assist; external (EECP)	
93017	Ergonovine provocation test	
93024	Ergonovine provocation test	
93050	Arterial pressure waveform analysis for assessment of central arterial	
93260	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal	
93261	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection,	
93278	Signal-averaged electrocardiography, with or without ECG	
93702	Bioimpedence spectroscopy extracellular fluid analysis	
93740	Temperature gradient studies	
93770	Determination of venous pressure	
93895	Quantitative carotid intima media thickness and carotid atheroma	
93982	Noninvasive physiologic study of implanted wireless pressure sensor in aneurysmal sac following endovascular repair, complete study including recording, analysis of pressure and waveform tracings, interpretation and report	

94005	Home ventilator management care plan oversight of a patient (patient not present) in home, domiciliary or rest home (e.g., assisted living) requiring review of status, review of laboratories and other studies and revision of orders and respiratory care plan	
94150	Vital capacity, total (separate procedure)	
94669	Mechanical chest wall oscillation to facilitate lung function, per session	
95044	Patch or application test(s) (specify number of tests)	
95052	Photo patch test(s) (specify number of tests)	
95056	Photo tests	
95060	Ophthalmic mucous membrane tests	
95065	Direct nasal mucous membrane tests	
95803	Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)	
95965	Magnetoencephalography recording and analysis	
95966	Magnetoencephalography recording and analysis	
95967	Magnetoencephalography recording and analysis	
95970	Electronic analysis of implanted neurostimulator pulse generator system; simple or complex brain, spinal cord, or peripheral, without reprogramming	
95971	Electronic analysis of implanted neurostimulator pulse generator system; simple spinal cord, or peripheral, with intraoperative or subsequent programming	
95972	Electronic analysis of implanted neurostimulator pulse generator system; complex spinal cord, or peripheral, with intraoperative or subsequent programming, first hour	
95973	Electronic analysis of implanted neurostimulator pulse generator system; simple or complex brain, spinal cord, or peripheral, with intraoperative or subsequent programming, each additional 30 minutes after first hour	
95990	Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular)	
95991	Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular); administered by physician	
95992	Canalith repositioning procedure(s) (e.g., epley maneuver semont maneuver) per day	
96000	Comprehensive computer-based motion analysis by video-taping and 3-D kinematics	
96001	Comprehensive computer-based motion analysis by video-taping and 3-D kinematics	
96002	Dynamic surface electromyography, during walking or other functional	
96003	Dynamic fine wire electromyography	
96004	Physician review and interpretation of comprehensive computer based motion	
96127	Hyperactivity testing	
96160	Administration of health risk assessment instrument	
96161	Administration of health risk assessment instrument	
96521	Refilling and maintenance of portable pump	
96522	Refilling and maintenance of implantable pump or reservoir for drug delivery, systemic (e.g., intravenous, intra-arterial)	
96567	Photodynamic therapy by external application of light to destroy premalignant and/or malignant lesions	
96902	Microscopic examination of hairs plucked or clipped by the examiner (excluding hair collected by the patient) to determine telogen and anagen counts, or structural hair shaft abnormality	
96904	Whole body integumentary photography, for monitoring of high risk patients with dysplastic nevus syndrome or a history of dysplastic nevi, or patients with a personal or familial history of melanoma	
96931	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin;	
96932	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of	
96933	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of	
96934	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of	
96935	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of	
96936	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of	
97169	Atletic training evaluation, low complexity, requiring these components: A history and physical activity profile with no comorbidities that affect physical activity; An examination of affected body area and other symptomatic or related systems addressing 1-2 elements from any of the following: body structures, physical activity, and/or participation deficiencies; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 15 minutes are spent face-to-face with the patient	

97170	Athletic training evaluation, moderate complexity, requiring these components: A medical history and physical activity profile with 1-2 comorbidities that affect physical activity; An examination of affected body area and other symptomatic or related systems addressing a total of 3 or more elements from any of the following: body structures, physical activity, and/or participation deficiencies; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are	
97171	Athletic training evaluation, high complexity, requiring these components: A medical history and physical activity profile, with 3 or more comorbidities that affect physical activity; A comprehensive examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures, physical activity, and/or participation deficiencies; Clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with	
97172	Re-evaluation of athletic training established plan of care requiring these components: An assessment of patient's current functional status when there is a documented change; and A revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome with an update in management options, goals, and interventions. Typically, 20 minutes are spent face-to-face with the patient and/or family.	
97533	Sensory integrative techniques to enhance sensory processing	
97545	Work hardening/conditioning, initial two hours	
97546	Work hardening/conditioning, each additional hour	
97602	Removal of devitalized tissue from wound(s), non- selective debridement, without anesthesia (e.g., wet-to- moist dressing, enzymatic, abrasion), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session	
97750	Physical perform test or measurement, w/written report, each 15 min.	
97810	Acupuncture, one or more needles, without electrical stimulation; initial 15 minutes of personal one-on-one contact with the patient	
97811	Acupuncture, one or more needles, without electrical stimulation; each additional 15 minutes of personal one- on-one contact with the patient, with re-insertion of needle(s) (list separately in addition to code for primary	
97813	Acupuncture, one or more needles, with electrical stimu- lation; initial 15 minutes of personal one-on-one contact with the patient	
97814	Acupuncture, one or more needles, with electrical stimulation; each additional 15 minutes of personal one- on-one contact with the patient, with re-insertion of needle(s) (list separately in addition to code for primary procedure)	
98925	Chiropractic services/treatment	
98926	Chiropractic services/treatment	
98927	Chiropractic services/treatment	
98928	Chiropractic services/treatment	
98929	Chiropractic services/treatment	
98940	Chiropractic services/treatment	
98941	Chiropractic services/treatment	
98942	Chiropractic services/treatment	
98943	Chiropractic services/treatment	
98960	Education and training for patient seft-managment by a qualified, nonphysician health care professional using a standardized curriculum, face-to- face with the patient (could include caregiver/family) each 30 minutes; indi-	
98961	Education/training for patient self management by qual, non-MD health care professional w/standard curriculum, face/face w/patient (caregiver, family) each 30	
98962	Education/training for patient self management by qual, non-MD health care professional w/standard curriculum, face/face w/patient (caregiver, family) each 30	
98966	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of	
98967	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes	

98968	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes	
98969	Online assessment and management service provided by a qualified nonphysician health care professional to an established patient, guardian, or health care provider not originating from a related assessment and management service provided within	
99000	Handling and/or conveyance of specimen for transfer from the patient in other than an office to a laboratory (distance may be indicated)	
99001	Handling and/or conveyance of specimen for transfer from the patient in other than an office to a laboratory (distance may be indicated)	
99002	Handling, conveyance, and/or any other service in connection with the implementation of an order involving devices	
99024	Postoperative follow-up visit, included in global service	
99026	Hospital mandated on call svc, in-hospital, each hour	
99027	Hospital mandated on call svc, out-of-hospital, each hour	
99051	Services provided in the office during regularly scheduled evening, weekend, or holiday office hours, in addition to basic service	
99053	Services provided 10 p.m.–8 a.m. at a 24-hour facility, in addition to basic service	
99056	Service(s) typically provided in the office, provided out of the office at request of patient, in addition to basic service	
99058	Office services provided on an emergency basis	
99060	Services provided on an emerg basis out of the office which disrupts other scheduled office services in addition to basic service	
99070	Materials charges	
99071	Educational supplies	
99075	Medical testimony	
99078	Physician or other qualified health care professional qualified by education, training, licensure/regulation (when applicable) educational services rendered to patients in a group setting (eg. prenatal, obesity, or diabetic instructions)	
99080	Special reports	
99082	Unusual travel (e.g., transportation and escort of patient)	
99090	Analysis of information data stored in computers	
99091	Collection and interpretation of physiologic data (e.g., ecg, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, requiring	
99100	Anesthesia for patient of extreme age, under one year & over 70	
99116	Anesthesia complicated by utilization of total body hypothermia	
99135	Anesthesia complicated by utilization of controlled hypotension	
99140	Anesthesia complicated by emergency conditions (specify)	
99175	Ipecac or similar administration for individual emesis and continued observation until stomach adequately emptied of poison	
99195	Phlebotomy, therapeutic (separate procedure)	
99199	Unlisted special service, procedure or report	
99288	Physician direction of emergency medical systems (ems) emergency care, advanced life support	
99354	Prolonged phys svc in office or opd, face-to-face, first hour	
99355	Prolong phys serv in office/op/each additional 30 minutes	
99356	Prolonged phys serv/in pat/requiring direct (face-to-face) patient contact	
99357	Prolonged phys serv/in pat/requiring direct patient contact, each add'l 30 minutes	
99358	Prolonged eval & mgt serv/non-direct care/in pat/first hour	
99359	Prolonged eval & mgt serv/non-direct/in pat/add'l 30 minutes	
99360	Phys standby serv/prolonged attend/each 30 minutes	
99366	Medical team conference with interdisciplinary team of health care professionals, face-to-face with patient and/or family, 30 minutes or more, participation by nonphysician qualified health care professional	
99367	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by physician	
99368	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by nonphysician qualified health care professional	

99415	Prolonged clinical staff service (the service beyond the typical service time) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; first hour (list separately in addition to code for <u>outpatient evaluation and management service</u>)	
99416	Prolonged clinical staff service, each additional 30 minutes	
99442	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or <u>procedure within the next 24 hours or soonest available appointment: 11-20 minutes</u>	
99443	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or <u>procedure within the next 24 hours or soonest available appointment: 21-30 minutes</u>	
99444	Online evaluation and management service provided by a physician to an established patient, guardian, or health care professional who may report an evaluation and management service provided to an established patient or guardian, not originating from a related E/M service provided within the previous 7 days, using <u>the Internet or similar electronic communications network</u>	
99446	Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review	
99447	Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 11-20 minutes of medical consultative discussion and review	
99448	Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 21-30 minutes of medical consultative discussion and review	
99449	Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 31 minutes or more of medical consultative discussion and review	
99450	Life/disability evaluation	
99455	Work related or medical disability examination by the treating physician that includes: Completion of a medical history commensurate with the patient's condition; Performance of an examination commensurate with the patient's condition; Formulation of a diagnosis, assessment of capabilities and stability, and calculation of impairment; Development of future medical treatment plan; and Completion of <u>necessary documentation/certificates and report</u> .	
99456	Work related or medical disability examination by other than the treating physician that includes: Completion of a medical history commensurate with the patient's condition; Performance of an examination commensurate with the patient's condition; Formulation of a diagnosis, assessment of capabilities and stability, and calculation of impairment; Development of future medical treatment plan; and Completion of <u>necessary documentation/certificates and report</u> .	
99487	Complex chronic care management services, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, establishment or substantial revision of a comprehensive care plan, moderate or high complexity medical decision making; 60 minutes of clinical staff time directed by a physician or <u>other qualified health care professional per calendar month</u>	
99489	Complex chronic care management services, with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, establishment or substantial revision of a comprehensive care plan, moderate or high complexity medical decision making; 60 minutes of clinical staff time directed by a physician or <u>other qualified health care professional per calendar month</u> ; each additional 30	
99490	Chronic care management services	
99497	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face <u>with the patient, family member(s), and/or surrogate</u>	

99498	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (List separately in addition to code for primary procedure)	
99512	Home visit for hemodialysis	
99605	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes,	
99606	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; initial 15 minutes, established patient	
99607	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessment and intervention if provided; each additional 15 minutes (List separately in addition to code for primary service)	
0001M	Infectious disease, HCV, six biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, and haptoglobin) utilizing serum, prognostic algorithm reported as scores for fibrosis and necroinflammation activity in liver	
0002M	Liver disease, ten biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, haptoglobin, AST, glucose, total cholesterol and triglycerides) utilizing serum, prognostic algorithm reported as quantitative scores for fibrosis, steatosis and alcoholic steatohepatitis (ASH)	
0003M	Liver disease, ten biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, haptoglobin, AST, glucose, total cholesterol and triglycerides) utilizing serum, prognostic algorithm reported as quantitative scores for fibrosis, steatosis and nonalcoholic steatohepatitis (NASH)	
0004M	Scoliosis, DNA analysis of 53 single nucleotide polymorphisms (SNPs), using saliva, prognostic algorithm reported as a risk score	
0006M	Oncology (hepatic), mRNA expression levels of 161 genes, utilizing fresh hepatocellular carcinoma tumor tissue, with alpha-fetoprotein level, algorithm reported	
0007M	Oncology (gastrointestinal neuroendocrine tumors), real-time PCR expression analysis of 51 genes, utilizing whole peripheral blood, algorithm reported as a nomogram of tumor disease index	
0008M	Oncology (breast), mRNA analysis of 58 genes using hybrid capture, on formalin-fixed paraffin-embedded (FFPE) tissue, prognostic algorithm reported as a risk score	
0009M	Fetal aneuploidy (trisomy 21, and 18) DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy	
0042T	Cerebral perfusion analysis using computed tomography with contrast administration, including postprocessing of parametric maps with determination of cerebral blood flow, cerebral blood volume, and mean transit time	
0051T	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy (i.e., AbioCor, etc.)	
0052T	Replacement or repair of thoracic unit of a total replacement heart system (artificial heart) (i.e., AbioCor, etc.)	
0053T	Replacement or repair of implantable component or components of total replacement heart system (artificial heart), excluding thoracic unit (i.e., AbioCor, etc.)	
0054T	Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on fluoroscopic images (List separately in addition to code for primary procedure)	
0055T	Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on CT/MRI images (List separately in addition to code for primary procedure)	
0058T	Cryopreservation; reproductive tissue, ovarian	
0071T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume less than 200 cc of tissue	
0072T	Focused ultrasound ablation of uterine leiomyomata, including MR guidance; total leiomyomata volume greater or equal to 200 cc of tissue	
0075T	Transcatheter placement of extracranial vertebral or intrathoracic carotid artery stent(s), including radiologic supervision and interpretation, percutaneous; initial	
0076T	Transcatheter placement of extracranial vertebral or intrathoracic carotid artery stent(s), including radiologic supervision and interpretation, percutaneous; each	
0085T	Breath test for heart transplant rejection	
0100T	Placement of a subconjunctival retinal prosthesis receiver and pulse generator, and implantation of intra-ocular retinal electrode array, with vitrectomy	
0101T	Extracorporeal shock wave involving musculoskeletal system, not otherwise specified, high energy	
0102T	Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, involving lateral humeral epicondyle	

0106T	Quantitative sensory testing (QST), testing and interpretation per extremity; using touch pressure stimuli to assess large diameter sensation	
0107T	Quantitative sensory testing (QST), testing and interpretation per extremity; using vibration stimuli to assess large diameter fiber sensation	
0108T	Quantitative sensory testing (QST), testing and interpretation per extremity; using cooling stimuli to assess small nerve fiber sensation and hyperalgesia	
0109T	Quantitative sensory testing (QST), testing and interpretation per extremity; using heat-pain stimuli to assess small nerve fiber sensation and hyperalgesia	
0110T	Quantitative sensory testing (QST), testing and interpretation per extremity; using other stimuli to assess sensation	
0111T	Long-chain (C20-22) omega-3 fatty acids in red blood cell (RBC) membranes	
0126T	Common carotid intima-media thickness (IMT) study for evaluation of atherosclerotic burden or coronary heart disease risk factor assessment	
0133T	Upper GI endoscopy, incl esoph, stomach and duod and/ or jejun, w/injection implantable material, lower esophageal sphincter	
0159T	Computer-aided detection, including computer algorithm analysis of MRI image data for lesion detection/ characterization, pharmacokinetic analysis, with further physician review for interpretation, breast MRI	
0164T	Removal of total disc arthroplasty, anterior approach, lumbar, each additional	
0174T	Computer-aided detection (CAD) (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation and report, with or without digitization of film radiographic images, chest radiograph(s), performed concurrent with primary interpretation	
0175T	Computer-aided detection (CAD) (computer algorithm analysis of digital image data for lesion detection) with further physician review for interpretation and report, with or without digitization of film radiographic images, chest radiograph(s), performed remote from primary interpretation	
0178T	Electrocardiogram, 64 leads or greater, with graphic presentation and analysis; with interpretation and report	
0179T	Electrocardiogram, 64 leads or greater, tracing and graphics only, without interpretation and report	
0180T	Electrocardiogram, 64 leads or greater, interpretation and report only	
0182T	High dose rate electronic brachytherapy per fraction	
0195T	Arthrodesis, pre-sacral interbody technique, disc space preparation, discectomy, without instrumentation, with image guidance, includes bone graft when performed; L5-S1 interspace	
0196T	Arthrodesis, pre-sacral interbody technique, disc space preparation, discectomy, without instrumentation, with image guidance, includes bone graft when performed; L4-L5 interspace (List separately in addition to code for primary procedure)	
0198T	Measurement of ocular blood flow by repetitive intraocular pressure sampling, with interpretation and report	
0200T	Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical device, when used, 1 or more needles, includes imaging guidance and bone biopsy, when performed	
0201T	Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical device, when used, 2 or more needles, includes imaging guidance and bone biopsy, when performed	
0202T	Posterior vertebral joint(s) arthroplasty (e.g., facet joint[s] replacement) including facetectomy, laminectomy, foraminotomy and vertebral column fixation, with or without injection of bone cement, including fluoroscopy, single level, lumbar spine	
0205T	Intravascular catheter-based coronary vessel or graft spectroscopy (e.g., infrared) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation, and report, each vessel (List separately in addition to code for primary procedure)	
0206T	Algorithmic analysis, remote, of electrocardiographic-derived data with computer probability assessment, including report	
0207T	Evacuation of Meibomian glands, automated, using heat and intermittent pressure,	
0208T	Pure tone audiometry (threshold), automated (includes use of computer- assisted device); air only	
0209T	Pure tone audiometry (threshold), automated (includes use of computer- assisted device); air and bone	
0210T	Speech audiometry threshold, automated (includes use of computer-assisted device);	
0211T	Speech audiometry threshold, automated (includes use of computer-assisted device); with speech recognition	
0212T	Comprehensive audiometry threshold evaluation and speech recognition (0209T, 0211T combined), automated (includes use of computer-assisted device)	

0213T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; single	
0214T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; second level (List separately in addition to code for primary procedure)	
0215T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary)	
0216T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; single	
0217T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; second level (List separately in addition to code for primary procedure)	
0218T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with ultrasound guidance, lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)	
0219T	Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; cervical	
0220T	Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; thoracic	
0221T	Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; lumbar	
0222T	Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; each additional vertebral segment (List separately in addition to code for primary procedure)	
0228T	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, cervical or thoracic; single level	
0229T	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, cervical or thoracic; each additional level (List separately in addition to code for primary procedure)	
0230T	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, lumbar or sacral; single level	
0231T	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with ultrasound guidance, lumbar or sacral; each additional level (List separately in addition to code for primary procedure)	
0232T	Injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed	
0234T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; renal artery	
0235T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; visceral artery (except renal), each vessel	
0236T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; abdominal aorta	
0237T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; brachiocephalic trunk and branches, each vessel	
0238T	Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; iliac artery, each vessel	
0253T	Insertion of anterior segment aqueous drainage device, without extraocular reservoir; internal approach, into the suprachoroidal space	
0254T	Endovascular repair of iliac artery bifurcation (e.g., aneurysm, pseudoaneurysm, arteriovenous malformation, trauma) using bifurcated endoprosthesis from the common iliac artery into both the external and	
0255T	Endovascular repair of iliac artery bifurcation (e.g., aneurysm, pseudoaneurysm, arteriovenous malformation, trauma) using bifurcated endoprosthesis from the common iliac artery into both the external and internal iliac artery, unilateral; radiological supervision and interpretation	
0263T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete procedure including unilateral or bilateral bone marrow harvest	
0264T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete procedure excluding bone marrow harvest	
0265T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; unilateral or bilateral bone marrow harvest only for intramuscular autologous bone	
0266T	Implantation or replacement of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra- operative interrogation, programming, and repositioning, when performed)	

0267T	Implantation or replacement of carotid sinus baroreflex activation device; total system (includes generator placement, lead only, unilateral (includes intra- operative interrogation, programming, and repositioning, when performed)	
0268T	Implantation or replacement of carotid sinus baroreflex activation device; total system (includes generator placement, pulse generator only (includes intra- operative interrogation, programming, and repositioning, when performed)	
0269T	Revision or removal of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra- operative interrogation, programming, and repositioning, when performed)	
0270T	Revision or removal of carotid sinus baroreflex activation device; total system (includes generator placement, lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed)	
0271T	Revision or removal of carotid sinus baroreflex activation device; total system (includes generator placement, pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed)	
0272T	Interrogation device evaluation (in person), carotid sinus baroreflex activation system, including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (e.g., battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day):	
0273T	Interrogation device evaluation (in person), carotid sinus baroreflex activation system, including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (e.g., battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day): with	
0274T	Percutaneous laminotomy/laminectomy (intra-laminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy) any method under indirect image guidance (e.g., fluoroscopic, CT), with or without the use of an endoscope, single or multiple levels, unilateral or bilateral: cervical or thoracic	
0275T	Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (eg, fluoroscopic, CT), with or without the use of an endoscope, single or multiple levels, unilateral or	
0278T	Transcutaneous electrical modulation pain reprocessing (e.g., scrambler therapy), each treatment session (includes placement of electrodes)	
0290T	Corneal incisions in the recipient cornea created using a laser, in preparation for penetrating or lamellar keratoplasty (List separately in addition to code for primary	
0293T	Insertion of left atrial hemodynamic monitor; complete system, includes implanted communication module and pressure sensor lead in left atrium including transeptal access, radiological supervision and interpretation, and associated injection procedures, when performed	
0294T	Insertion of left atrial hemodynamic monitor; pressure sensor lead at time of insertion of pacing cardioverter-defibrillator pulse generator including radiological supervision and interpretation and associated injection procedures, when performed (List separately in addition to code for primary	
0299T	Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care; initial wound	
0300T	Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care; each additional wound (List separately in addition to code for primary procedure)	
0301T	Destruction/reduction of malignant breast tumor with externally applied focused microwave, including interstitial placement of disposable catheter with combined temperature monitoring probe and microwave focusing sensocatheter under	
0302T	Insertion or removal and replacement of intracardiac ischemia monitoring system including imaging supervision and interpretation when performed and intra-operative interrogation and programming when performed; complete system (includes device	
0303T	Insertion or removal and replacement of intracardiac ischemia monitoring system including imaging supervision and interpretation when performed and intra-operative interrogation and programming when performed; complete system (includes electrode	
0304T	Insertion or removal and replacement of intracardiac ischemia monitoring system including imaging supervision and interpretation when performed and intra-operative interrogation and programming when performed; complete system (includes device	
0305T	Programming device evaluation (in person) of intracardiac ischemia monitoring system with iterative adjustment of programmed values, with analysis, review, and	
0306T	Interrogation device evaluation (in person) of intracardiac ischemia monitoring system with analysis, review, and report	
0307T	Removal of intracardiac ischemia monitoring device	
0308T	Prosthetic eye or facial quarter	

0309T	Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft, when performed, lumbar, L4-L5 interspace (List separately in addition to code for	
0310T	Motor function mapping using noninvasive navigated transcranial magnetic stimulation (nTMS) for therapeutic treatment planning, upper and lower extremity	
0312T	Vagus nerve blocking therapy (morbid obesity); laparoscopic implantation of neurostimulator electrode array, anterior and posterior vagal trunks adjacent to esophagogastric junction (EGJ), with implantation of pulse generator, includes programming, (e.g., Maestro vBloc® for weight reduction)	
0313T	Vagus nerve blocking therapy (morbid obesity); laparoscopic revision or replacement of vagal trunk neurostimulator electrode array, including connection to existing pulse	
0314T	Vagus nerve blocking therapy (morbid obesity); laparoscopic removal of vagal trunk neurostimulator electrode array and pulse generator	
0315T	Vagus nerve blocking therapy (morbid obesity); removal of pulse generator	
0316T	Vagus nerve blocking therapy (morbid obesity); replacement of pulse	
0317T	Vagus nerve blocking therapy (morbid obesity); neurostimulator pulse generator electronic analysis, includes reprogramming when performed	
0329T	Monitoring of intraocular pressure for 24 hours or longer, unilateral or bilateral, with interpretation and report	
0330T	Tear film imaging, unilateral or bilateral, with interpretation and report	
0331T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative	
0332T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment, with tomographic SPECT	
0333T	Visual evoked potential screening of visual acuity, automated	
0335T	Extra-osseous subtalar joint implant for talotarsal stabilization	
0337T	Endothelial function assessment, using peripheral vascular response to reactive hyperemia, non-invasive (e.g., brachial artery ultrasound, peripheral artery tonometry), unilateral or bilateral, (e.g., EndoPat (Itamar Medical Ltd)	
0338T	Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and	
0339T	Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and	
0340T	Ablation, pulmonary tumor(s), including pleura or chest wall when involved by tumor extension, percutaneous, cryoablation, unilateral, includes imaging guidance	
0341T	Quantitative pupillometry with interpretation and report, unilateral or	
0342T	Therapeutic apheresis with selective HDL delipidation and plasma reinfusion	
0347T	Placement of interstitial device(s) in bone for radiostereometric analysis (RSA)	
0348T	Radiologic examination, radiostereometric analysis (RSA), spine, (includes, cervical, thoracic and lumbosacral, when performed)	
0349T	Radiologic examination, radiostereometric analysis (RSA), upper extremity(ies), (includes shoulder, elbow and wrist, when performed)	
0350T	Radiologic examination, radiostereometric analysis (RSA); lower extremity(ies), (includes hip, proximal femur, knee, and ankle, when performed) ankle, when	
0351T	Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; real time intraoperative	
0352T	Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; interpretation and report, real time or referred	
0353T	Optical coherence tomography of breast, surgical cavity; real time intraoperative	
0354T	Optical coherence tomography of breast, surgical cavity; interpretation and report, real time or referred	
0355T	Gastrointestinal tract imaging, intraluminal (e.g., capsule endoscopy), colon, with interpretation and report	
0356T	Insertion of drug-eluting implant (including punctal dilation and implant removal when performed) into lacrimal canaliculus, each	
0357T	Cryopreservation; immature oocyte(s)	
0358T	Bioelectrical impedance analysis whole body composition assessment, supine position, with interpretation and report	
0359T	Behavior identification assessment, by the physician or other qualified health care professional, face-to-face with patient and caregiver(s), includes administration of standardized and non-standardized tests, detailed behavioral history, patient observation and caregiver interview, interpretation of test results, discussion of findings and recommendations with the primary guardian(s)/caregiver(s), and	

0360T	Observational behavioral follow-up assessment, includes physician or other qualified health care professional direction with interpretation and report, administered by one technician; first 30 minutes of technician time, face- to- face with the patient	
0361T	Observational behavioral follow-up assessment, includes physician or other qualified health care professional direction with interpretation and report, administered by one technician; each additional 30 minutes of technician time, face-to-face with the patient (List separately in addition to code for primary service)	
0362T	Exposure behavioral follow-up assessment, includes physician or other qualified health care professional direction with interpretation and report, administered by physician or other qualified health care professional with the assistance of one or more technicians; first 30 minutes of technician(s) time, face-to-face with the patient	
0363T	Exposure behavioral follow-up assessment, includes physician or other qualified health care professional direction with interpretation and report, administered by physician or other qualified health care professional with the assistance of one or more technicians; each additional 30 minutes of technician(s) time, face- to-face with the patient (List separately in addition to code for primary procedure)	
0364T	Adaptive behavior treatment by protocol, administered by technician, face-to- face with one patient; first 30 minutes of technician time	
0365T	Adaptive behavior treatment by protocol, administered by technician, face-to- face with one patient; each additional 30 minutes of technician time (List separately in addition to code for primary procedure)	
0366T	Group adaptive behavior treatment by protocol, administered by technician, face-to- face with two or more patients; first 30 minutes of technician time	
0367T	Group adaptive behavior treatment by protocol, administered by technician, face-to- face with two or more patients; each additional 30 minutes of technician time (List separately in addition to code for primary procedure)	
0368T	Adaptive behavior treatment with protocol modification administered by physician or other qualified health care professional with one patient; first 30 minutes of patient face-to- face time	
0369T	Adaptive behavior treatment with protocol modification administered by physician or other qualified health care professional with one patient; each additional 30 minutes of patient face-to-face time (List separately in addition to code for primary procedure)	
0370T	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present)	
0371T	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present)	
0372T	Adaptive behavior treatment social skills group, administered by physician or other qualified health care professional face-to-face with multiple patients	
0373T	Exposure adaptive behavior treatment with protocol modification requiring two or more technicians for severe maladaptive behavior(s); first 60 minutes of technicians' time.	
0374T	Exposure adaptive behavior treatment with protocol modification requiring two or more technicians for severe maladaptive behavior(s); each additional 30 minutes of technicians' time face-to-face with patient (List separately in addition to code for	
0376T	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the trabecular meshwork; each additional device insertion (List separately in addition to code for primary procedure)	
0377T	Anoscopy with directed submucosal injection of bulking agent for fecal incontinence	
0378T	Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated data transmitted to a remote surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified health care professional	
0379T	Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated data transmitted to a remote surveillance center for up to 30 days; technical support and patient instructions, surveillance, analysis and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional	
0380T	Computer-aided animation and analysis of time series retinal images for the monitoring of disease progression, unilateral or bilateral, with interpretation and report	
0381T	External heart rate and 3-axis accelerometer data recording up to 14 days to assess changes in heart rate and to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; includes report, scanning analysis with report, review and interpretation by a physician or other qualified health care professional	
0382T	External heart rate and 3-axis accelerometer data recording up to 14 days to assess changes in heart rate and to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events: review and interpretation only	

0383T	External heart rate and 3-axis accelerometer data recording from 15 to 30 days to assess changes in heart rate to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; includes report, scanning analysis with report, review and interpretation by a physician or other qualified health care	
0384T	External heart rate and 3-axis accelerometer data recording from 15 to 30 days to assess changes in heart rate to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; review and	
0385T	External heart rate and 3-axis accelerometer data recording more than 30 days to assess changes in heart rate to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; includes report, scanning analysis with report, review and interpretation by a physician or other qualified health care	
0386T	External heart rate and 3-axis accelerometer data recording more than 30 days to assess changes in heart rate to monitor motion analysis for the purposes of diagnosing nocturnal epilepsy seizure events; review and interpretation only	
0387T	Transcatheter insertion or replacement of permanent leadless pacemaker, ventricular	
0388T	Transcatheter removal of permanent leadless pacemaker, ventricular	
0389T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report, leadless pacemaker system	
0390T	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure or test with analysis, review and report, leadless pacemaker system	
0391T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter, leadless pacemaker	
0394T	High dose rate electronic brachytherapy, skin surface application, per fraction, includes basic dosimetry, when performed	
0395T	High dose rate electronic brachytherapy, interstitial or intracavitary treatment, per fraction, includes basic dosimetry, when performed	
0396T	Intra-operative use of kinetic balance sensor for implant stability during knee replacement arthroplasty (List separately in addition to code for primary procedure)	
0397T	Endoscopic retrograde cholangiopancreatography (ERCP), with optical endoscopy (List separately in addition to code for primary procedure)	
0398T	Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation lesion, intracranial for movement disorder including stereotactic navigation and frame placement when performed	
0399T	Myocardial strain imaging (quantitative assessment of myocardial mechanics using image- based analysis of local myocardial dynamics)	
0400T	Multi-spectral digital skin lesion analysis of clinically atypical cutaneous pigmented lesions for detection of melanomas and high risk melanocytic atypia; one to five	
0401T	Multi-spectral digital skin lesion analysis of clinically atypical cutaneous pigmented lesions for detection of melanomas and high risk melanocytic atypia; six or more	
0402T	Collagen cross-linking of cornea (including removal of the corneal epithelium and intraoperative pachymetry when performed)	
0404T	Transcervical uterine fibroid(s) ablation with ultrasound guidance, radiofrequency	
0405T	Oversight of the care of an extracorporeal liver assist system patient requiring review of status, review of laboratories and other studies, and revision of orders and liver assist care plan (as appropriate), within a calendar month, 30 minutes or more of non-	
0406T	Nasal endoscopy, surgical, ethmoid sinus, placement of drug eluting implant	
0407T	Nasal endoscopy, surgical, ethmoid sinus, placement of drug eluting implant; with biopsy, polypectomy or debridement	
0408T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters: pulse generator with transvenous	
0409T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters: pulse generator only	
0410T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters: atrial electrode only	
0411T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters: ventricular electrode only	
0412T	Removal of permanent cardiac contractility modulation system; pulse generator only	
0413T	Removal of permanent cardiac contractility modulation system; transvenous electrode (atrial or ventricular)	
0414T	Removal and replacement of permanent cardiac contractility modulation system pulse generator only	

0415T	Repositioning of previously implanted cardiac contractility modulation transvenous electrode, (atrial or ventricular lead)	
0416T	Relocation of skin pocket for implanted cardiac contractility modulation pulse	
0417T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, including review and report, implantable cardiac	
0418T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter; implantable cardiac contractility modulation system	
0421T	Transurethral waterjet ablation of prostate, including control of post-operative bleeding, including ultrasound guidance, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are	
0422T	Tactile breast imaging by computer- aided tactile sensors, unilateral or	
0423T	Secretory type II phospholipase A2 (sPLA2-IIA)	
0424T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; complete system (transvenous placement of right or left stimulation lead, sensing lead, implantable pulse generator)	
0425T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; sensing lead only	
0426T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; stimulation lead only	
0427T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; pulse generator only	
0428T	Removal of neurostimulator system for treatment of central sleep apnea; pulse generator only	
0429T	Removal of neurostimulator system for treatment of central sleep apnea; sensing lead	
0430T	Removal of neurostimulator system for treatment of central sleep apnea; stimulation lead only	
0431T	Removal and replacement of neurostimulator system for treatment of central sleep apnea, pulse generator only	
0432T	Repositioning of neurostimulator system for treatment of central sleep apnea; stimulation lead only	
0433T	Repositioning of neurostimulator system for treatment of central sleep apnea; sensing lead only	
0434T	Interrogation device evaluation implanted neurostimulator pulse generator system for central sleep apnea	
0435T	Programming device evaluation of implanted neurostimulator pulse generator system for central sleep apnea; single session	
0436T	Programming device evaluation of implanted neurostimulator pulse generator system for central sleep apnea; during sleep study	
0438T	Transperineal placement of biodegradable material, peri- prostatic (via needle), single or multiple, includes image guidance	
0439T	Myocardial contrast perfusion echocardiography; at rest or with stress, for assessment of myocardial ischemia or viability (List separately in addition to code for	
0440T	Ablation, percutaneous, cryoablation, includes imaging guidance; upper extremity distal/peripheral nerve	
0441T	Ablation, percutaneous, cryoablation, includes imaging guidance; lower extremity distal/peripheral nerve	
0442T	Ablation, percutaneous, cryoablation, includes imaging guidance; nerve plexus or other truncal nerve (eg, brachial plexus, pudendal nerve)	
0443T	Real time spectral analysis of prostate tissue by fluorescence spectroscopy	
0444T	Initial placement of a drug-eluting ocular insert under one or more eyelids, including fitting, training, and insertion, unilateral or bilateral	
0445T	Subsequent placement of a drug- eluting ocular insert under one or more eyelids, including re-training, and removal of existing insert, unilateral or bilateral	
0446T	Creation of subcutaneous pocket with insertion of implantable interstitial glucose sensor, including system activation and patient training	
0447T	Removal of implantable interstitial glucose sensor from subcutaneous pocket via	
0448T	Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site	
0449T	Insertion of aqueous drainage device	
0450T	Insertion of aqueous drainage device	
0451T	Insertion or replacement of a permanently implantable aortic counterpulsation VAD	
0452T	Insertion or replacement of a permanently implantable aortic counterpulsation VAD	
0453T	Insertion or replacement of a permanently implantable aortic counterpulsation VAD	
0454T	Insertion or replacement of a permanently implantable aortic counterpulsation VAD	

0455T	Insertion or replacement of a permanently implantable aortic counterpulsation VAD	
0456T	Removal of permanently implantable aortic counterpulsation VAD	
0457T	Removal of permanently implantable aortic counterpulsation VAD	
0458T	Removal of permanently implantable aortic counterpulsation VAD	
0459T	Relocation of permanently implantable aortic counterpulsation VAD	
0460T	Repositioning of previously implanted aortic counterpulsation VAD	
0461T	Repositioning of previously implanted aortic counterpulsation VAD	
0462T	Programming device evaluation with iterative adjustment	
0463T	Interrogation device evaluation	
0464T	Visual evoked potential	
0465T	Suprachoroidal injection	
0466T	Revision or replacement of chest wall respiratory sensor	
0467T	Revision or replacement of chest wall respiratory sensor electrode or electrode array, including connection to existing pulse generator (e.g., hypoglossal nerve stimulation for treatment of obstructive sleep apnea)	
0468T	Removal of chest wall respiratory sensor electrode or electrode array (e.g., hypoglossal nerve stimulation for treatment of obstructive sleep apnea)	
4185F	Histamine therapy - intravenous	
4186F	Histamine therapy - intravenous	
A0021	Ambulance service outside state	
A0080	Non-emergency transportation: per mile—volunteer with no personal interest	
A0090	Non-emergency transportation: per mile— vehicle provided by individual w/vested	
A0100	Non-emergency transportation	
A0110	Nonemergency transportation and bus, intra- or interstate carrier	
A0120	Non-emergency transportation: mini-bus, mountain area transports, or other transportation systems	
A0140	Nonemergency transportation and air travel (private or commercial), intra- or interstate (Fixed wing)	
A0160	Nonemergency transportation: per mile - caseworker or social worker	
A0170	Transportation ancillary: parking fees, tolls, other	
A0180	Nonemergency transportation: ancillary: lodging – recipient	
A0190	Nonemergency transportation: ancillary: meals – recipient	
A0200	Nonemergency transportation: ancillary: lodging – escort	
A0210	Nonemergency transportation: ancillary: meals – escort	
A0392	ALS specialized service disposable supplies; defibrillation (to be used only in jurisdictions where defibrillation cannot be performed by BLS ambulances Note: Included in the global ambulance service	
A0394	ALS specialized service disposable supplies; IV drug therapy Note: Included in the global ambulance service	
A0396	ALS specialized service disposable supplies; esophageal intubation Note: Included in the global ambulance service	
A0398	ALS routine disposable supplies Note: Included in the global ambulance service	
A0420	Ambulance service waiting time (one half-hour)	
A0424	Ambulance service extra attendant	
A0426	Ambulance, advanced life support, nonemergency transport	
A0427	Ambulance service, advanced life support, emergency transport, level 1	
A0429	Ambulance service, basic life support, emergency transport	
A0432	Paramedic intercept (PI), rural area, transport furnished by a volunteer	
A0434	Specialty Care Transport (SCT)	
A0888	Non-covered ambulance mileage, per mile (e.g., for miles traveled beyond closest appropriate facility)	
A0998	Ambulance response and treatment, no transport	
A0999	Unlisted ambulance service	
A4206	Syringe with needle, sterile, 1cc or less, each	
A4210	Needle-free injection device, each	
A4215	Needle, sterile, any size, each	
A4220	Refill kit implantable fusion pump	

A4233	Replacement batteries for use with medically necessary home blood glucose monitor owned by patient	
A4234	Replacement batteries for use with medically necessary home blood glucose monitor owned by patient	
A4235	Replacement batteries for use with medically necessary home blood glucose monitor owned by patient	
A4236	Replacement batteries for use with medically necessary home blood glucose monitor owned by patient	
A4250	Urine reagent strips/tablets	
A4252	Blood ketone test or reagent strip, each	
A4253	Blood glucose/reagent strips	
A4254	Battery for glucose monitor	
A4255	Glucose monitor platforms	
A4256	Normal, low and high calibrator solution/chips	
A4258	Spring powered device for lancet, each	
A4259	Lancets, per box of 100	
A4262	Temp absorb lacrimal duct implant	
A4263	Perm non-dis lacrimal duct implant	
A4267	Contraceptive supply, condom, male, each	
A4268	Contraceptive supply, condom, female, each	
A4269	Contraceptive supply, spermicide (foam, gel), each	
A4270	Disposable endoscope sheath, each	
A4300	Implantable access catheter (venous, arterial, epidural or peritoneal), extrn	
A4305	Disposable drug delivery system/catheter	
A4306	Disposable drug delivery system/catheter	
A4450	Tape, non-waterproof, per 18 sq. in.	Covered in the home location only - POS 12
A4452	Tape, waterproof, per 18 sq. in.	Covered in the home location only - POS 12
A4455	Adhesive remover or solvent per ounce	
A4458	Enema bag with tubing	
A4459	Manual pump-operated enema system, includes balloon, catheter and all accessories, reusable, any type	
A4461	Surgical dressing holder, non-reusable, each	
A4470	Gravlee jet washer	
A4480	Vabra aspirator	
A4550	Surgical trays	
A4559	Coupling gel or paste, for use with ultrasound device, per oz	
A4575	Topical hyperbaric oxygen chamber, disposable	
A4580	Cast supplies	
A4590	Special casting materials	
A4601	Lithium ion battery for non prosthetic use, replacement	
A4602	Replacement battery for external infusion pump owned by patient, lithium, 1.5 volt, each	
A4638	Replacement battery for patient-owned ear pulse generator, each	
A4639	Replacement pad for infrared heating pad system, each	
A4641	Radiopharm diagnostic imaging agent noc	
A4649	Surgical supply; miscellaneous	
A4772	Blood glucose test strips	
A4870	Plumbing and/or electrical work for home hemodialysis equipment	
A4890	Contracts, repair and maintenance, for hemodialysis equipment	
A4931	Oral thermometer, reusable, any type, each	
A4932	Rectal thermometer, reusable, any type, each	
A6000	Non-contact wound warming wound cover for use with the non-contact wound warming device	
A6025	Silicone gel sheet, each	
A6257	Transparent film, sterile, 16 sq in or	

A8000	Helmet, protective, soft, prefabricated, includes all components and	
A8001	Helmet, protective, hard, prefabricated, includes all components and accessories	
A9150	Non-prescription drugs	
A9270	Non-covered item or service	
A9275	Disposable home glucose monitor	
A9279	Monitoring feature/device, stand-alone or integrated, any type, includes all accessories, components and electronics, not otherwise classified	
A9280	Alert or alarm device, not otherwise classified	
A9281	Reaching/grabbing device, any type, any length, each	
A9300	Exercise equipment	
A9510	Supply of radiopharmaceutical diagnostic imaging agent, technetium tc99m	
A9700	Supply of injectable contrast material for use in echocardiography	
A9901	Delivery, set up, and/or dispensing service component of another HCPCS code	
B4216	Parent nutr additives	
B4220	Parent nutr supply kit premix	
B4222	Parent nutr supply kit home mix	
B4224	Parent nutr administration kit	
C1721	Cardioverter Defibrillator, Dual Chamber Implantable	
C1722	Cardioverter Defibrillator, Single Chamber Implantable	
C1749	Endoscope, retrograde imaging/illumination colonoscope device (implantable)	
C1772	Infusion pump, programmable (implantable)	
C1818	Integrated keratoprosthesis	
C1821	Interspinous process distraction device (implantable)	
C1822	Generator, neurostimulator implantable	
C1841	Retinal prosthesis	
C1878	Material for vocal cord medialization, synthetic	
C1882	Cardioverter Defibrillator, Other than Single or Dual	
C2614	Probe, percutaneous lumbar discectomy	
C2624	Implantable wireless pulmonary artery pressure sensor with delivery catheter	
C9358	Dermal substitute, native, non-denatured collagen	
C9360	Dermal substitute, native, nondenatured collagen, neonatal bovine origin (SurgiMend Collagen Matrix), per 0.5 sq cm	
C9727	Insertion of implants into the soft palate;	
C9733	Nonphthalmic fluorescnet vascular angiography	
C9734	Focused ultrasound ablation/therapeutic intervention, other than uterine leiomyomata, with magnetic reso- nance (MR) guidance	
C9739	Cystourethroscopy, with insertion of transprostatic implant	
C9740	Cystourethroscopy, with insertion of transprostatic implant	
C9741	Right heart catheterization with implantation of wireless pressure senor in the pulmonary artery, including any type of measurement, angiography, imaging supervision, interpretation, and report. includes provision of patient home electronics	
D0180	Comprehensive periodontal evaluation – new or established patient	
D0250	Extraoral – first film	
D0260	Extraoral – each additional film	
D0277	Vertical bitewings – 7 to 8 films	
D0460	Pulp vitality tests	
D0470	Diagnostic casts	
D1310	Nutritional counseling for control of dental disease	
D1510	Space maintainer – fixed – unilateral	
D1515	Space maintainer – fixed – bilateral	
D1520	Space maintainer – removable – unilateral	
D1525	Space maintainer – removable – bilateral	
D1550	Re-cementation of space maintainer	
D1555	Removal of fixed space maintainer	
D2710	Crown – resin-based composite (indirect)	

D2712	Crown – 3/4 resin-based composite (indirect)	
D2720	Crown – resin with high noble metal	
D2721	Crown – resin with predominantly base metal	
D2722	Crown – resin with noble metal	
D2740	Crown – porcelain/ceramic substrate	
D2750	Crown – porcelain fused to high noble metal	
D2751	Crown – porcelain fused to predominantly base metal	
D2752	Crown – porcelain fused to noble metal	
D2780	Crown – ¾ cast high noble metal	
D2781	Crown – ¾ cast predominantly base metal	
D2782	Crown – ¾ cast noble metal	
D2791	Crown – full cast predominantly base metal	
D2792	Crown – full cast noble metal	
D2794	Crown – titanium	
D2910	Recement inlay, onlay, or partial coverage restoration	
D2915	Recement cast or prefabricated post and core	
D2931	Prefabricated stainless steel crown – permanent tooth	
D2951	Pin retention – per tooth, in addition to restoration	
D2952	Pin retention – per tooth, in addition to restoration	
D2953	Each additional indirectly fabricated post-same tooth	
D2954	Prefabricated post and core in addition to crown	
D2957	Each additional prefabricated post-same tooth	
D4910	Periodontal maintenance (2 in a 12 month period)	
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	
D5710	Rebase complete maxillary denture	
D5711	Rebase complete mandibular denture	
D5720	Rebase maxillary partial denture	
D5721	Rebase mandibular partial denture	
D5740	Reline maxillary partial denture (chairside)	
D5741	Reline mandibular partial denture (chairside)	
D5760	Reline maxillary partial denture (laboratory)	
D5761	Reline mandibular partial denture (laboratory)	
D5850	Tissue conditioning, maxillary	
D5851	Tissue conditioning, mandibular	
D6205	Pontic – indirect resin based composite	
D6210	Pontic – cast high noble metal	
D6211	Pontic – cast predominantly base metal	
D6212	Pontic – cast noble metal	
D6214	Pontic – titanium	
D6240	Pontic – porcelain fused to high noble metal	
D6241	Pontic – porcelain fused to predominantly base metal	
D6242	Pontic – porcelain fused to noble metal	
D6250	Pontic – resin with high noble metal	
D6251	Pontic – resin with predominantly base metal	
D6252	Pontic – resin with noble metal	
D6710	Crown – indirect resin-based composite	
D6720	Crown – resin with high noble metal	
D6721	Crown – resin with predominantly base metal	
D6722	Crown – resin with noble metal	
D6750	Crown – porcelain fused to high noble metal	
D6751	Crown – porcelain fused to predominantly base metal	
D6752	Crown – porcelain fused to noble metal	

D6780	Crown – ¾ cast high noble metal	
D6781	Crown – ¾ cast predominantly base metal	
D6782	Crown – ¾ cast noble metal	
D6790	Crown – full cast high noble metal	
D6791	Crown – full cast predominantly base metal	
D6792	Crown – full cast noble metal	
D6794	Crown – titanium	
D6970	Post and core in addition to fixed partial denture retainer, indirectly fabricated	
D6972	Prefabricated post and core in addition to fixed partial denture retainer	
D6973	Core build up for retainer, including any pins	
D6976	Each additional cast post – same tooth	
D6977	Each additional prefabricated post – same tooth	
D7511	Incision and drainage of abscess – intraoral soft issue – complicated (includes drainage of multiple fascial spaces)	
D7521	Incision and drainage of abscess – extraoral soft issue – complicated (includes drainage of multiple fascial spaces)	
D9110	Palliative (emergency) treatment of dental pain – minor procedure	
D9450	Case presentation, detailed and extensive treatment planning	
D9951	Occlusal adjustment – limited	
E0118	Crutch substitute, lower leg platform, with or without wheels, ea.	
E0162	Sitz bath chair	
E0175	Foot rest use w/commode chair	
E0190	Positioning pillow/cushion	
E0191	Heel/elbow protector ea.	
E0194	Air fluidized bed	
E0200	Heat lamp w/o stand	
E0205	Heat lamp w/stand	
E0210	Electric heat pad std	
E0215	Electric heat pad moist	
E0217	Water circulating heat pad with pump	
E0218	Water circulating cold pad with pump	
E0221	Infrared heating pad system	
E0225	Hydrocollator unit includes pads	
E0231	Non-contact wound warming wound cover for use with the non-contact wound warming device	
E0232	Warming card for use with non-contact wound device	
E0239	Hydrocollator unit portable	
E0241	Bath tub wall rail ea	
E0242	Bath tub rail floor base	
E0243	Toilet rail ea	
E0274	Over-bed table	
E0315	Bed accessory, board, table or support device, any type	
E0435	Portable liquid oxygen system, purchase; includes portable container, supply reservoir, flowmeter, humidifier, contents gauge, cannula or mask, tubing and refill	
E0446	Topical oxygen delivery system, not otherwise specified, includes all supplies and accessories	
E0450	Volume ventilator	
E0466	Home ventilator, any type, used with noninvasive interface	
E0480	Intrapulmonary percussive ventilation system	
E0481	Intrapulmonary percussive ventilation system and related accessories	
E0605	Vaporizer room type	
E0607	Home blood glucose monitor	
E0610	Pacemaker monitor self-contained	
E0615	Pacemaker monitor self contained	
E0616	Implantable cardiac event recorder w/memory, activator & programmer	

E0617	External defibrillator with integrated electrocardiogram analysis	
E0625	Patient lift kartop bathroom	
E0627	Seat lift mech in comb lift-chair	
E0629	Sep seat lift mech reimbursed	
E0636	Multipositional patient support system, with integrated lift, patient accessible controls	
E0638	Standing frame/table system, one position (e.g., upright, supine or prone stander), any size including pediatric, with or without wheels	
E0641	Standing frame/table system, mobile (dynamic stander), any size including pediatric	
E0642	Standing frame/table system, mobile (dynamic stander), any size including pediatric	
E0700	Safety equipment	
E0744	Neuromuscular stimulator for scoliosis	
E0762	Transcutaneous electrical joint stimulation device system	
E0764	Functional neuromuscular stimulator, used for walking by spinal cord injured	
E0765	FDA-approved nerve stimulator, with replaceable batteries, for treatment of nausea and vomiting	
E0766	Electrical stimulation device used for cancer treatment, includes all accessories, any	
E0770	Functional electric stim NOS	
E0779	Ambulatory infusion pump, mechanical, reusable, for infusion 8 hrs or greater	
E0780	Ambulatory infusion pump, mechanical, reusable, for infusion less than 8	
E0782	Terbutaline therapy - Infusion pump implantable non programmable	
E0783	Terbutaline therapy - Infusion pump system, implantable, programmable	
E0786	Implantable programmable infusion pump, replacement	
E0791	Parent infus pump stationary	
E0983	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control	
E0984	Manual wheelchair accessory, power, add-on to convert manual wheelchair to motorized wheelchair, tiller control	
E0986	Manual wheelchair accessory, push activated power assist, each	
E1002	Wheelchair accessory, power seating system, tilt only	
E1003	Wheelchair accessory, power seating system, recline only, without shear reduction	
E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction	
E1005	Wheelchair accessory, power seating system, recline only, with power shear	
E1006	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction	
E1007	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction	
E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction	
E1009	Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and leg rest, each	
E1010	Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, pair	
E1015	Shock absorber for manual wheelchair, each	
E1016	Shock absorber for power wheelchair, each	
E1017	Heavy duty shock absorber for heavy duty or extra heavy duty manual wheelchair,	
E1018	Heavy duty shock absorber for heavy duty or extra heavy duty power wheelchair,	
E1028	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for joystick, other control interface or positioning accessory	
E1035	Multi-positional patient transfer system, with integrated seat, operated by care giver, patient weight capacity up to and including 300 pounds	
E1037	Transport chair, pediatric size	
E1038	Transport chair, adult size	
E1227	Special height arms for wheelchair	
E1228	Special back height for wheelchair	
E1230	Power operated vehicle (three- or four-wheel nonhighway) specify brand name and model number	
E1231	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system	
E1232	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating	

E1233	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system	
E1234	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system	
E1235	Wheelchair, pediatric size, rigid, adjustable, with seating system	
E1236	Wheelchair, pediatric size, folding, adjustable, with seating system	
E1237	Wheelchair, pediatric size, rigid, adjustable, without seating system	
E1239	Power wheelchair, pediatric size, not otherwise specified	
E1296	Special wheelchair; seat height from floor	
E1297	Special wheelchair; seat depth, by upholstery	
E1298	Special wheelchair; seat depth and/or width, by construction	
E1300	Whirlpool portable (overtub)	
E1310	Whirlpool non-port (built-in)	
E1632	Wearable artificial kidney, each	
E1635	Compact (portable) travel hemodialyzer system	
E1700	Jaw motion rehabilitation system	
E1701	Replacement cushions for jaw motion rehab	
E1702	Replacement measuring scales for jaw motion rehabilitation system, pkg. of 200	
E1703	Replacement measuring scales for jaw motion rehab	
E1800	Dynamic adjustable elbow extension/flexion device, includes soft interface materia	
E1801	Static progressive stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	
E1806	Static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes all components and accessories	
E2100	Blood glucose monitor with voice synthesizer	
E2101	Blood glucose monitor with integrated lancing/blood sample	
E2120	Pulse generator system for tympanic treatment of inner ear	
E2201	Manual wheelchair accessory, nonstandard seat frame, width greater than or equal to 20 inches and less than 24 inches	
E2202	Manual wheelchair accessory, nonstandard seat frame width, 24–27 inches	
E2203	Manual wheelchair accessory, nonstandard frame depth, 20 to less than 22 inches	
E2204	Manual wheelchair accessory, nonstandard seat frame depth 22 to 25 inches	
E2205	Manual wheelchair accessory, handrim without projections (includes ergonomic or contoured), any type, replacement only, each	
E2207	Wheelchair accessory, crutch and cane holder, each	
E2208	Wheelchair accessory, cylinder tank carrier, each	
E2209	Accessory, arm trough, with or without hand support, each	
E2224	Manual wheelchair accessory, propulsion wheel excludes tire, any size, each	
E2227	Manual wheelchair accessory, gear reduction drive wheel, each	
E2231	Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware	
E2291	Back, planar, for pediatric size wheelchair including fixed attaching hardware	
E2292	Seat, planar, for pediatric size wheelchair including fixed attaching hardware	
E2293	Back, contoured, for pediatric size wheelchair including fixed attaching hardware	
E2294	Seat, contoured, for pediatric size wheelchair including fixed attaching	
E2295	Manual wheelchair accessory, for pediatric size wheelchair, dynamic seating frame, allows coordinated movement of multiple positioning features	
E2310	Power wheelchair accessory, electronic connection between wheelchair controller and one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	
E2311	Power wheelchair accessory, electronic connection between wheelchair controller and two or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware	
E2312	Power wheelchair accessory, hand or chin control interface, mini- proportional remote joystick, proportional, including fixed mounting hardware	
E2313	Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounting hardware, each	
E2321	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware	

E2322	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware	
E2323	Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated	
E2324	Power wheelchair accessory, chin cup for chin control interface	
E2325	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting	
E2326	Power wheelchair accessory, breath tube kit for sip and puff interface	
E2327	Power wheelchair accessory, head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch, and fixed	
E2328	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics and fixed mounting hardware	
E2329	Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting	
E2330	Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware	
E2331	Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware	
E2340	Power wheelchair accessory, nonstandard seat frame width, 20-23 in.	
E2341	Power wheelchair accessory, nonstandard seat frame width, 24-27 in.	
E2342	Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 in.	
E2343	Power wheelchair accessory, nonstandard seat frame depth, 22-25 in.	
E2351	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface	
E2359	Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g., gel cell, absorbed glass mat)	
E2361	Power wheelchair accessory, 22 NF sealed lead acid battery, each (eg., gel cell, absorbed glassmat)	
E2363	Power wheelchair accessory, group 24 sealed lead acid battery, each (eg., gel cell, absorbed glassmat)	
E2365	Power wheelchair accessory, U-1 sealed lead acid battery, each (e.g., gel cell absorbed glassmat)	
E2366	Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or non sealed, each	
E2368	Power wheelchair component, motor, replacement only	
E2369	Power wheelchair component, gear box, replacement only	
E2370	Power wheelchair component, motor and gear box combination, replacement only	
E2371	Power wheelchair accessory, group 27 sealed lead acid battery, (eg., Gel cell, absorbed glassmat), each	
E2373	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mounting hardware	
E2374	Power wheelchair accessory, hand or chin control interface, standard remote joystick (not including controller), proportional, including all related electronics and fixed mounting hardware, replacement only	
E2375	Power wheelchair accessory, nonexpendable controller, including all related electronics and mounting hardware, replacement only	
E2376	Power wheelchair accessory, expendable controller, including all related electronics and mounting hardware, replacement only	
E2377	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgraded provided at initial issue	
E2381	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only,	
E2382	Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each	
E2383	Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each	
E2384	Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each	
E2385	Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each	
E2386	Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only,	
E2387	Power wheelchair accessory, foam filled caster tire, any size, replacement only, each	
E2388	Power wheelchair accessory, foam filled wheel tire, any size, replacement only, each	
E2389	Power wheelchair accessory, foam caster tire, any size, replacement only, each	

E2390	Power wheelchair accessory, caster tire, any size, replacement only, each	
E2391	Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each	
E2392	Power wheelchair accessory, solid (rubber/plastic)caster tire with integrated wheel, any size, replacement only, each	
E2394	Power wheelchair accessory, drive wheel excludes tire, any size, replacement only,	
E2395	Power wheelchair accessory, caster wheel excludes tire, any size, replacement only,	
E2396	Power wheelchair, caster fork, any size, replacement only, each	
E2397	Power wheelchair accessory, lithium-based battery, each	
E2504	Speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time	
E2506	Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time	
E2508	Speech generating device, synthesized speech	
E2510	Speech generating device, synthesized speech	
E2511	Speech generating software program	
E2512	Accessory for speech generating device, mounting system	
E2599	Accessory for speech generating device, not otherwise classified	
E2603	Skin protection wheelchair seat cushion, width less than 22 inches, any depth	
E2604	Skin protection wheelchair seat cushion, width 22 inches or greater, any	
E2605	Positioning wheelchair seat cushion, width less than 22 inches, any depth	
E2606	Positioning wheelchair seat cushion, width 22 inches or greater, any depth	
E2607	Skin protection and positioning wheelchair seat cushion, width less than 22 in., any	
E2608	Skin protection and positioning wheelchair seat cushion, width 22 in. or greater, any	
E2609	Custom fabricated wheelchair seat cushion, any size	
E2610	Wheelchair seat cushion, powered	
E2611	General use wheelchair back cushion, width less than 22 inches, any height, including any type mounting hardware	
E2612	General use wheelchair back cushion, width 22 inches or greater, any height, including any type mounting hardware	
E2613	Positioning wheelchair back cushion, posterior, width less than 22 inches, any height, including any type mounting hardware	
E2614	Positioning wheelchair back cushion, posterior, width 22 inches or greater, any height, including any type mounting hardware	
E2615	Positioning wheelchair back cushion, posterior-lateral, width less than 22 inches, any height, including any type mounting hardware	
E2616	Positioning wheelchair back cushion, posterior-lateral, width 22 inches or greater, any height, including any type mounting hardware	
E2617	Custom fabricated wheelchair back cushion, any size, including any type mounting hardware	
E2619	Replacement cover for wheelchair seat cushion or back cushion, each	
E2620	Positioning wheelchair back cushion, planar back with lateral supports, width less than 22 inches, any height, including any type mounting hardware	
E2621	Positioning wheelchair back cushion, planar back with lateral supports, width 22 inches or greater, any height, including any type mounting hardware	
E2622	Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any	
E2623	Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any	
E2624	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth	
E2625	Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth	
E2626	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable	
E2627	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable rancho type	
E2628	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining	
E2629	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints)	
E2630	Wheelchair accessory, shoulder elbow, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension	
E2631	Wheelchair accessory, addition to mobile arm support, elevating proximal arm	

E2632	Wheelchair accessory, addition to mobile arm support, offset or lateral rocker arm with elastic balance control)	
E2633	Wheelchair accessory, addition to mobile arm support, supinator	
G0027	Semen analysis; presence and/or motility of sperm excluding hühner	
G0166	External counterpulsation	
G0173	Linear accelerator based stereotactic radiosurgery, complete course of therapy	
G0175	Scheduled interdisciplinary team conference (minimum of three exclusive)	
G0176	Activity therapy, such as music, dance, art	
G0186	Destruction of localized lesion of choroid	
G0255	Current preception threshold/sensory nerve conduction test for any limb	
G0269	Placement of occlusive device into either a venous or arterial access site, post-surgical or interventional procedure (e.g., angioseal plug, vascular plug)	
G0279	Diagnostic digital breast tomosynthesis, unilateral or bilateral (List separately in addition to G0204 or G0206)	
G0282	Electrical stimulation, to one or more areas, for wound care	
G0293	Non-covered surgical procedure(s) using conscious sedation, regional, general, or spinal anesthesia in a Medicare-qualifying clinical trial, per day	
G0294	Non-covered surgical procedure(s) using either no anesthesia or local anesthesia only in a Medicare-qualifying clinical trial, per day	
G0295	Electromagnetic stimulation, to one or more areas	
G0302	Pre-operative pulmonary surgery services for preparation for LVRS, complete course of services	
G0303	Pre-operative pulmonary surgery services for preparation for LVRS, 10–15 days of	
G0304	Pre-operative pulmonary surgery services for preparation for LVRS, one to nine days of service	
G0305	Post-discharge pulmonary surgery services after LVRS, minimum of six days	
G0329	Electromagnetic therapy, to one or more areas for chronic stage III or IV	
G0333	Pharmacy dispensing fee for inhalation drug(s); initial 30-day supply as a beneficiary	
G0339	Image-guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session or first session of fractionated treatment	
G0340	Image-guided robotic linear accelerator-based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, second through fifth sessions, maximum five sessions per course of	
G0341	Percutaneous islet cell transplant, includes portal vein catheterization and infusion	
G0342	Laparoscopy for islet cell transplant, includes portal vein catheterization and infusion	
G0343	Laparotomy for islet cell transplant, includes portal vein catheterization and infusion	
G0372	Physician service required to establish and document the need for a power mobility	
G0378	Hospital observation service, per hour	
G0379	Direct admission of patient for hospital observation care	
G0380	Level 1 hospital emergency department visit provided in a type 1 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	
G0381	Level 2 hospital emergency department visit provided in a type 2 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	

G0382	Level 3 hospital emergency department visit provided in a type b emergency department; (the ed must meet at least one of the following requirements: (1) it is licensed by the state in which it is located under applicable state law as an emergency room or emergency department; (2) it is held out to the public (by name, posted signs, advertising, or other means) as a place that provides care for emergency medical conditions on an urgent basis without requiring a previously scheduled appointment; or (3) during the calendar year immediately preceding the calendar year in which a determination under 42 CFR 489.24 is being made, based on a representative sample of patient visits that occurred during that calendar year, it provides at least one-third of all of its outpatient visits for the treatment of emergency medical conditions on an urgent basis without requiring a previously scheduled	
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	
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	
G0390	Trauma response team associated with hospital critical care service	
G0396	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., audit, dast), and brief intervention 15–30 minutes	
G0397	Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., audit, dast), and intervention, greater than 30 minutes	
G0402	Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment	
G0451	Development testing	
G0454	Physician documentation of face-to-face visit for durable medical equipment determination performed by nurse practitioner, physician assistant or clinical nurse	
G0460	Autologous platelet rich plasma for chronic wounds/ ulcers, including phlebotomy, centrifugation, and all other preparatory procedures, administration and dress- ings, per treatment	
G0463	Hospital outpatient clinic visit for assessment and management of a patient	
G0464	Colorectal cancer screening; stool-based DNA and fecal occult hemoglobin (e.g., KRAS, NDRG4 and BMP3)	
G0498	Chemotherapy administration, intravenous infusion technique; initiation of infusion in the office/clinic setting using office/clinic pump/supplies, with continuation of the infusion in the community setting (e.g., home, domicili- ary, rest home or assisted living) using a portable pump provided by the office/clinic, includes follow up office/ clinic visit at the conclusion of the infusion	
G0913	Improvement in visual function achieved within 90 days following cataract surgery	
G0914	Patient care survey was not completed by patient	
G0915	Improvement in visual function not achieved within 90 days following cataract surgery	
G0916	Satisfaction with care achieved within 90 days following cataract surgery	
G0917	Patient satisfaction survey was not completed by patient	
G0918	Satisfaction with care not achieved within 90 days following cataract surgery	
G8395	Left ventricular ejection fraction (LVEF) >= 40% or documentation as normal or mildly depressed left ventricular systolic function	
G8396	Left ventricular ejection fraction (LVEF) not performed or documented	
G8397	Dilated macular or fundus exam performed, including documentation of the presence or absence of macular edema and level of severity of retinopathy	

G8398	Dilated macular or fundus exam not performed	
G8399	Patient with documented results of a central dual-energy x-ray absorptiometry (dxa) ever being performed	
G8400	Patient with central dual-energy x-ray absorptiometry (dxa) results not documented, reason not given	
G8404	Lower extremity neurological exam performed and documented	
G8405	Lower extremity neurological exam not performed	
G8410	Footwear evaluation performed and documented	
G8415	Footwear evaluation was not performed	
G8416	Clinician documented that patient was not an eligible candidate for footwear evaluation measure	
G8417	BMI is documented above normal parameters and a follow-up plan is documented	
G8418	BMI is documented below normal parameters and a follow-up plan is documented	
G8419	BMI documented outside normal parameters, no follow-up plan documented, no reason given	
G8420	BMI is documented within normal parameters and no follow-up plan is required	
G8421	BMI not documented and no reason is given	
G8422	BMI not documented, documentation the patient is not eligible for BMI calculation	
G8427	Eligible clinician attests to documenting in the medical record they obtained, updated, or reviewed the patient's current medications	
G8428	Current list of medications not documented as obtained, updated, or reviewed by the eligible clinician, reason not given	
G8430	Eligible clinician attests to documenting in the medical record the patient is not eligible for a current list of medications being obtained, updated, or reviewed by the	
G8431	Screening for depression is documented as being positive and a follow-up plan is documented	
G8432	Depression screening not documented, reason not given	
G8433	Screening for depression not completed, documented reason	
G8442	Pain assessment not documented as being performed, documentation the patient is not eligible for a pain assessment using a standardized tool	
G8450	Beta-blocker therapy prescribed	
G8451	Beta-blocker therapy for lvef < 40% not prescribed for reasons documented by the clinician (e.g., low blood pressure, fluid overload, asthma, patients recently treated with an intravenous positive inotropic agent, allergy, intolerance, other medical reasons, patient declined, other patient reasons, or other reasons attributable to the	
G8452	Beta-blocker therapy not prescribed	
G8465	High or very high risk of recurrence of prostate cancer	
G8473	Angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy prescribed	
G8474	Angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy not prescribed for reasons documented by the clinician (e.g., allergy, intolerance, pregnancy, renal failure due to ace inhibitor, diseases of the aortic or mitral valve, other medical reasons) or (e.g., patient declined, other patient reasons) or (e.g., lack of drug availability, other reasons attributable to the health care system)	
G8475	Angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy not prescribed, reason not given	
G8476	Most recent blood pressure has a systolic measurement of < 140 mmhg and a diastolic measurement of < 90 mmhg	
G8477	Most recent blood pressure has a systolic measurement of >= 140 mmhg and/or a diastolic measurement of >= 90 mmhg	
G8478	Blood pressure measurement not performed or documented, reason not given	
G8482	Influenza immunization administered or previously received	
G8483	Influenza immunization was not administered for reasons documented by clinician (e.g., patient allergy or other medical reasons, patient declined or other patient reasons, vaccine not available or other system reasons)	
G8484	Influenza immunization was not administered, reason not given	
G8506	Patient receiving angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy	
G8509	Pain assessment documented as positive using a standardized tool, follow-up plan not documented, reason not given	
G8510	Screening for depression is documented as negative, a follow-up plan is not required	
G8511	Screening for depression documented as positive, follow-up plan not documented, reason not given	

G8535	Elder maltreatment screen not documented; documentation that patient not eligible for the elder maltreatment screen	
G8536	No documentation of an elder maltreatment screen, reason not given	
G8539	Functional outcome assessment documented as positive using a standardized tool and a care plan based on identified deficiencies on the date of functional outcome assessment, is documented	
G8540	Functional outcome assessment not documented as being performed, documentation the patient is not eligible for a functional outcome assessment using a standardized	
G8541	Functional outcome assessment using a standardized tool not documented, reason not given	
G8542	Functional outcome assessment using a standardized tool is documented; no functional deficiencies identified, care plan not required	
G8543	Documentation of a positive functional outcome assessment using a standardized tool; care plan not documented, reason not given	
G8559	Patient referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evaluation	
G8560	Patient has a history of active drainage from the ear within the previous 90 days	
G8561	Patient is not eligible for the referral for otologic evaluation for patients with a history of active drainage measure	
G8562	days	
G8563	Patient not referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evaluation, reason not given	
G8564	Patient was referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evaluation, reason not specified)	
G8565	Verification and documentation of sudden or rapidly progressive hearing loss	
G8566	Patient is not eligible for the "referral for otologic evaluation for sudden or rapidly progressive hearing loss" measure	
G8567	Patient does not have verification and documentation of sudden or rapidly progressive hearing loss	
G8568	Patient was not referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evaluation, reason not given	
G8569	Prolonged postoperative intubation (> 24 hrs) required	
G8570	Prolonged postoperative intubation (> 24 hrs) not required	
G8571	postoperatively	
G8572	No deep sternal wound infection/mediastinitis	
G8573	Stroke following isolated CABG surgery	
G8574	No stroke following isolated CABG surgery	
G8575	Developed postoperative renal failure or required dialysis	
G8576	No postoperative renal failure/dialysis not required	
G8577	Re-exploration required due to mediastinal bleeding with or without tamponade, graft occlusion, valve dysfunction or other cardiac reason	
G8578	Re-exploration not required due to mediastinal bleeding with or without tamponade, graft occlusion, valve dysfunction or other cardiac reason	
G8598	Aspirin or another antiplatelet therapy used	
G8599	Aspirin or another antiplatelet therapy not used, reason not given	
G8600	IV t-PA initiated within three hours (<= 180 minutes) of time last known well	
G8601	IV t-PA not initiated within three hours (<= 180 minutes) of time last known well for reasons documented by clinician	
G8602	IV t-PA not initiated within three hours (<= 180 minutes) of time last known well, reason not given	
G8627	Surgical procedure performed within 30 days following cataract surgery for major complications (e.g., retained nuclear fragments, endophthalmitis, dislocated or wrong power iol, retinal detachment, or wound dehiscence)	
G8628	Surgical procedure not performed within 30 days following cataract surgery for major complications (e.g., retained nuclear fragments, endophthalmitis, dislocated or wrong power iol, retinal detachment, or wound dehiscence)	
G8633	Pharmacologic therapy (other than minierals/vitamins) for osteoporosis prescribed	
G8635	Pharmacologic therapy for osteoporosis was not prescribed, reason not given	
G8647	Risk-adjusted functional status change residual score for the knee successfully calculated and the score was equal to zero (0) or greater than zero (>0)	
G8648	Risk-adjusted functional status change residual score for the knee successfully calculated and the score was less than zero (<0)	
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	

G8650	Risk-adjusted functional status change residual scores for the knee not measured because the patient did not complete foto's functional intake on admission and/or follow up status survey near discharge, reason not given	
G8651	Risk-adjusted functional status change residual score for the hip successfully calculated and the score was equal to zero (0) or greater than zero (>0)	
G8652	Risk-adjusted functional status change residual score for the hip successfully calculated and the score was less than zero (<0)	
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	
G8654	Risk-adjusted functional status change residual scores for the hip not measured because the patient did not complete foto's functional intake on admission and/or follow up status survey near discharge, reason not given	
G8655	Risk-adjusted functional status change residual score for the foot or ankle successfully calculated and the score was equal to zero (0) or greater than zero (> 0)	
G8656	Risk-adjusted functional status change residual score for the foot or ankle successfully calculated and the score was less than zero (< 0)	
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	
G8658	Risk-adjusted functional status change residual scores for the foot or ankle not measured because the patient did not complete foto's functional intake on admission and/or follow up status survey near discharge, reason not given	
G8659	Risk-adjusted functional status change residual score for the lumbar impairment successfully calculated and the score was equal to zero (0) or greater than zero (> 0)	
G8660	Risk-adjusted functional status change residual score for the lumbar impairment successfully calculated and the score was less than zero (< 0)	
G8661	Risk-adjusted functional status change residual scores for the lumbar impairment not measured because the patient did not complete foto's status survey near discharge, patient not appropriate	
G8662	Risk-adjusted functional status change residual scores for the lumbar impairment not measured because the patient did not complete foto's functional intake on admission and/or follow up status survey near discharge, reason not given	
G8663	Risk-adjusted functional status change residual score for the shoulder successfully calculated and the score was equal to zero (0) or greater than zero (>0)	
G8664	Risk-adjusted functional status change residual score for the shoulder successfully calculated and the score was less than zero (<0)	
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	
G8666	Risk-adjusted functional status change residual scores for the shoulder not measured because the patient did not complete foto's functional intake on admission and/or follow up status survey near discharge, reason not given	
G8667	Risk-adjusted functional status change residual score for the elbow, wrist or hand successfully calculated and the score was equal to zero (0) or greater than zero (>0)	
G8668	Risk-adjusted functional status change residual score for the elbow, wrist or hand successfully calculated and the score was less than zero (<0)	
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	
G8670	Risk-adjusted functional status change residual scores for the elbow, wrist or hand not measured because the patient did not complete foto's functional intake on admission and/or follow up status survey near discharge, reason not given	
G8671	Risk-adjusted functional status change residual score for the neck, cranium, mandible, thoracic spine, ribs, or other general orthopaedic impairment successfully calculated and the score was equal to zero (0) or greater than zero (> 0)	
G8672	Risk-adjusted functional status change residual score for the neck, cranium, mandible, thoracic spine, ribs, or other general orthopaedic impairment successfully calculated and the score was less than zero (< 0)	
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	
G8674	Risk-adjusted functional status change residual scores for the neck, cranium, mandible, thoracic spine, ribs, or other general orthopaedic impairment not measured because the patient did not complete foto's functional intake on admission and/or follow up status survey near discharge, reason not given	
G8694	Left ventricular ejection fraction (lvef) < 40%	
G8696	Antithrombotic therapy prescribed at discharge	

G8697	Antithrombotic therapy not prescribed for documented reasons (e.g., patient had stroke during hospital stay, patient expired during inpatient stay, other medical reason(s)); (e.g., patient left against medical advice, other patient reason(s))	
G8698	Antithrombotic therapy was not prescribed at discharge, reason not given	
G8708	Patient not prescribed or dispensed antibiotic	
G8709	Patient prescribed or dispensed antibiotic for documented medical reason(s) (e.g., intestinal infection, pertussis, bacterial infection, lyme disease, otitis media, acute sinusitis, acute pharyngitis, acute tonsillitis, chronic sinusitis, infection of the pharynx/larynx/tonsils/adenoids, prostatitis, cellulitis, mastoiditis, or bone infections, acute lymphadenitis, impetigo, skin staph infections, pneumonia/gonococcal infections, venereal disease (syphilis, chlamydia, inflammatory diseases (female reproductive organs)), infections of the kidney, cystitis or uti, and acne)	
G8710	Patient prescribed or dispensed antibiotic	
G8711	Prescribed or dispensed antibiotic	
G8712	Antibiotic not prescribed or dispensed	
G8721	Pt category (primary tumor), pn category (regional lymph nodes), and histologic grade were documented in pathology report	
G8722	Documentation of medical reason(s) for not including the pt category, the pn category or the histologic grade in the pathology report (e.g., re-excision without residual tumor; non-carcinomasanal canal)	
G8723	Specimen site is other than anatomic location of primary tumor	
G8724	Pt category, pn category and histologic grade were not documented in the pathology report, reason not given	
G8730	Pain assessment documented as positive using a standardized tool and a follow-up plan is documented	
G8731	Pain assessment using a standardized tool is documented as negative, no follow-up plan required	
G8732	No documentation of pain assessment, reason not given	
G8733	documented	
G8734	Elder maltreatment screen documented as negative, no follow-up required	
G8735	Elder maltreatment screen documented as positive, follow-up plan not documented, reason not given	
G8749	Absence of signs of melanoma (cough, dyspnea, tenderness, localized neurologic signs such as weakness, jaundice or any other sign suggesting systemic spread) or absence of symptoms of melanoma (pain, paresthesia, or any other symptom suggesting the possibility of systemic spread of melanoma)	
G8752	Most recent systolic blood pressure < 140 mmhg	
G8753	Most recent systolic blood pressure >= 140 mmhg	
G8754	Most recent diastolic blood pressure < 90 mmhg	
G8755	Most recent diastolic blood pressure >= 90 mmhg	
G8756	No documentation of blood pressure measurement, reason not given	
G8783	Normal blood pressure reading documented, follow-up not required	
G8785	Blood pressure reading not documented, reason not given	
G8797	Specimen site other than anatomic location of esophagus	
G8798	Specimen site other than anatomic location of prostate	
G8806	Performance of trans-abdominal or trans-vaginal ultrasound	
G8807	Trans-abdominal or trans-vaginal ultrasound not performed for reasons documented by clinician (e.g., patient has visited the ED multiple times within 72 hours, patient has a documented intrauterine pregnancy [IUP])	
G8808	Performance of trans-abdominal or trans-vaginal ultrasound not ordered, reason not given (e.g., patient has visited the ED multiple times with no documentation of a trans-abdominal or trans-vaginal ultrasound within ED or from referring eligible)	
G8809	Rh-immunoglobulin (RHOGAM) ordered	
G8810	Rh-immunoglobulin (RHOGAM) not ordered for reasons documented by clinician (e.g., patient had prior documented receipt of RHOGAM within 12 weeks, patient	
G8811	Documentation rh-immunoglobulin (RHOGAM) was not ordered, reason not given	
G8815	Documented reason in the medical records for why the statin therapy was not prescribed (i.e., lower extremity bypass was for a patient with non-atherosclerotic	
G8816	Statin medication prescribed at discharge	
G8817	Statin therapy not prescribed at discharge, reason not given	
G8818	Patient discharge to home no later than post-operative day #7	
G8825	Patient not discharged to home by post-operative day #7	

G8826	Patient discharge to home no later than post-operative day #2 following EVAR	
G8833	Patient not discharged to home by post-operative day #2 following Evar	
G8834	Patient discharged to home no later than post-operative day #2 following CEA	
G8838	Patient not discharged to home by post-operative day #2 following CEA	
G8839	Sleep apnea symptoms assessed, including presence or absence of snoring and daytime sleepiness	
G8840	Documentation of reason(s) for not documenting an assessment of sleep symptoms (e.g., patient didn't have initial daytime sleepiness, patient visited between initial testing and initiation of therapy)	
G8841	Sleep apnea symptoms not assessed, reason not given	
G8842	Apnea hypopnea index (AHI) or respiratory disturbance index (RDI) measured at the time of initial diagnosis	
G8843	Documentation of reason(s) for not measuring an apnea hypopnea index (AHI) or a respiratory disturbance index (RDI) at the time of initial diagnosis (e.g., psychiatric disease, dementia, patient declined, financial, insurance coverage, test ordered but not yet completed)	
G8844	Apnea hypopnea index (AHI) or respiratory disturbance index (RDI) not measured at the time of initial diagnosis, reason not given	
G8845	Positive airway pressure therapy prescribed	
G8846	Moderate or severe obstructive sleep apnea (apnea hypopnea index (AHI) or respiratory disturbance index (RDI) of 15 or greater)	
G8849	Documentation of reason(s) for not prescribing positive airway pressure therapy (e.g., patient unable to tolerate, alternative therapies use, patient declined, financial,	
G8850	Positive airway pressure therapy not prescribed, reason not given	
G8851	documented	
G8852	Positive airway pressure therapy prescribed	
G8854	Documentation of reason(s) for not objectively measuring adherence to positive airway pressure therapy (e.g., patient didn't bring data from continuous positive airway pressure [CPAP], therapy not yet initiated, not available on machine)	
G8855	Objective measurement of adherence to positive airway pressure therapy not performed, reason not given	
G8856	Referral to a physician for an otologic evaluation performed	
G8857	Patient is not eligible for the referral for otologic evaluation measure (e.g., patients who are already under the care of a physician for acute or chronic dizziness)	
G8858	Referral to a physician for an otologic evaluation not performed, reason not given	
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	
G8863	Patients not assessed for risk of bone loss, reason not given	
G8864	Pneumococcal vaccine administered or previously received	
G8865	Documentation of medical reason(s) for not administering or previously receiving pneumococcal vaccine (e.g., patient allergic reaction, potential adverse drug reaction)	
G8866	Documentation of patient reason(s) for not administering or previously receiving pneumococcal vaccine (e.g., patient refusal)	
G8867	Pneumococcal vaccine not administered or previously received, reason not given	
G8869	Patient has documented immunity to Hepatitis B and is receiving a first course of anti-TNF therapy	
G8872	Excised tissue evaluated by imaging intraoperatively to confirm successful inclusion of targeted lesion	
G8873	Patients with needle localization specimens which are not amenable to intraoperative imaging such as mri needle wire localization, or targets which are tentatively identified on mammogram or ultrasound which do not contain a biopsy marker but which can be verified on intraoperative inspection or pathology (e.g., needle biopsy site where the biopsy marker is remote from the actual biopsy site)	
G8874	Excised tissue not evaluated by imaging intraoperatively to confirm successful inclusion of targeted lesion	
G8875	method	
G8876	Documentation of reason(s) for not performing minimally invasive biopsy to diagnose breast cancer preoperatively (e.g., lesion too close to skin, implant, chest wall, etc., lesion could not be adequately visualized for needle biopsy, patient condition prevents needle biopsy [weight, breast thickness, etc.], duct excision without imaging abnormality, prophylactic mastectomy, reduction mammoplasty, excisional biopsy	
G8877	Clinician did not attempt to achieve the diagnosis of breast cancer preoperatively by a minimally invasive biopsy method, reason not given	

G8878	Sentinel lymph node biopsy procedure performed	
G8879	Clinically node negative (t1n0m0 or t2n0m0) invasive breast cancer	
G8880	Documentation of reason(s) sentinel lymph node biopsy not performed (e.g., reasons could include but not limited to; non-invasive cancer, incidental discovery of breast cancer on prophylactic mastectomy, incidental discovery of breast cancer on reduction mammoplasty, pre-operative biopsy proven lymph node (ln) metastases, inflammatory carcinoma, stage 3 locally advanced cancer, recurrent invasive breast cancer, patient refusal after informed consent)	
G8881	Stage of breast cancer is greater than t1n0m0 or t2n0m0	
G8882	Sentinel lymph node biopsy procedure not performed, reason not given	
G8883	Biopsy results reviewed, communicated, tracked and documented	
G8884	Clinician documented reason that patient's biopsy results were not reviewed	
G8885	Biopsy results not reviewed, communicated, tracked or documented	
G8907	Patient documented not to have experienced any of the following events: a burn prior to discharge; a fall within the facility; wrong site/side/patient/procedure/implant event; or a hospital transfer or hospital admission upon discharge from the facility	
G8908	Patient documented to have received a burn prior to discharge	
G8909	Patient documented not to have received a burn prior to discharge	
G8910	Patient documented to have experienced a fall within ASC	
G8911	Patient documented not to have experienced a fall within Ambulatory Surgical Center	
G8912	Patient documented to have experienced a wrong site, wrong side, wrong patient, wrong procedure or wrong implant event	
G8913	Patient documented not to have experienced a wrong site, wrong side, wrong patient, wrong procedure or wrong implant event	
G8914	Patient documented to have experienced a hospital transfer or hospital admission upon discharge from ASC	
G8915	Patient documented not to have experienced a hospital transfer or hospital admission upon discharge from ASC	
G8916	Patient with preoperative order for IV antibiotic surgical site infection (SSI) prophylaxis, antibiotic initiated on time	
G8917	Patient with preoperative order for IV antibiotic surgical site infection (SSI) prophylaxis, antibiotic not initiated on time	
G8918	prophylaxis	
G8923	Left ventricular ejection fraction (LVEF) < 40% or documentation of moderately or severely depressed left ventricular systolic function	
G8924	Spirometry test results demonstrate fev1/fvc < 70%, fev < 60% predicted and patient has copd symptoms (e.g., dyspnea, cough/sputum, wheezing)	
G8925	Spirometry test results demonstrate fev1 >= 60% fev1/fvc >= 70%, predicted or patient does not have copd symptoms	
G8926	Spirometry test not performed or documented, reason not given	
G8934	Left ventricular ejection fraction (LVEF) <40% or documentation of moderately or severely depressed left ventricular systolic function	
G8935	Clinician prescribed angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy	
G8936	Clinician documented that patient was not an eligible candidate for angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy (eg, allergy, intolerance, pregnancy, renal failure due to ace inhibitor, diseases of the aortic or mitral valve, other medical reasons) or (eg, patient declined, other patient reasons) or (eg, lack of drug availability, other reasons attributable to the health care	
G8937	Clinician did not prescribe angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy, reason not given	
G8938	BMI is documented as being outside of normal limits, follow-up plan is not documented, documentation the patient is not eligible	
G8939	Pain assessment documented as positive, follow-up plan not documented, documentation the patient is not eligible	
G8941	Elder maltreatment screen documented as positive, follow-up plan not documented, documentation the patient is not eligible	
G8942	Functional outcomes assessment using a standardized tool is documented within the previous 30 days and care plan, based on identified deficiencies on the date of the functional outcome assessment, is documented	
G8944	AJCC melanoma cancer Stage 0 through IIC melanoma	
G8946	Minimally invasive biopsy method attempted but not diagnostic of breast cancer (e.g., high risk lesion of breast such as atypical ductal hyperplasia, lobular neoplasia, atypical lobular hyperplasia, lobular carcinoma in situ, atypical columnar hyperplasia, flat epithelial atypia, radial scar, complex sclerosing lesion, papillary lesion, or any	

G8947	One or more neuropsychiatric symptoms	
G8950	Pre-hypertensive or hypertensive blood pressure reading documented, and the indicated follow-up is documented	
G8952	Pre-hypertensive or hypertensive blood pressure reading documented, indicated follow-up not documented, reason not given	
G8955	Most recent assessment of adequacy of volume management documented	
G8956	Patient receiving maintenance hemodialysis in an outpatient dialysis facility	
G8958	Assessment of adequacy of volume management not documented, reason not given	
G8959	Clinician treating major depressive disorder communicates to clinician treating comorbid condition	
G8960	Clinician treating major depressive disorder did not communicate to clinician treating comorbid condition, reason not given	
G8961	Cardiac stress imaging test primarily performed on low-risk surgery patient for preoperative evaluation within 30 days preceding this surgery	
G8962	Cardiac stress imaging test performed on patient for any reason including those who did not have low risk surgery or test that was performed more than 30 days preceding low risk surgery	
G8963	Cardiac stress imaging performed primarily for monitoring of asymptomatic patient who had PCI within 2 years	
G8964	Cardiac stress imaging test performed primarily for any other reason than monitoring of asymptomatic patient who had PCI within 2 years (e.g., symptomatic patient, patient greater than 2 years since PCI, initial evaluation, etc)	
G8965	Cardiac stress imaging test primarily performed on low CHD risk patient for initial detection and risk assessment	
G8966	Cardiac stress imaging test performed on symptomatic or higher than low CHD risk patient or for any reason other than initial detection and risk assessment	
G8967	Warfarin or another oral anticoagulant that is FDA approved prescribed	
G8968	Documentation of medical reason(s) for not prescribing warfarin or another oral anticoagulant that is fda approved for the prevention of thromboembolism (e.g., allergy, risk of bleeding, other medical reasons)	
G8969	Documentation of patient reason(s) for not prescribing warfarin or another oral anticoagulant that is FDA approved (e.g., economic, social, and/or religious impediments, noncompliance patient refusal, other patient reasons)	
G8970	No risk factors or one moderate risk factor for thromboembolism	
G8971	not given	
G8972	One or more high risk factors for thromboembolism or more than one moderate risk factor for thromboembolism	
G8973	Most recent hemoglobin (hgb) level < 10 g/dl	
G8974	Hemoglobin level measurement not documented, reason not given	
G8975	Documentation of medical reason(s) for patient having a hemoglobin level < 10 g/dl (e.g., patients who have non-renal etiologies of anemia [e.g., sickle cell anemia or other hemoglobinopathies, hypersplenism, primary bone marrow disease, anemia related to chemotherapy for diagnosis of malignancy, postoperative bleeding, active bloodstream or peritoneal infection], other medical reasons)	
G8976	Most recent hemoglobin (hgb) level >= 10 g/dl	
G8978	Mobility: walking & moving around functional limitation, current status, at therapy episode outset and at reporting intervals	
G8979	Mobility: walking & moving around functional limitation, projected goal status, at therapy episode outset, at reporting intervals, and at discharge or to end reporting	
G8980	Mobility: walking & moving around functional limitation, discharge status, at discharge from therapy or to end reporting	
G8981	Changing & maintaining body position functional limitation, current status, at therapy episode outset and at reporting intervals	
G8982	Changing & maintaining body position functional limitation, projected goal status, at therapy episode outset, at reporting intervals, and at discharge or to end reporting	
G8983	Changing & maintaining body position functional limitation, discharge status, at discharge from therapy or to end reporting	
G8984	Carrying, moving & handling objects functional limitation, current status, at therapy episode outset and at reporting intervals	
G8985	Carrying, moving and handling objects, projected goal status, at therapy episode outset, at reporting intervals, and at discharge or to end reporting	
G8986	Carrying, moving & handling objects functional limitation, discharge status, at discharge from therapy or to end reporting	
G8987	Self care functional limitation, current status, at therapy episode outset and at reporting intervals	

G8988	Self care functional limitation, projected goal status, at therapy episode outset, at reporting intervals, and at discharge or to end reporting	
G8989	Self care functional limitation, discharge status, at discharge from therapy or to end reporting	
G8990	Other physical or occupational therapy primary functional limitation, current status, at therapy episode outset and at reporting intervals	
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	
G8992	Other physical or occupational therapy primary functional limitation, discharge status, at discharge from therapy or to end reporting	
G8993	Other physical or occupational therapy subsequent functional limitation, current status, at therapy episode outset and at reporting intervals	
G8994	Other physical or occupational therapy subsequent functional limitation, projected goal status, at therapy episode outset, at reporting intervals, and at discharge or to	
G8995	Other physical or occupational therapy subsequent functional limitation, discharge status, at discharge from therapy or to end reporting	
G8996	Swallowing functional limitation, current status at therapy episode outset and at reporting intervals	
G8997	Swallowing functional limitation, projected goal status, at therapy episode outset, at reporting intervals, and at discharge or to end reporting	
G8998	Swallowing functional limitation, discharge status, at discharge from therapy or to end reporting	
G8999	Motor speech functional limitation, current status at therapy episode outset and at reporting intervals	
G9001	Coordinated care fee, initial rate	
G9002	Coordinated care fee, maintenance rate	
G9003	Coordinated care fee, risk adjusted high, initial	
G9004	Coordinated care fee, risk adjusted low, initial	
G9005	Coordinated care fee, risk adjusted maintenance	
G9006	Coordinated care fee, home monitoring	
G9007	Coordinated care fee, scheduled team conference	
G9008	Coordinated care fee, physician coordinated care oversight services	
G9009	Coordinated care fee, risk adjusted maintenance, level 3	
G9010	Coordinated care fee, risk adjusted maintenance, level 4	
G9011	Coordinated care fee, risk adjusted maintenance, level 5	
G9012	Other specified case management service not elsewhere classified	
G9013	ESRD Demo Basic Bundle Level I	
G9014	ESRD Demo Expanded Bundle including venous access and related services	
G9016	Smoking cessation counseling, individual, in the absence of or in addition to any other evaluation and management service, per session (6-10 minutes) [Demo project code	
G9017	Amantadine hydrochloride, oral, per 100 mg (for use in a Medicare-approved demonstration project)	
G9018	Zanamivir, inhalation powder, administered through inhaler, per 10 mg (for use in a Medicare-approved demonstration project)	
G9019	Oseltamivir phosphate, oral, per 75 mg (for use in a Medicare-approved demonstration project)	
G9020	Rimantadine hydrochloride, oral, per 100 mg (for use in a Medicare-approved demonstration project)	
G9033	Amantadine hydrochloride, oral brand, per 100 mg (for use in a Medicare-approved demonstration project)	
G9034	Zanamivir, inhalation powder, administered through inhaler, brand, per 10 mg (for use in a Medicare-approved demonstration project)	
G9035	Oseltamivir phosphate, oral, brand, per 75 mg (for use in a Medicare-approved demonstration project)	
G9036	Rimantadine hydrochloride, oral, brand, per 100 mg (for use in a Medicare-approved demonstration project)	
G9050	Oncology; primary focus of visit; work-up, evaluation, or staging at the time of cancer diagnosis or recurrence (for use in a Medicare-approved demonstration project)	
G9051	Oncology; primary focus of visit; treatment decision-making after disease is staged or restaged, discussion of treatment options, supervising/coordinating active cancer directed therapy or managing consequences of cancer directed therapy (for use in a Medicare-approved demonstration project)	

G9052	Oncology; primary focus of visit; surveillance for disease recurrence for patient who has completed definitive cancer-directed therapy and currently lacks evidence of recurrent disease; cancer directed therapy might be considered in the future (for use in a Medicare-approved demonstration project)	
G9053	Oncology; primary focus of visit; expectant management of patient with evidence of cancer for whom no cancer directed therapy is being administered or arranged at present; cancer directed therapy might be considered in the future (for use in a Medicare-approved demonstration project)	
G9054	Oncology; primary focus of visit; supervising, coordinating or managing care of patient with terminal cancer or for whom other medical illness prevents further cancer treatment; includes symptom management, end-of-life care planning, management of palliative therapies (for use in a Medicare-approved demonstration project)	
G9055	Oncology; primary focus of visit; other, unspecified service not otherwise listed (for use in a Medicare-approved demonstration project)	
G9056	Oncology; practice guidelines; management adheres to guidelines (for use in a Medicare-approved demonstration project)	
G9057	Oncology; practice guidelines; management differs from guidelines as a result of patient enrollment in an institutional review board approved clinical trial (for use in a Medicare-approved demonstration project)	
G9058	Oncology; practice guidelines; management differs from guidelines because the treating physician disagrees with guideline recommendations (for use in a Medicare-approved demonstration project)	
G9059	Oncology; practice guidelines; management differs from guidelines because the patient, after being offered treatment consistent with guidelines, has opted for alternative treatment or management, including no treatment (for use in a Medicare-approved demonstration project)	
G9060	Oncology; practice guidelines; management differs from guidelines for reason(s) associated with patient comorbid illness or performance status not factored into guidelines (for use in a Medicare-approved demonstration project)	
G9061	Oncology; practice guidelines; patient's condition not addressed by available guidelines (for use in a Medicare-approved demonstration project)	
G9062	Oncology; practice guidelines; management differs from guidelines for other reason(s) not listed (for use in a Medicare-approved demonstration project)	
G9063	Oncology; disease status; limited to non-small cell lung cancer; extent of disease initially established as stage I (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	
G9064	Oncology; disease status; limited to non-small cell lung cancer; extent of disease initially established as stage II (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	
G9065	Oncology; disease status; limited to non-small cell lung cancer; extent of disease initially established as stage III a (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	
G9066	Oncology; disease status; limited to non-small cell lung cancer; stage III B- IV at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)	
G9067	Oncology; disease status; limited to non-small cell lung cancer; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	
G9068	Oncology; disease status; limited to small cell and combined small cell/non-small cell; extent of disease initially established as limited with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	
G9069	Oncology; disease status; small cell lung cancer, limited to small cell and combined small cell/non-small cell; extensive stage at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)	
G9070	Oncology; disease status; small cell lung cancer, limited to small cell and combined small cell/non-small; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	
G9071	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; stage I or stage IIA-IIB; or T3, N1, M0; and ER and/or PR positive; with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	
G9072	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; stage I, or stage IIA-IIB; or T3, N1, M0; and ER and PR negative; with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	

G9073	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; stage IIIA-IIIIB; and not T3, N1, M0; and ER and/or PR positive; with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	
G9074	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; stage IIIA-IIIIB; and not T3, N1, M0; and ER and PR negative; with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	
G9075	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; M1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)	
G9077	Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type; T1-T2C and Gleason 2-7 and PSA < or equal to 20 at diagnosis with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	
G9078	Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type; T2 or T3A Gleason 8-10 or PSA > 20 at diagnosis with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	
G9079	Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type; T3B-T4, any N; any T, N1 at diagnosis with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	
G9080	Oncology; disease status; prostate cancer, limited to adenocarcinoma; after initial treatment with rising PSA or failure of PSA decline (for use in a Medicare-approved demonstration project)	
G9083	Oncology; disease status; prostate cancer, limited to adenocarcinoma; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	
G9084	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T1-3, N0, M0 with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	
G9085	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T4, N0, M0 with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	
G9086	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T1-4, N1-2, M0 with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	
G9087	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; M1 at diagnosis, metastatic, locally recurrent, or progressive with current clinical, radiologic, or biochemical evidence of disease (for use in a Medicare-approved demonstration project)	
G9088	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; M1 at diagnosis, metastatic, locally recurrent, or progressive without current clinical, radiologic, or biochemical evidence of disease (for use in a Medicare-approved demonstration project)	
G9089	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	
G9090	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T1-2, N0, M0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	
G9091	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T3, N0, M0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	
G9092	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T1-3, N1-2, M0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence or metastases (for use in a Medicare-approved demonstration project)	
G9093	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease initially established as T4, any N, M0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	

G9094	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; M1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)	
G9095	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	
G9096	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell type; extent of disease initially established as T1-T3, N0-N1 or NX (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-	
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	
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	
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	
G9100	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; post R0 resection (with or without neoadjuvant therapy) with no evidence of disease recurrence, progression, or metastases (for use in a Medicare-approved demonstration project)	
G9101	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; post R1 or R2 resection (with or without neoadjuvant therapy) with no evidence of disease progression, or metastases (for use in a Medicare-approved	
G9102	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; clinical or pathologic M0, unresectable with no evidence of disease progression, or metastases (for use in a Medicare-approved demonstration project)	
G9103	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; clinical or pathologic M1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)	
G9104	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	
G9105	Oncology; disease status; pancreatic cancer, limited to adenocarcinoma as predominant cell type; post R0 resection without evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	
G9106	Oncology; disease status; pancreatic cancer, limited to adenocarcinoma; post R1 or R2 resection with no evidence of disease progression, or metastases (for use in a Medicare-approved demonstration project)	
G9107	Oncology; disease status; pancreatic cancer, limited to adenocarcinoma; unresectable at diagnosis, M1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved demonstration project)	
G9108	Oncology; disease status; pancreatic cancer, limited to adenocarcinoma; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	
G9109	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell as predominant cell type; extent of disease initially established as T1-T2 and N0, M0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	
G9110	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell as predominant cell type; extent of disease initially established as T3-4 and/or N1-3, M0 (prior to neo-adjuvant therapy, if any) with no evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	
G9111	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell as predominant cell type; M1 at diagnosis, metastatic, locally recurrent, or progressive (for use in a Medicare-approved	
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	
G9113	Oncology; disease status; ovarian cancer, limited to epithelial cancer; pathologic stage IA-B (grade 1) without evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	

G9114	Oncology; disease status; ovarian cancer, limited to epithelial cancer; pathologic stage IA-B (grade 2-3); or stage IC (all grades); or stage II; without evidence of disease progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	
G9115	Oncology; disease status; ovarian cancer, limited to epithelial cancer; pathologic stage III-IV; without evidence of progression, recurrence, or metastases (for use in a Medicare-approved demonstration project)	
G9116	Oncology; disease status; ovarian cancer, limited to epithelial cancer; evidence of disease progression, or recurrence, and/or platinum resistance (for use in a Medicare-approved demonstration project)	
G9117	Oncology; disease status; ovarian cancer, limited to epithelial cancer; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	
G9123	Oncology; disease status; chronic myelogenous leukemia, limited to Philadelphia chromosome positive and/or BCR-ABL positive; chronic phase not in hematologic, cytogenetic, or molecular remission (for use in a Medicare-approved demonstration project)	
G9124	Oncology; disease status; chronic myelogenous leukemia, limited to Philadelphia chromosome positive and/or BCR-ABL positive; accelerated phase not in hematologic, cytogenetic, or molecular remission (for use in a Medicare-approved demonstration project)	
G9125	Oncology; disease status; chronic myelogenous leukemia, limited to Philadelphia chromosome positive and/or BCR-ABL positive; blast phase not in hematologic, cytogenetic, or molecular remission (for use in a Medicare-approved demonstration project)	
G9126	Oncology; disease status; chronic myelogenous leukemia, limited to Philadelphia chromosome positive and/or BCR-ABL positive; in hematologic, cytogenetic, or molecular remission (for use in a Medicare-approved demonstration project)	
G9128	Oncology; disease status; limited to multiple myeloma, systemic disease; smoldering, stage I (for use in a Medicare-approved demonstration project)	
G9129	Oncology; disease status; limited to multiple myeloma, systemic disease; stage II or higher (for use in a Medicare-approved demonstration project)	
G9130	Oncology; disease status; limited to multiple myeloma, systemic disease; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	
G9131	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as predominant cell type; extent of disease unknown, staging in progress, or not listed (for use in a Medicare-approved demonstration project)	
G9132	Oncology; disease status; prostate cancer, limited to adenocarcinoma; hormone-refractory/androgen-independent (e.g., rising PSA on anti-androgen therapy or post-orchietomy); clinical metastases (for use in a Medicare-approved demonstration project)	
G9133	Oncology; disease status; prostate cancer, limited to adenocarcinoma; hormone-responsive; clinical metastases or M1 at diagnosis (for use in a Medicare-approved demonstration project)	
G9134	Oncology; disease status; non-Hodgkin's lymphoma, any cellular classification; stage I, II at diagnosis, not relapsed, not refractory (for use in a Medicare-approved demonstration project)	
G9135	Oncology; disease status; non-Hodgkin's lymphoma, any cellular classification; stage III, IV, not relapsed, not refractory (for use in a Medicare-approved demonstration project)	
G9136	Oncology; disease status; non-Hodgkin's lymphoma, transformed from original cellular diagnosis to a second cellular classification (for use in a Medicare-approved demonstration project)	
G9137	Oncology; disease status; non-Hodgkin's lymphoma, any cellular classification; relapsed/refractory (for use in a Medicare-approved demonstration project)	
G9138	Oncology; disease status; non-Hodgkin's lymphoma, any cellular classification; diagnostic evaluation, stage not determined, evaluation of possible relapse or non-response to therapy, or not listed (for use in a Medicare-approved demonstration project)	
G9139	Oncology; disease status; chronic myelogenous leukemia, limited to Philadelphia chromosome positive and/or Bcr-Abl positive; extent of disease unknown, staging in progress, not listed (for use in a Medicare-approved demonstration project)	
G9143	Warfarin responsiveness testing by genetic technique using any method, any number of specimen(s)	
G9147	Outpatient intravenous insulin treatment (oivit) either pulsatile or continuous, by any means, guided by the results of measurements for: respiratory quotient, and/or, urine urea nitrogen (uun), and/or, arterial, venous or capillary glucose, and/or potassium concentration	
G9148	National committee for quality assurance—level 1 medical home	
G9149	National committee for quality assurance—level 2 medical home	
G9150	National committee for quality assurance—level 3 medical home	
G9151	Mapcp demonstration - state provided services	
G9152	Mapcp demonstration - community health teams	

G9153	Mapcp demonstration - physician incentive pool	
G9156	Evaluation for wheelchair requiring face-to-face visit with physician	
G9158	Motor speech functional limitation, discharge status, at discharge from therapy or to end reporting	
G9159	Spoken language comprehension functional limitation, current status at therapy episode outset and at reporting intervals	
G9160	Spoken language comprehension functional limitation, projected goal status at therapy episode outset, at reporting intervals, and at discharge or to end reporting	
G9161	Spoken language comprehension functional limitation, discharge status, at discharge from therapy or to end reporting	
G9162	Spoken language expression functional limitation, current status at therapy episode outset and at reporting intervals	
G9163	Spoken language expression functional limitation, projected goal status at therapy episode outset, at reporting intervals, and at discharge or to end reporting	
G9164	Spoken language expression functional limitation, discharge status at discharge from therapy or to end reporting	
G9165	Attention functional limitation, current status at therapy episode outset and at reporting intervals	
G9166	Attention functional limitation, projected goal status at therapy episode outset, at reporting intervals, and at discharge or to end reporting	
G9167	reporting	
G9168	Memory functional limitation, current status at therapy episode outset and at reporting intervals	
G9169	Memory functional limitation, projected goal status at therapy episode outset, at reporting intervals, and at discharge or to end reporting	
G9170	reporting	
G9171	intervals	
G9172	Voice functional limitation, projected goal status at therapy episode outset, at reporting intervals, and at discharge or to end reporting	
G9173	reporting	
G9174	Other speech language pathology functional limitation, current status at therapy episode outset and at reporting intervals	
G9175	Other speech language pathology functional limitation, projected goal status at therapy episode outset, at reporting intervals, and at discharge or to end reporting	
G9176	Other speech language pathology functional limitation, discharge status at discharge from therapy or to end reporting	
G9186	Motor speech functional limitation, projected goal status at therapy episode outset, at reporting intervals, and at discharge or to end reporting	
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	
G9188	Beta-blocker therapy not prescribed, reason not given	
G9189	Beta-blocker therapy prescribed or currently being taken	
G9190	Documentation of medical reason(s) for not prescribing beta-blocker therapy (eg, allergy, intolerance, other medical reasons)	
G9191	Documentation of patient reason(s) for not prescribing beta-blocker therapy (eg, patient declined, other patient reasons)	
G9192	Documentation of system reason(s) for not prescribing beta-blocker therapy (eg, other reasons attributable to the health care system)	
G9196	Documentation of medical reason(s) for not ordering a first or second generation cephalosporin for antimicrobial prophylaxis (e.g., patients enrolled in clinical trials, patients with documented infection prior to surgical procedure of interest, patients who were receiving antibiotics more than 24 hours prior to surgery [except colon surgery patients taking oral prophylactic antibiotics], patients who were receiving antibiotics within 24 hours prior to arrival [except colon surgery patients taking oral prophylactic antibiotics], other medical reason(s))	
G9197	Documentation of order for first or second generation cephalosporin for antimicrobial prophylaxis	
G9198	Order for first or second generation cephalosporin for antimicrobial prophylaxis was not documented, reason not given	
G9212	Dsm-iv-tr criteria for major depressive disorder documented at the initial evaluation	
G9213	Dsm-iv-tr criteria for major depressive disorder not documented at the initial evaluation, reason not otherwise specified	

G9223	Pneumocystis jiroveci pneumonia prophylaxis prescribed within 3 months of low cd4+ cell count below 500 cells/mm3 or a cd4 percentage below 15%	
G9225	Foot exam was not performed, reason not given	
G9226	Foot examination performed (includes examination through visual inspection, sensory exam with 10-g monofilament plus testing any one of the following: vibration using 128-hz tuning fork, pinprick sensation, ankle reflexes, or vibration perception threshold, and pulse exam; report when all of the 3 components are completed)	
G9227	Functional outcome assessment documented, care plan not documented, documentation the patient is not eligible for a care plan	
G9228	Chlamydia, gonorrhea and syphilis screening results documented (report when results are present for all of the 3 screenings)	
G9229	Chlamydia, gonorrhea, and syphilis screening results not documented (patient refusal is the only allowed exception)	
G9230	Chlamydia, gonorrhea, and syphilis not screened, reason not given	
G9231	Documentation of end stage renal disease (esrd), dialysis, renal transplant before or during the measurement period or pregnancy during the measurement period	
G9232	Clinician treating major depressive disorder did not communicate to clinician treating comorbid condition for specified patient reason (e.g., patient is unable to communicate the diagnosis of a comorbid condition; the patient is unwilling to communicate the diagnosis of a comorbid condition; or the patient is unaware of the comorbid condition, or any other specified patient reason)	
G9239	Documentation of reasons for patient initiating maintenance hemodialysis with a catheter as the mode of vascular access (e.g., patient has a maturing avf/avg, time-limited trial of hemodialysis, other medical reasons, patient declined avf/avg, other patient reasons, patient followed by reporting nephrologist for fewer than 90 days,	
G9240	Patient whose mode of vascular access is a catheter at the time maintenance hemodialysis is initiated	
G9241	Patient whose mode of vascular access is not a catheter at the time maintenance hemodialysis is initiated	
G9242	performed	
G9243	Documentation of viral load less than 200 copies/ml	
G9246	Patient did not have at least one medical visit in each 6 month period of the 24 month measurement period, with a minimum of 60 days between medical visits	
G9247	Patient had at least one medical visit in each 6 month period of the 24 month measurement period, with a minimum of 60 days between medical visits	
G9250	Documentation of patient pain brought to a comfortable level within 48 hours from initial assessment	
G9251	Documentation of patient with pain not brought to a comfortable level within 48 hours from initial assessment	
G9254	following cas	
G9255	Documentation of patient discharged to home no later than post operative day 2 following cas	
G9256	Documentation of patient death following cas	
G9257	Documentation of patient stroke following cas	
G9258	Documentation of patient stroke following cea	
G9259	Documentation of patient survival and absence of stroke following cas	
G9260	Documentation of patient death following cea	
G9261	Documentation of patient survival and absence of stroke following cea	
G9262	Documentation of patient death in the hospital following endovascular aaa repair	
G9263	Documentation of patient survival in the hospital following endovascular aaa repair	
G9264	Documentation of patient receiving maintenance hemodialysis for greater than or equal to 90 days with a catheter for documented reasons (e.g., other medical reasons, patient declined avf/avg, other patient reasons)	
G9265	Patient receiving maintenance hemodialysis for greater than or equal to 90 days with a catheter as the mode of vascular access	
G9266	Patient receiving maintenance hemodialysis for greater than or equal to 90 days without a catheter as the mode of vascular access	
G9267	Documentation of patient with one or more complications or mortality within 30 days	
G9268	Documentation of patient with one or more complications within 90 days	
G9269	Documentation of patient without one or more complications and without mortality within 30 days	
G9270	Documentation of patient without one or more complications within 90 days	
G9273	Blood pressure has a systolic value of < 140 and a diastolic value of < 90	

G9274	Blood pressure has a systolic value of =140 and a diastolic value of = 90 or systolic value < 140 and diastolic value = 90 or systolic value = 140 and diastolic value < 90	
G9275	Documentation that patient is a current non-tobacco user	
G9276	Documentation that patient is a current tobacco user	
G9277	Documentation that the patient is on daily aspirin or anti-platelet or has documentation of a valid contraindication or exception to aspirin/anti-platelet; contraindications/exceptions include anti-coagulant use, allergy to aspirin or anti-platelets, history of gastrointestinal bleed and bleeding disorder; additionally, the following exceptions documented by the physician as a reason for not taking daily aspirin or anti-platelet are acceptable (use of non-steroidal anti-inflammatory agents, documented risk for drug interaction, uncontrolled hypertension defined as >180	
G9278	Documentation that the patient is not on daily aspirin or anti-platelet regimen	
G9279	Pneumococcal screening performed and documentation of vaccination received prior to discharge	
G9280	Pneumococcal vaccination not administered prior to discharge, reason not specified	
G9281	Screening performed and documentation that vaccination not indicated/patient refusal	
G9282	Documentation of medical reason(s) for not reporting the histological type or 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	
G9283	Non small cell lung cancer biopsy and cytology specimen report documents classification into specific histologic type or classified as nsclc-nos with an	
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	
G9285	Specimen site other than anatomic location of lung or is not classified as non small cell lung cancer	
G9286	Antibiotic regimen prescribed within 10 days after onset of symptoms	
G9287	Antibiotic regimen not prescribed within 10 days after onset of symptoms	
G9288	Documentation of medical reason(s) for not reporting the histological type or 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)	
G9289	Non small cell lung cancer biopsy and cytology specimen report documents classification into specific histologic type or classified as nsclc-nos with an	
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	
G9291	Specimen site other than anatomic location of lung, is not classified as non small cell lung cancer or classified as nsclc-nos	
G9292	Documentation of medical reason(s) for not reporting pt category and a statement on thickness and ulceration and for pt1, mitotic rate (e.g., negative skin biopsies in a patient with a history of melanoma or other documented medical reasons)	
G9293	Pathology report does not include the pt category and a statement on thickness and ulceration and for pt1, mitotic rate	
G9294	Pathology report includes the pt category and a statement on thickness and ulceration and for pt1, mitotic rate	
G9295	Specimen site other than anatomic cutaneous location	
G9296	Patients with documented shared decision-making including discussion of conservative (non-surgical) therapy (e.g., NSAIDs, analgesics, weight loss, exercise, injections) prior to the procedure	
G9297	Shared decision-making including discussion of conservative (non-surgical) therapy (e.g., NSAIDs, analgesics, weight loss, exercise, injections) prior to the procedure, not documented, reason not given	
G9298	Patients who are evaluated for venous thromboembolic and cardiovascular risk factors within 30 days prior to the procedure (e.g., history of DVT, PE, MI, arrhythmia	
G9299	Patients who are not evaluated for venous thromboembolic and cardiovascular risk factors within 30 days prior to the procedure including (e.g., history of DVT, PE, MI, arrhythmia and stroke, reason not given)	
G9300	Documentation of medical reason(s) for not completely infusing the prophylactic antibiotic prior to the inflation of the proximal tourniquet (e.g., a tourniquet was not	
G9301	Patients who had the prophylactic antibiotic completely infused prior to the inflation of the proximal tourniquet	
G9302	Prophylactic antibiotic not completely infused prior to the inflation of the proximal tourniquet, reason not given	
G9303	Operative report does not identify the prosthetic implant specifications including the prosthetic implant manufacturer, the brand name of the prosthetic implant and the size of each prosthetic implant, reason not given	
G9304	Operative report identifies the prosthetic implant specifications including the prosthetic implant manufacturer, the brand name of the prosthetic implant and the size of each prosthetic implant	

G9305	Intervention for presence of leak of endoluminal contents through an anastomosis not required	
G9306	required	
G9307	No return to the operating room for a surgical procedure, for complications of the principal operative procedure, within 30 days of the principal operative procedure	
G9308	Unplanned return to the operating room for a surgical procedure, for complications of the principal operative procedure, within 30 days of the principal operative procedure	
G9309	No unplanned hospital readmission within 30 days of principal procedure	
G9310	Unplanned hospital readmission within 30 days of principal procedure	
G9311	No surgical site infection	
G9312	Surgical site infection	
G9313	Amoxicillin, with or without clavulanate, not prescribed as first line antibiotic at the time of diagnosis for documented reason (eg, cystic fibrosis, immotile cilia disorders, ciliary dyskinesia, immune deficiency, prior history of sinus surgery within the past 12 months, and anatomic abnormalities, such as deviated nasal septum, resistant organisms, allergy to medication, recurrent sinusitis, chronic sinusitis, or other	
G9314	Amoxicillin, with or without clavulanate, not prescribed as first line antibiotic at the time of diagnosis, reason not given	
G9315	Documentation amoxicillin, with or without clavulanate, prescribed as a first line antibiotic at the time of diagnosis	
G9316	Documentation of patient-specific risk assessment with a risk calculator based on multi-institutional clinical data, the specific risk calculator used, and communication of risk assessment from risk calculator with the patient or family	
G9317	Documentation of patient-specific risk assessment with a risk calculator based on multi-institutional clinical data, the specific risk calculator used, and communication of risk assessment from risk calculator with the patient or family not completed	
G9318	Imaging study named according to standardized nomenclature	
G9319	Imaging study not named according to standardized nomenclature, reason not given	
G9321	Count of previous ct (any type of ct) and cardiac nuclear medicine (myocardial perfusion) studies documented in the 12-month period prior to the current study	
G9322	Count of previous ct and cardiac nuclear medicine (myocardial perfusion) studies not documented in the 12-month period prior to the current study, reason not given	
G9326	Ct studies performed not reported to a radiation dose index registry that is capable of collecting at a minimum all necessary data elements, reason not given	
G9327	Ct studies performed reported to a radiation dose index registry that is capable of collecting at a minimum all necessary data elements	
G9329	DICOM format image data available to non-affiliated external healthcare facilities or entities on a secure, media free, reciprocally searchable basis with patient authorization for at least a 12-month period after the study not documented in final	
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	
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	
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	
G9344	Due to system reasons search not conducted for DICOM format images for prior patient CT imaging studies completed at non-affiliated external healthcare facilities or entities within the past 12 months that are available through a secure, authorized, media-free, shared archive (e.g., non-affiliated external healthcare facilities or entities does not have archival abilities through a shared archival system)	
G9345	Follow-up recommendations documented according to recommended guidelines for incidentally detected pulmonary nodules (e.g., follow-up CT imaging studies needed or that no follow-up is needed) based at a minimum on nodule size and patient risk	
G9347	Follow-up recommendations not documented according to recommended guidelines for incidentally detected pulmonary nodules, reason not given	
G9348	Ct scan of the paranasal sinuses ordered at the time of diagnosis for documented reasons (eg, persons with sinusitis symptoms lasting at least 7 to 10 days, antibiotic resistance, immunocompromised, recurrent sinusitis, acute frontal sinusitis, acute sphenoid sinusitis, periorbital cellulitis, or other medical)	
G9349	Documentation of a ct scan of the paranasal sinuses ordered at the time of diagnosis or received within 28 days after date of diagnosis	
G9350	Ct scan of the paranasal sinuses not ordered at the time of diagnosis or received within 28 days after date of diagnosis	

G9351	More than one ct scan of the paranasal sinuses ordered or received within 90 days after diagnosis	
G9352	More than one ct scan of the paranasal sinuses ordered or received within 90 days after the date of diagnosis, reason not given	
G9353	More than one ct scan of the paranasal sinuses ordered or received within 90 days after the date of diagnosis for documented reasons (eg, patients with complications, second ct obtained prior to surgery, other medical reasons)	
G9354	One ct scan or no ct scan of the paranasal sinuses ordered within 90 days after the date of diagnosis	
G9355	Elective delivery or early induction not performed	
G9356	Elective delivery or early induction performed	
G9357	Post-partum screenings, evaluations and education performed	
G9358	Post-partum screenings, evaluations and education not performed	
G9359	Documentation of negative or managed positive tb screen with further evidence that tb is not active within one year of patient visit	
G9360	No documentation of negative or managed positive tb screen	
G9361	Medical indication for induction [documentation of reason(s) for elective delivery (c-section) or early induction (e.g., hemorrhage and placental complications, hypertension, preeclampsia and eclampsia, rupture of membranes-premature or prolonged, maternal conditions complicating pregnancy/delivery, fetal conditions complicating pregnancy/delivery, late pregnancy, prior uterine surgery, or participation	
G9364	Sinusitis caused by, or presumed to be caused by, bacterial infection	
G9365	One high-risk medication ordered	
G9366	One high-risk medication not ordered	
G9367	At least two different high-risk medications ordered	
G9368	At least two different high-risk medications not ordered	
G9380	Patient offered assistance with end of life issues during the measurement period	
G9381	Documentation of medical reason(s) for not offering assistance with end of life issues (e.g., patient in hospice care, patient in terminal phase) during the measurement	
G9382	Patient not offered assistance with end of life issues during the measurement period	
G9383	Patient received screening for HCV infection within the 12 month reporting period	
G9384	Documentation of medical reason(s) for not receiving annual screening for hcv infection (e.g., decompensated cirrhosis indicating advanced disease [i.e., ascites, esophageal variceal bleeding, hepatic encephalopathy], hepatocellular carcinoma, waitlist for organ transplant, limited life expectancy, other medical reasons)	
G9385	Documentation of patient reason(s) for not receiving annual screening for hcv infection (e.g., patient declined, other patient reasons)	
G9386	Screening for HCV infection not received within the 12 month reporting period, reason not given	
G9389	surgery	
G9390	surgery	
G9393	Patient with an initial phq-9 score greater than nine who achieves remission at twelve months as demonstrated by a twelve month (+/- 30 days) phq-9 score of less than	
G9394	Patient who had a diagnosis of bipolar disorder or personality disorder, death, permanent nursing home resident or receiving hospice or palliative care any time during the measurement or assessment period	
G9395	Patient with an initial phq-9 score greater than nine who did not achieve remission at twelve months as demonstrated by a twelve month (+/- 30 days) phq-9 score greater than or equal to five	
G9396	Patient with an initial phq-9 score greater than nine who was not assessed for remission at twelve months (+/- 30 days)	
G9399	Documentation in the patient record of a discussion between the physician/clinician and the patient that includes all of the following: treatment choices appropriate to genotype, risks and benefits, evidence of effectiveness, and patient preferences toward the outcome of the treatment	
G9400	Documentation of medical or patient reason(s) for not discussing treatment options; medical reasons: patient is not a candidate for treatment due to advanced physical or mental health comorbidity (including active substance use); currently receiving antiviral treatment; successful antiviral treatment (with sustained virologic response) prior to reporting period; other documented medical reasons; patient reasons: patient unable or unwilling to participate in the discussion or other patient reasons	
G9401	No documentation of a discussion in the patient record of a discussion between the physician or other qualified healthcare professional and the patient that includes all of the following: treatment choices appropriate to genotype, risks and benefits, evidence of effectiveness, and patient preferences toward treatment	

G9402	Patient received follow-up on the date of discharge or within 30 days after discharge	
	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)	
G9403		
G9404	discharge	
G9405	Patient received follow-up within 7 days from discharge	
	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)	
G9406		
G9407	Patient did not receive follow-up on or within 7 days after discharge	
G9408	Patients with cardiac tamponade and/or pericardiocentesis occurring within 30 days	
G9409	days	
G9410	Patient admitted within 180 days, status post CIED implantation, replacement, or revision with an infection requiring device removal or surgical revision	
	Patient not admitted within 180 days, status post CIED implantation, replacement, or revision with an infection requiring device removal or surgical revision	
G9411		
G9412	Patient admitted within 180 days, status post CIED implantation, replacement, or revision with an infection requiring device removal or surgical revision	
	Patient not admitted within 180 days, status post CIED implantation, replacement, or revision with an infection requiring device removal or surgical revision	
G9413		
G9414	Patient had one dose of meningococcal vaccine on or between the patient's 11th and 13th birthdays	
	Patient did not have one dose of meningococcal vaccine on or between the patient's 11th and 13th birthdays	
G9415		
G9416	Patient had one tetanus, diphtheria toxoids and acellular pertussis vaccine (tdap) on or between the patient's 10th and 13th birthdays	
	Patient did not have one tetanus, diphtheria toxoids and acellular pertussis vaccine (tdap) on or between the patient's 10th and 13th birthdays	
G9417		
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	
	Documentation of medical reason(s) for not including the histological type or nsccl-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	
G9419		
G9420	Specimen site other than anatomic location of lung or is not classified as primary non-small cell lung cancer	
	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	
G9421		
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 nsccl-nos)	
	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	
G9423		
G9424	Specimen site other than anatomic location of lung, or classified as nsccl-nos	
	Primary lung carcinoma resection report does not document pt category, pn category and for non-small cell lung cancer, histologic type (squamous cell carcinoma,	
G9425		
G9426	Improvement in median time from ED arrival to initial ED oral or parenteral pain medication administration performed for ED admitted patients	
	Improvement in median time from ED arrival to initial ED oral or parenteral pain medication administration not performed for ED admitted patients	
G9427		
G9428	Pathology report includes the pt category and a statement on thickness and ulceration and for pt1, mitotic rate	
	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)	
G9429		
G9430	Specimen site other than anatomic cutaneous location	
	Pathology report does not include the pt category and a statement on thickness and ulceration and for pt1, mitotic rate	
G9431		
G9432	documented	
	Asthma not well-controlled based on the ACT, C-ACT, ACQ, or ATAQ score, or specified asthma control tool not used, reason not given	
G9434		
G9448	Patients who were born in the years 1945?1965	
G9449	History of receiving blood transfusions prior to 1992	
G9450	History of injection drug use	
G9451	Patient received one-time screening for HCV infection	

G9452	Documentation of medical reason(s) for not receiving one-time screening for HCV infection (e.g., decompensated cirrhosis indicating advanced disease [ie, ascites, esophageal variceal bleeding, hepatic encephalopathy], hepatocellular carcinoma, waitlist for organ transplant, limited life expectancy, other medical reasons)	
G9453	Documentation of patient reason(s) for not receiving one-time screening for HCV infection (e.g., patient declined, other patient reasons)	
G9454	One-time screening for HCV infection not received within 12 month reporting period and no documentation of prior screening for HCV infection, reason not given	
G9455	Patient underwent abdominal imaging with ultrasound, contrast enhanced ct or contrast mri for hcc	
G9456	Documentation of medical or patient reason(s) for not ordering or performing screening for hcc. medical reason: comorbid medical conditions with expected survival < 5 years, hepatic decompensation and not a candidate for liver transplantation, or other medical reasons; patient reasons: patient declined or other patient reasons (e.g., cost of tests, time related to accessing testing equipment)	
G9457	Patient did not undergo abdominal imaging and did not have a documented reason for not undergoing abdominal imaging in the reporting period	
G9458	Patient documented as tobacco user and received tobacco cessation intervention (must include at least one of the following: advice given to quit smoking or tobacco use, counseling on the benefits of quitting smoking or tobacco use, assistance with or referral to external smoking or tobacco cessation support programs, or current enrollment in smoking or tobacco use cessation program) if identified as a tobacco	
G9459	Currently a tobacco non-user	
G9460	given	
G9468	Patient not receiving corticosteroids greater than or equal to 10 mg/day of prednisone equivalents for 60 or greater consecutive days or a single prescription equating to 600 mg prednisone or greater for all fills	
G9469	Patients who have received or are receiving corticosteroids greater than or equal to 10 mg/day of prednisone equivalents for 60 or greater consecutive days or a single prescription equating to 600 mg prednisone or greater for all fills	
G9470	Patients not receiving corticosteroids greater than or equal to 10 mg/day of prednisone equivalents for 60 or greater consecutive days or a single prescription equating to 600 mg prednisone or greater for all fills	
G9471	Within the past 2 years, central dual-energy x-ray absorptiometry (DXA) not ordered or documented	
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	
G9473	Services performed by chaplain in the hospice setting, each 15 minutes	
G9474	Services performed by dietary counselor in the hospice setting, each 15 minutes	
G9475	Services performed by other counselor in the hospice setting, each 15 minutes	
G9476	Services performed by volunteer in the hospice setting, each 15 minutes	
G9477	Services performed by care coordinator in the hospice setting, each 15 minutes	
G9478	minutes	
G9479	Services performed by qualified pharmacist in the hospice setting, each 15 minutes	
G9480	Admission to medicare care choice model program (mccm)	
G9481	Remote in-home visit for the evaluation and management of a new patient for use only in the medicare-approved comprehensive care for joint replacement model, which requires these 3 key components: a problem focused history; a problem focused examination; and straightforward medical decision making, furnished in real time using interactive audio and video technology. counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. usually, the presenting problem(s) are self limited or minor. typically, 10 minutes are spent with the patient or family or both via real time, audio	
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	

G9483	Remote in-home visit for the evaluation and management of a new patient for use only in the medicare-approved comprehensive care for joint replacement model, which requires these 3 key components: a detailed history; a detailed examination; medical decision making of low complexity, furnished in real time using interactive audio and video technology. counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the needs of the patient or the family or both. usually, the presenting problem(s) are of moderate severity. typically, 30 minutes are spent with the patient or family or both via real time, audio and video	
G9484	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	
G9485	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	
G9486	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	
G9487	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	
G9488	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	
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	

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	
G9496	Documentation of reason for not detecting adenoma(s) or other neoplasm. (e.g., neoplasm detected is only diagnosed as traditional serrated adenoma, sessile serrated polyp, or sessile serrated adenoma)	
G9497	Received instruction from the anesthesiologist or proxy prior to the day of surgery to abstain from smoking on the day of surgery	
G9498	Antibiotic regimen prescribed	
G9500	Radiation exposure indices, or exposure time and number of fluorographic images in final report for procedures using fluoroscopy, documented	
G9501	Radiation exposure indices, or exposure time and number of fluorographic images not documented in final report for procedure using fluoroscopy, reason not given	
G9502	Documentation of medical reason for not performing foot exam (i.e., patients who have had either a bilateral amputation above or below the knee, or both a left and right amputation above or below the knee before or during the measurement period)	
G9503	Patient taking tamsulosin hydrochloride	
G9504	Documented reason for not assessing hepatitis b virus (hbv) status (e.g. patient not receiving a first course of anti-tnf therapy, patient declined) within one year prior to first course of anti-tnf therapy	
G9505	Antibiotic regimen prescribed within 10 days after onset of symptoms for documented medical reason	
G9506	Biologic immune response modifier prescribed	
G9507	Documentation that the patient is on a statin medication or has documentation of a valid contraindication or exception to statin medications; contraindications/exceptions that can be defined by diagnosis codes include pregnancy during the measurement period, active liver disease, rhabdomyolysis, end stage renal disease on dialysis and heart failure; provider documented contraindications/exceptions include breastfeeding during the measurement period, woman of child-bearing age not actively taking birth control, allergy to statin, drug interaction (hiv protease inhibitors, nefazodone, cyclosporine, gemfibrozil, and danazol) and intolerance (with supporting documentation of trying a statin at least once within the last 5 years or diagnosis	
G9508	Documentation that the patient is not on a statin medication	
G9509	Remission at twelve months as demonstrated by a twelve month (+/-30 days) phq-9 score of less than 5	
G9510	Remission at twelve months not demonstrated by a twelve month (+/-30 days) phq-9 score of less than five; either phq-9 score was not assessed or is greater than or	
G9511	Index date phq-9 score greater than 9 documented during the twelve month denominator identification period	
G9512	Individual had a pdc of 0.8 or greater	
G9513	Individual did not have a pdc of 0.8 or greater	
G9514	Patient required a return to the operating room within 90 days of surgery	
G9515	Patient did not require a return to the operating room within 90 days of surgery	
G9516	Patient achieved an improvement in visual acuity, from their preoperative level, within 90 days of surgery	
G9517	Patient did not achieve an improvement in visual acuity, from their preoperative level, within 90 days of surgery, reason not given	
G9518	Documentation of active injection drug use	
G9519	Patient achieves final refraction (spherical equivalent) +/- 0.5 diopters of their planned refraction within 90 days of surgery	
G9520	Patient does not achieve final refraction (spherical equivalent) +/- 0.5 diopters of their planned refraction within 90 days of surgery	
G9521	Total number of emergency department visits and inpatient hospitalizations less than two in the past 12 months	
G9522	Total number of emergency department visits and inpatient hospitalizations equal to or greater than two in the past 12 months or patient not screened, reason not given	
G9523	Patient discontinued from hemodialysis or peritoneal dialysis	
G9524	Patient was referred to hospice care	
G9525	Documentation of patient reason(s) for not referring to hospice care (e.g., patient declined, other patient reasons)	
G9526	Patient was not referred to hospice care, reason not given	

G9529	Patient with minor blunt head trauma had an appropriate indication(s) for a head ct	
G9530	Patient presented within 24 hours of a minor blunt head trauma with a gcs score of 15 and had a head ct ordered for trauma by an emergency care provider	
G9531	Patient has documentation of ventricular shunt, brain tumor, multisystem trauma, pregnancy, or is currently taking an antiplatelet medication including: asa/dipyridamole, clopidogrel, prasugrel, ticlopidine, ticagrelor or cilostazol	
G9532	Patient's head injury occurred greater than 24 hours before presentation to the emergency department, or has a gcs score less than 15 or does not have a gcs score documented, or had a head ct for trauma ordered by someone other than an emergency care provider, or was ordered for a reason other than trauma	
G9533	head ct	
G9534	Advanced brain imaging (cta, ct, mra or mri) was not ordered	
G9535	Patients with a normal neurological examination	
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	
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)	
G9538	Advanced brain imaging (cta, ct, mra or mri) was ordered	
G9539	Intent for potential removal at time of placement	
G9540	Patient alive 3 months post procedure	
G9541	Filter removed within 3 months of placement	
G9542	Documented re-assessment for the appropriateness of filter removal within 3 months of placement	
G9543	Documentation of at least two attempts to reach the patient to arrange a clinical re-assessment for the appropriateness of filter removal within 3 months of placement	
G9544	Patients that do not have the filter removed, documented re-assessment for the appropriateness of filter removal, or documentation of at least two attempts to reach the patient to arrange a clinical re-assessment for the appropriateness of filter removal within 3 months of placement	
G9547	Incidental finding: liver lesion <= 0.5 cm, cystic kidney lesion < 1.0 cm or adrenal lesion <= 1.0 cm	
G9548	Final reports for abdominal imaging studies with follow-up imaging recommended	
G9549	Documentation of medical reason(s) that follow-up imaging is indicated (e.g., patient has a known malignancy that can metastasize, other medical reason(s) such as fever in an immunocompromised patient)	
G9550	Final reports for abdominal imaging studies with follow-up imaging not recommended	
G9551	Final reports for abdominal imaging studies without an incidentally found lesion noted: liver lesion <= 0.5 cm, cystic kidney lesion < 1.0 cm or adrenal lesion <= 1.0 cm noted or no lesion found	
G9552	Incidental thyroid nodule < 1.0 cm noted in report	
G9553	Prior thyroid disease diagnosis	
G9554	Final reports for ct, cta, mri or mra of the chest or neck or ultrasound of the neck with follow-up imaging recommended	
G9555	Documentation of medical reason(s) for recommending follow up imaging (e.g., patient has multiple endocrine neoplasia, patient has cervical lymphadenopathy, other medical reason(s))	
G9556	Final reports for ct, cta, mri or mra of the chest or neck or ultrasound of the neck with follow-up imaging not recommended	
G9557	Final reports for ct, cta, mri or mra studies of the chest or neck or ultrasound of the neck without an incidentally found thyroid nodule < 1.0 cm noted or no nodule found	
G9558	Patient treated with a beta-lactam antibiotic as definitive therapy	
G9559	Documentation of medical reason(s) for not prescribing a beta-lactam antibiotic (e.g., allergy, intolerance to beta-lactam antibiotics)	
G9560	Patient not treated with a beta-lactam antibiotic as definitive therapy, reason not given	
G9561	Patients prescribed opiates for longer than six weeks	
G9562	Patients who had a follow-up evaluation conducted at least every three months during opioid therapy	
G9563	Patients who did not have a follow-up evaluation conducted at least every three months during opioid therapy	

G9573	Remission at six months as demonstrated by a six month (+/-30 days) phq-9 score of less than five	
G9574	Remission at six months not demonstrated by a six month (+/-30 days) phq-9 score of less than five; either phq-9 score was not assessed or is greater than or equal to five	
G9577	Patients prescribed opiates for longer than six weeks	
G9578	therapy	
G9579	No documentation of signed an opioid treatment agreement at least once during opioid therapy	
G9580	Door to puncture time of less than 2 hours	
G9582	Door to puncture time of greater than 2 hours, no reason given	
G9583	Patients prescribed opiates for longer than six weeks	
G9584	Patient evaluated for risk of misuse of opiates by using a brief validated instrument (e.g., opioid risk tool, soapp-r) or patient interviewed at least once during opioid	
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	
G9593	Pediatric patient with minor blunt head trauma classified as low risk according to the pecarn prediction rules	
G9594	Patient presented within 24 hours of a minor blunt head trauma with a gcs score of 15 and had a head ct ordered for trauma by an emergency care provider	
G9595	Patient has documentation of ventricular shunt, brain tumor, coagulopathy, including thrombocytopenia	
G9596	Pediatric patient's head injury occurred greater than 24 hours before presentation to the emergency department, or has a gcs score less than 15 or does not have a gcs score documented, or had a head ct for trauma ordered by someone other than an emergency care provider, or was ordered for a reason other than trauma	
G9597	Pediatric patient with minor blunt head trauma not classified as low risk according to the pecarn prediction rules	
G9598	Aortic aneurysm 5.5 - 5.9 cm maximum diameter on centerline formatted ct or minor diameter on axial formatted ct	
G9599	Aortic aneurysm 6.0 cm or greater maximum diameter on centerline formatted ct or minor diameter on axial formatted ct	
G9600	Symptomatic aaas that required urgent/emergent (non-elective) repair	
G9601	Patient discharge to home no later than post-operative day #7	
G9602	Patient not discharged to home by post-operative day #7	
G9603	Patient survey score improved from baseline following treatment	
G9604	Patient survey results not available	
G9605	Patient survey score did not improve from baseline following treatment	
G9606	Intraoperative cystoscopy performed to evaluate for lower tract injury	
G9607	Documented medical reasons for not performing intraoperative cystoscopy (e.g., urethral pathology precluding cystoscopy, any patient who has a congenital or acquired absence of the urethra)	
G9608	Intraoperative cystoscopy not performed to evaluate for lower tract injury	
G9609	Documentation of an order for anti-platelet agents	
G9610	Documentation of medical reason(s) in the patient's record for not ordering anti-platelet agents	
G9611	given	
G9612	examination	
G9613	Documentation of post-surgical anatomy (e.g., right hemicolectomy, ileocecal resection, etc.)	
G9614	No photodocumentation of cecal landmarks to establish a complete examination	
G9615	Preoperative assessment documented	
G9616	Documentation of reason(s) for not documenting a preoperative assessment (e.g., patient with a gynecologic or other pelvic malignancy noted at the time of surgery)	
G9617	Preoperative assessment not documented, reason not given	
G9618	Documentation of screening for uterine malignancy or those that had an ultrasound and/or endometrial sampling of any kind	
G9620	Patient not screened for uterine malignancy, or those that have not had an ultrasound and/or endometrial sampling of any kind, reason not given	
G9621	Patient identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method and received brief counseling	
G9622	Patient not identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method	
G9623	Documentation of medical reason(s) for not screening for unhealthy alcohol use (e.g., limited life expectancy, other medical reasons)	

G9624	Patient not screened for unhealthy alcohol screening using a systematic screening method or patient did not receive brief counseling, reason not given	
G9625	Patient sustained bladder injury at the time of surgery or discovered subsequently up to 1 month post-surgery	
G9626	Documented medical reason for not reporting bladder injury (e.g., gynecologic or other pelvic malignancy documented, concurrent surgery involving bladder pathology, injury that occurs during urinary incontinence procedure, patient death from non-medical causes not related to surgery, patient died during procedure without evidence	
G9627	Patient did not sustain bladder injury at the time of surgery nor discovered subsequently up to 1 month post-surgery	
G9628	Patient sustained bowel injury at the time of surgery or discovered subsequently up to 1 month post-surgery	
G9629	Documented medical reasons for not reporting bowel injury (e.g., gynecologic or other pelvic malignancy documented, planned (e.g., not due to an unexpected bowel injury) resection and/or re-anastomosis of bowel, or patient death from non-medical causes not related to surgery, patient died during procedure without evidence of bowel injury)	
G9630	Patient did not sustain a bowel injury at the time of surgery nor discovered subsequently up to 1 month post-surgery	
G9631	Patient sustained ureter injury at the time of surgery or discovered subsequently up to 1 month post-surgery	
G9632	Documented medical reasons for not reporting ureter injury (e.g., gynecologic or other pelvic malignancy documented, concurrent surgery involving bladder pathology, injury that occurs during a urinary incontinence procedure, patient death from non-medical causes not related to surgery, patient died during procedure without evidence of	
G9633	Patient did not sustain ureter injury at the time of surgery nor discovered subsequently up to 1 month post-surgery	
G9634	Health-related quality of life assessed with tool during at least two visits and quality of life score remained the same or improved	
G9635	Health-related quality of life not assessed with tool for documented reason(s) (e.g., patient has a cognitive or neuropsychiatric impairment that impairs his/her ability to complete the hrqol survey, patient has the inability to read and/or write in order to complete the hrqol questionnaire)	
G9636	Health-related quality of life not assessed with tool during at least two visits or quality of life score declined	
G9637	Final reports with documentation of one or more dose reduction techniques (e.g., automated exposure control, adjustment of the ma and/or kv according to patient size, use of iterative reconstruction technique)	
G9638	Final reports without documentation of one or more dose reduction techniques (e.g., automated exposure control, adjustment of the ma and/or kv according to patient size, use of iterative reconstruction technique)	
G9639	Major amputation or open surgical bypass not required within 48 hours of the index endovascular lower extremity revascularization procedure	
G9640	Documentation of planned hybrid or staged procedure	
G9641	Major amputation or open surgical bypass required within 48 hours of the index endovascular lower extremity revascularization procedure	
G9642	Current smokers (e.g., cigarette, cigar, pipe, e-cigarette or marijuana)	
G9643	Elective surgery	
G9644	procedure	
G9645	Patients who did not abstain from smoking prior to anesthesia on the day of surgery or procedure	
G9646	Patients with 90 day mrs score of 0 to 2	
G9647	Patients in whom mrs score could not be obtained at 90 day follow-up	
G9648	Patients with 90 day mrs score greater than 2	
G9649	Psoriasis assessment tool documented meeting any one of the specified benchmarks (e.g., (pga; 6-point scale), body surface area (bsa), psoriasis area and severity index (pasi) and/or dermatology life quality index) (dlqi)	
G9651	Psoriasis assessment tool documented not meeting any one of the specified benchmarks (e.g., (pga; 6-point scale), body surface area (bsa), psoriasis area and severity index (pasi) and/or dermatology life quality index) (dlqi) or psoriasis	
G9654	Monitored anesthesia care (mac)	
G9655	A transfer of care protocol or handoff tool/checklist that includes the required key handoff elements is used	
G9656	Patient transferred directly from anesthetizing location to pacu	
G9658	A transfer of care protocol or handoff tool/checklist that includes the required key handoff elements is not used	

G9659	Patients greater than 85 years of age who did not have a history of colorectal cancer or valid medical reason for the colonoscopy, including: iron deficiency anemia, lower gastrointestinal bleeding, crohn's disease (i.e., regional enteritis), familial adenomatous polyposis, lynch syndrome (i.e., hereditary non-polyposis colorectal cancer), inflammatory bowel disease, ulcerative colitis, abnormal finding of	
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	
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	
G9662	Previously diagnosed or have an active diagnosis of clinical ascvd	
G9663	Any fasting or direct ldl-c laboratory test result = 190 mg/dl	
G9664	Patients who are currently statin therapy users or received an order (prescription) for statin therapy	
G9665	Patients who are not currently statin therapy users or did not receive an order (prescription) for statin therapy	
G9666	The highest fasting or direct ldl-c laboratory test result of 70-189 mg/dl in the measurement period or two years prior to the beginning of the measurement period	
G9674	Patients with clinical ascvd diagnosis	
G9675	Patients who have ever had a fasting or direct laboratory result of ldl-c = 190 mg/dl	
G9676	Patients aged 40 to 75 years at the beginning of the measurement period with type 1 or type 2 diabetes and with an ldl-c result of 70?189 mg/dl recorded as the highest fasting or direct laboratory test result in the measurement year or during the two years prior to the beginning of the measurement period	
G9678	Oncology care model (ocm) monthly enhanced oncology services (meos) payment for ocm enhanced services. g9678 payments may only be made to ocm practitioners for ocm beneficiaries for the furnishment of enhanced services as defined in the ocm participation agreement	
G9679	This code is for onsite acute care treatment of a nursing facility resident with pneumonia; may only be billed once per day per beneficiary	
G9680	This code is for onsite acute care treatment of a nursing facility resident with chf; may only be billed once per day per beneficiary	
G9681	This code is for onsite acute care treatment of a resident with copd or asthma; may only be billed once per day per beneficiary	
G9682	This code is for the onsite acute care treatment a nursing facility resident with a skin infection; may only be billed once per day per beneficiary	
H2016	Comprehensive community support services, per diem	
J0178	INJECTION AFLIBERCEPT 1 MG	
J0725	Injection, Chorionic Gonadotropin, Per 1,000 Usp Units	
J1459	Injection, immune globulin (privigen), intravenous, non-lyophilized (e.g. liquid), 500	
J1557	Injection, immune globulin, (gammalex), intravenous, non-lyophilized (e.g., liquid),	
J1559	Injection, immune globulin (hizentra), 100 mg	
J1561	Injection, immune globulin, (gamunex-c/gammaked), non-lyophilized (e.g., liquid), 500	
J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg	
J1568	Injection, immune globulin, (octagam), intravenous, non-lyophilized (e.g., liquid), 500	
J1569	Injection, immune globulin, (gammagard liquid), non-lyophilized, (e.g., liquid), 500 mg	
J1572	Injection, immune globulin, (flebogamma/flebogamma dif), intravenous, non-lyophilized (e.g., liquid), 500 mg	
J1599	Injection, immune globulin, intravenous, non-lyophilized (e.g., liquid), not otherwise specified, 500 mg	
J1610	Injection, glucagon HCL, per 1mg	
J1620	Injection, Gonadorelin Hydrochloride, Per 100 Mcg	
J1815	Injection, insulin, per 5 units	
J1817	Insulin for administration through DME per 50 units (insulin pump)	
J2323	Injection, natalizumab, 1 mg	
J2778	INJECTION RANIBIZUMAB 0.1 MG	
J3300	INJ TRIAMCINOLONE ACETONIDE PF	
J3301	INJ TRIAMCINOLONE ACETONIDE	

J3355	Injection, urofollotropin, 75IU	
J3396	INJECTION VERTEPORFIN 0.1 MG	
J3490	Unclassified drugs (when used for the reimbursement of prescription oral antidiabetes agents)	
J3570	Laetrile Therapy	
J3590	Unclassified biologics	
J7312	INJ DEXAMETH INTRAVIT IMPL 0.1	
J9310	Injection, rituximab, 100 mg	
K0005	Ultralightweight wheelchair	
K0010	Standard-weight frame motorized/power wheelchair	
K0011	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and	
K0012	Lightweight portable motorized/power wheelchair	
K0013	Custom motorized/power wheelchair base	
K0014	Other motorized/power wheelchair base	
K0065	Spoke protectors, each	
K0098	Drive belt for power wheelchair	
K0455	Infusion pump used for uninterrupted administration of epoprostenol	
K0553	Supply allowance for therapeutic continuous glucose monitor (CGM), includes all supplies and accessories, 1 month supply = 1 Unit Of Service	Replacement for Blood Glucose monitoring (not covered under Medical Benefits) - 9/2017 FDA
K0554	Receiver (monitor), dedicated, for use with therapeutic glucose continuous monitoring system	Replacement for Blood Glucose monitoring (not covered under Medical Benefits) - 9/2017 FDA
K0601	Replacement battery for external infusion pump owned by patient, silver	
K0602	Replacement battery for external infusion pump owned by patient, silver	
K0603	Replacement battery for external infusion pump owned by patient, alkaline	
K0604	Replacement battery for external infusion pump owned by patient, lith.	
K0605	Replacement battery for external infusion pump owned by patient, lith.	
K0606	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type	
K0669	Wheelchair accessory, wheelchair seat or back cushion, does not meet specific code criteria or no written coding verification from DME PDAC	
K0733	Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each	
K0740	Repair or nonroutine service for oxygen equipment requiring the skill of a technician, labor component, per 15 minutes	
K0800	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds	
K0801	Power operated vehicle, group 1 heavy duty, patient weight capacity, 301 to 450	
K0802	Power operated vehicle, group 1 heavy duty, patient weight capacity 451 to 600	
K0806	Powered operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds	
K0807	K0807: Power operated vehicle, group 2 heavy duty, patient weight capacity 301 to 450 pounds	
K0808	K0808: Power operated vehicle, group 2 very heavy duty, patient weight capacity 451 to 600 pounds	
K0812	Power operated vehicle, not otherwise classified	
K0813	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds	
K0814	Power wheelchair, group 1 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds	
K0815	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds	
K0816	Power wheelchair, group 1 standard, captain's chair, patient weight capacity up to and including 300 pounds	
K0820	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
K0821	Power wheelchair, group 2 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds	
K0822	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	

K0823	Power wheelchair, group 2 standard, captain's chair, patient weight capacity up to and including 300 pounds	
K0824	Power wheelchair, group 2 heavy duty, sling/solid seat and back, patient weight capacity 301 to 450 pounds	
K0825	Power wheelchair, group 2 heavy duty, captain's chair, patient weight capacity 301 to 450 pounds	
K0826	Power wheelchair, group 2 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	
K0827	Power wheelchair, group 2 very heavy duty, captain's chair, patient weight capacity 451 to 600 pounds	
K0828	Power wheelchair, group 2 extra very heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more	
K0829	Power wheelchair, group 2 extra heavy duty, captain's chair, patient weight capacity 601 pounds or more	
K0835	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
K0836	Power wheelchair, group 2 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	
K0837	Power wheelchair, group 2 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	
K0838	Power wheelchair, group 2 heavy duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	
K0839	Power wheelchair, group 2 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	
K0840	Power wheelchair, group 2 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more	
K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
K0842	Power wheelchair, group 2 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	
K0843	Power wheelchair, group 2 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	
K0848	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
K0849	Power wheelchair, group 3 standard, captain's chair, patient weight capacity up to and including 300 pounds	
K0850	Power wheelchair, group 3 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	
K0851	Power wheelchair, group 3 heavy duty, captain's chair, patient weight capacity 301 to 450 pounds	
K0852	Power wheelchair, group 3 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	
K0853	Power wheelchair, group 3 very heavy duty, captain's chair, patient weight capacity 451 to 600 pounds	
K0854	Power wheelchair, group 3 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more	
K0855	Power wheelchair, group 3 extra heavy duty, captain's chair, patient weight capacity 601 pounds or more	
K0856	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
K0857	Power wheelchair, group 3 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	
K0858	Power wheelchair, group 3 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	
K0859	Power wheelchair, group 3 heavy duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	
K0860	Power wheelchair, group 3 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	
K0861	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
K0862	Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	
K0863	Power wheelchair, group 3 very heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	
K0864	Power wheelchair, group 3 extra heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more	
K0868	Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	

K0869	Power wheelchair, group 4 standard, captain's chair, patient weight capacity up to and including 300 pounds	
K0870	Power wheelchair, group 4 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	
K0871	Power wheelchair, group 4 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	
K0877	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
K0878	Power wheelchair, group 4 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	
K0879	Power wheelchair, group 4 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	
K0880	Power wheelchair, group 4 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	
K0884	Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	
K0885	Power wheelchair, group 4 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	
K0886	Power wheelchair, group 4 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	
K0890	Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	
K0891	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	
K0898	Power wheelchair, not otherwise classified	
K0899	Power mobility device, or does not meet criteria	
L0220	Thoracic rib belt custom made	
L1945	IDEO and ExoSym Energy Storing AFO	
L2190	Waist/gait belt	
L2755	IDEO and ExoSym Energy Storing AFO	
L3170	Foot plastic heel stabilizer	
L3201	Ortho shoe Oxford infant	
L3202	Ortho shoe Oxford child	
L3203	Ortho shoe Oxford junior	
L3204	Ortho shoe hightop infant	
L3206	Ortho shoe hightop child	
L3207	Ortho shoe hightop junior	
L3215	Ortho shoes ladies Oxford	
L3216	Ortho shoes ladies depth inlay	
L3217	Ortho shoes ladies hightop	
L3219	Ortho shoes mens Oxford	
L3221	Ortho shoes mens depth inlay	
L3222	Ortho shoes mens hightop	
L3300	Lift elevation heel	
L3320	Lift elevation heel & sole	
L3330	Lift elevation metal extension	
L3332	Lift elevation inside shoe	
L3340	Heel wedge sach	
L3350	Heel wedge	
L3360	Sole wedge outside sole	
L3370	Sole wedge between sole	
L3380	Clubfoot wedge	
L3390	Outflare wedge	
L3400	Metatarsal bar wedge rocker	
L3410	Metatarsal bar wedge betw sole	
L3420	Full sole & heel wedge betw sole	
L3430	Heel counter plastic reinforced	
L3440	Heel counter leather reinforced	
L3450	Heel sach cushion type	

L3455	Heel new leather std	
L3460	Heel new rubber std	
L3465	Heel thomas w/wedge	
L3470	Heel thomas extended to ball	
L3480	Heel pad & depression spur	
L3485	Heel pad removable spur	
L3500	Orthopedic shoe addition, insole, leather	
L3510	Orthopedic shoe addition, insole, rubber	
L3520	Orthopedic shoe addition, insole, felt covered w/leather	
L3530	Orthopedic shoe addition, sole, half	
L3540	Orthopedic shoe addition, sole, full	
L3550	Orthopedic shoe addition, toe tap, standard	
L3560	Orthopedic shoe addition, toe tap, horseshoe	
L3570	Orthopedic shoe addition, special extension to instep (leather w/eyelets)	
L3580	Orthopedic shoe addition, convert instep to Velcro closure	
L3590	Orthopedic shoe addition, convert firm shoe counter to soft counter	
L3595	Orthopedic shoe addition, march bar	
L3904	Wrist hand finger orthosis, external powered	
L5610	Hydracadence system	
L5613	Addition to lower extremity, endoskeletal system, above knee-knee disarticulation, 4 bar linkage, with hydraulic swing phase control	
L5614	Addition to lower extremity, endoskeletal system, above knee-knee disarticulation, 4 bar linkage, with pneumatic swing phase control	
L5722	Knee-shin pneumatic swing	
L5724	Single axis, fluid swing phase control	
L5726	Single axis, external joints fluid swing phase control	
L5728	Single axis, fluid swing and stance phase control	
L5780	Single axis, pneumatic/hydra pneumatic swing phase control	
L5785	Exoskeletal below knee, ultra-light material	
L5790	Exoskeletal above knee, ultra-light material	
L5795	Exoskeletal hip ultra-light material	
L5814	Endoskeletal knee-shin hydraulic swing phase control	
L5822	Endoskeletal knee-shin pneumatic swing, friction stance phase control	
L5824	Endoskeletal knee-shin fluid swing phase control	
L5826	Single axis, hydraulic swing phase control, with miniature high activity frame	
L5828	Endoskeletal knee-shin fluid swing and stance phase control	
L5830	Endoskeletal knee-shin pneumatic/swing phase control	
L5840	4-bar linkage or multiaxial, pneumatic swing phase control	
L5846	Knee-shin system, microprocessor control feature, swing phase only	
L5847	Knee-shin system, microprocessor control feature, stance phase	
L5848	Add to endoskeletal knee-shin, hydraulic	
L5856	Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, swing and stance phase	
L5857	Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, swing phase only	
L5858	Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any	
L5930	High activity knee frame	
L5940	Addition, endoskeletal system, below knee, ultra-light material	
L5950	Addition, endoskeletal system, above knee, ultra-light material	
L5960	Addition, endoskeletal system, hip disarticulation, ultra-light material	
L5961	Addition, endoskeletal system, polycentric hip joint, pneumatic or hydraulic control	
L5969	Addition, endoskeletal ankle-foot or ankle system, power assist,	
L5972	All lower extremity prostheses, flexible keel foot (Safe, Sten, Bock Dynamic or equal)	
L5973	Endoskeletal ankle foot system, microprocessor	
L5976	All lower extremity prostheses, energy storing foot (Seattle Carbon Copy II or equal)	

L5978	All lower extremity prostheses, foot, multi-axial ankle/foot	
L5979	All lower extremity prostheses, multi-axial ankle, dynamic response foot, one piece	
L5980	All lower extremity prostheses, flex foot system	
L5981	All lower extremity prostheses, flex-walk system or equal	
L5987	All lower extremity prostheses, shank foot system with vertical loading pylon	
L5988	Addition to lower extremity prosthesis, vertical shock reducing pylon feature	
L5989	Addition to lower extremity prosthesis, endoskeletal system, pylon with integrated electronic force sensors	
L6026	Transcarpal/metacarpal or partial hand disarticulation prosthesis	
L6611	Addition to upper extremity prosthesis, external powered	
L6635	Lift assist for elbow	
L6638	Upper extremity additions, electric locking	
L6641	Upper extremity addition, excursion amplifier, pulley type	
L6642	Upper extremity addition, excursion amplifier, lever type	
L6648	Upper extremity, shoulder lock mechanism, external powered actuator	
L6704	Terminal device, sport/recreational/work attachment, any material, any size	
L6715	Terminal device, multiple articulating digit	
L6880	Electric hand, switch or myoelectric controlled	
L6881	Automatic grasp feature, addition to upper limb electric prosthetic terminal device	
L6882	Microprocessor control feature	
L6925	Wrist disarticulation myoelectronic control	
L6935	Below elbow myoelectronic control	
L6945	Elbow disarticulation myoelectronic control	
L6955	Above elbow myoelectronic control	
L6965	Shoulder disarticulation myoelectronic	
L6975	Interscapular-thoracic myoelectronic control	
L7007	Adult electric hand	
L7008	Pediatric electric hand	
L7009	Adult electric hook	
L7010	Electronic hand, Otto Bock, switch controlled	
L7015	Electronic hand, System Teknik, switch controlled	
L7020	Electronic greifer, Otto Bock, switch controlled	
L7025	Electronic hand, Otto Bock, myoelectronically controlled	
L7030	Electronic hand, System Teknik, myoelectronically controlled	
L7035	Electronic greifer, Otto Bock, myoelectronically controlled	
L7040	Prehensile actuator, switch controlled	
L7045	Electric hook, pediatric	
L7170	Electronic elbow, Hosmer switch	
L7180	Electronic elbow, microprocessor sequential control	
L7181	Electronic elbow, microprocessor simultaneous control	
L7185	Electronic elbow, adolescent	
L7186	Electronic elbow, child	
L7190	Elbow adolescent myoelectronically controlled	
L7191	Elbow child myoelectronically controlled	
L7259	Electronic wrist rotator, any type	
L7260	Electronic wrist rotator, Otto Bock	
L7261	Electronic wrist rotator, Utah arm	
L7272	Analogous control, UNB or equal	
L7274	Proportional control, 6-12 volt	
L7360	Six volt battery, Otto Bock or equal	
L7362	Battery charger, six volt, Otto Bock	
L7364	Twelve volt battery, Utah	
L7366	Battery charger, twelve volt, each	
L7367	Lithium ion battery, replacement	

L7368	Lithium ion battery charger replacement only	
L7400	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, ultra light material (titanium, carbon fiber or equal)	
L7401	Addition to upper extremity prosthesis, above elbow disarticulation, ultra light material (titanium, carbon fiber or equal)	
L7402	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, ultra light material (titanium, carbon fiber or equal)	
L7900	Vacuum erection system	
L7902	Tension ring, vacuum erection device	
L8000	Breast prosthesis, mastectomy bra, without integrated breast prosthesis form, any size, any type	
L8001	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral, any size, any type	
L8002	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral, any size, any type	
L8010	Breast prosthesis, mastectomy	
L8015	External breast prosthesis garment	
L8020	Breast prosthesis, mastectomy	
L8030	Breast prosthesis, silicone or with or without adhesive	
L8031	Breast prosthesis, silicone or equal w/integral adhesive	
L8032	Nipple prosthesis, reusable any type each	
L8035	Custom breast prosthesis, post mastectomy	
L8039	Breast prosthesis, not otherwise specified	
L8040	Nasal prosthesis, provide by a non-physician	
L8041	Midfacial prosthesis, provided by a non-physician	
L8042	Orbit prosthesis, provided by a non-physician	
L8043	Upper/facial prosthesis, provided by a non-physician	
L8044	Hemi-facial prosthesis, provided by a non-physician	
L8045	Auricular prosthesis, provided by a non-physician	
L8046	Partial facial prosthesis, provided by a non-physician	
L8047	Nasal septal prosthesis, provided by a non-physician	
L8048	Unspecified maxillo-facial prosthesis, provided by a non-physician	
L8049	Repair or modification of maxillofacial prosthesis, provided by a non-physician	
L8500	Artificial larynx, any type	
L8505	Artificial larynx replacement battery	
L8507	Tracheo-esophageal voice prosthesis	
L8509	Tracheo-esophageal voice prosthesis	
L8510	Voice amplifier	
L8511	Insert for indwelling tracheoesophageal prosthesis, with or without valve	
L8512	Gelatin capsules for use with tracheoesophageal voice prosthesis	
L8513	Tracheoesophageal voice prosthesis, cleaning devise	
L8514	Replacement tracheoesophageal puncture dilator	
L8515	Gelatin capsule, application device for tracheoesophageal voice prosthesis	
L8605	Injectable bulking agent	
L8607	Injectable bulking agent	
L8609	Artificial cornea	
L8610	Ocular implant	
L8613	Ossicular implant	
L8614	Cochlear device/system	
L8615	Headset/headpiece for use w/cochlear implant device, replacement	
L8616	Microphone for use w/cochlear implant device replacement	
L8617	Transmitting coil for use w/cochlear implant device replacement	
L8618	Transmitter cable for use w/cochlear implant device replacement	
L8619	Cochlear implant, external speech processor, integrated replacement	
L8620	Lithium ion battery for use with cochlear implant device	
L8621	Zinc air battery for use with cochlear implant device, replacement, each	

L8622	Alkaline battery for use with cochlear implant device	
L8623	Lithium ion battery for use with cochlear implant device speech processor, other than ear level, replacement, each	
L8624	Lithium ion battery for use with cochlear implant device speech processor, ear level, replacement, each	
L8627	Cochlear implant, external speech processor, component replacement	
L8628	Cochlear implant, external controller component, replacement	
L8629	Transmitting coil for use w/cochlear implant device replacement	
L8690	Auditory osseointegrated device, includes all internal and external	
L8691	Auditory osseointegrated device, external sound processor, replacement	
L8692	Auditory osseointegrated device includes headband or other means of external	
L8693	Auditory osseointegrated device abutment any length, replacement only	
L8695	External recharge system for battery, replacement only	
L8696	Antenna (external) for use with implantable diaphragmatic/phrenic nerve stimulation	
L8699	Prosthetic implant, not otherwise specified	
L9900	Orthotic and prosthetic supply, accessory, and/or service component of another HCPCS "L" code	
M0075	Cellular therapy	
M0076	Prolotherapy	
M0100	Intragastric hypothermia using gastric freezing	
M0300	IV chelation therapy (chemical endarterectomy)	
M0301	Fabric wrapping of abdominal aneurysm	
P2028	Cephalin flocculation, blood	
P2029	Congo red, blood	
P2031	Hair analysis	
P2033	Thymol turbidity, blood	
P2038	Mucoprotein, blood (seromucoid) (medical necessity procedure)	
Q0115	Post-coital direct, qualitative examinations of vaginal or cervical mucous	
Q0510	Pharmacy supply fee for initial immunosuppressive drug(s), first month following transplant	
Q0511	Pharmacy supply fee for oral anti-cancer, oral anti-emetic or immunosuppressive drug(s); for the first prescription in a 30-day period	
Q0512	Pharmacy supply fee for oral anti-cancer, oral anti-emetic or immunosuppressive drug(s); for a subsequent prescription in a 30-day period	
Q0513	Pharmacy dispensing fee for inhalation drug(s); per 30 days	
Q0514	Pharmacy dispensing fee for inhalation drug(s); per 90 days	
Q2026	Injection, Radiesse, 0.1ml	
Q2028	Injection, Sculptra, 0.5mg	
Q2052	Services, supplies and accessories used in the home under the medicare intravenous immune globulin (ivig) demonstration	
Q3031	Collagen skin test	
Q4082	Drug or biological, not otherwise classified, part b drug competitive acquisition	
Q9958	High osmolar contrast material, up to 149 mg./ml. iodine concentration, per ml.	
Q9959	High osmolar contrast material, 150–199 mg./ml. iodine concentration, per ml.	
Q9960	High osmolar contrast material, 200–249 mg./ml. iodine concentration, per ml.	
Q9961	High osmolar contrast material, 250–299 mg./ml. iodine concentration, per ml.	
Q9962	High osmolar contrast material, 300–349 mg./ml. iodine concentration, per ml.	
Q9963	High osmolar contrast material, 350–399 mg./ml. iodine concentration, per ml.	
Q9964	High osmolar contrast material, 400 or greater mg./ml. iodine concentration, per ml.	
Q9965	Low osmolar contrast material, 100-199 or greater mg./ml. iodine concentration, per	
Q9966	Low osmolar contrast material, 100-199 or greater mg./ml. iodine concentration, per	
Q9967	Low osmolar contrast material	
Q9968	Injection, non-radioactive, non-contrast	
R0070	Transportation of portable x-ray	
R0075	Transportation of portable x-ray	
R0076	Transportation of portable EKG	

S0122	Injection, menopropins, 75 IU	
S0126	Injection, follitropin alfa, 75 IU	
S0128	Injection, follitropin beta, 75 IU	
S0208	Paramedic intercept, hospital-based ALS service (non-voluntary), non-	
S0215	Non-emergency transportation; mileage, per mile	
S0620	Routine ophthalmological examination including refraction; new patient	
S0621	Routine ophthalmological examination including refraction; established	
S1030	Continuous noninvasive glucose monitoring device, purchase	
S1031	Continuous noninvasive glucose monitoring device, rental	
S1034	Artificial pancreas device system (i.e., low glucose suspend (LGS) feature)	
S1040	Cranial remolding orthosis, pediatric, rigid, with soft interface material, custom fabricated, includes fitting and adjustment(s)	
S2053	Transplant – small intestine/liver	
S2054	Transplant – multivisceral	
S2055	Harvesting of donor multivisceral organs, with preparation and maintenance of allografts; from cadaver donor	
S2060	Lobar lung transplantation	
S2061	Donor lobectomy (lung) for transplantation, living donor	
S2065	Simultaneous pancreas kidney transplantation	
S2102	Islet cell tissue transplant from pancreas; allogeneic	
S2103	Adrenal tissue transplant to brain	
S2142	Transplant – bone marrow	
S2152	Transplant – multivisceral	
S2255	Hysteroscopy, surgical; with occlusion of oviducts for permanent sterilization	
S3840	DNA analysis for germline mutations of the RET proto-oncogene for susceptibility to multiple endocrine neoplasia type 2	
S3841	Genetic testing for retinoblastoma	
S3842	Genetic testing for von Hippel-Lindau disease	
S3844	DNA analysis for the connexin 26 gene (GJB2) for susceptibility to congenital, profound deafness	
S3845	Genetic testing for alpha-thalassemia	
S3846	Genetic testing for hemoglobin E beta-thalassemia	
S3850	Genetic testing for sickle cell anemia	
S3852	DNA analysis for APOE epsilon 4 allele for susceptibility to Alzheimer's disease	
S3853	Genetic testing for myotonic muscular dystrophy	
S3854	Oncotype DX - gene expression profiling panel for use in the management of breast	
S3855	Genetic testing for detection of mutations in the presenilin - 1 gene	
S3861	Genetic testing, sodium channel, voltage-gated, type V, alpha subunit (SCN5A) and variants for suspected Brugada syndrome	
S3865	Comprehensive gene sequence analysis for hypertrophic cardiomyopathy	
S3866	Genetic analysis for a specific gene mutation for hypertrophic cardiomyopathy (HCM) in an individual with a known HCM mutation in the family	
S4011	In vitro fertilization; including but not limited to identification and incubation of mature oocytes, fertilization with sperm, incubation of embryo(s), and subsequent visualization for determination of development	
S4013	Complete cycle, gamete intrafallopian transfer (GIFT), case rate	
S4014	Complete cycle, zygote intrafallopian transfer (ZIFT), case rate	
S4015	Complete in vitro fertilization cycle, not otherwise specified, case rate	
S4016	Frozen in vitro fertilization cycle, case rate	
S4017	Incomplete cycle, treatment cancelled prior to stimulation, case rate	
S4018	Frozen embryo transfer procedure cancelled before transfer, case rate	
S4020	In vitro fertilization procedure cancelled before aspiration, case rate	
S4021	In vitro fertilization procedure cancelled after aspiration, case rate	
S4022	Assisted oocyte fertilization, case rate	
S4023	Donor egg cycle, incomplete, case rate	
S4025	Donor services for in vitro fertilization (sperm or embryo), case rate	
S4026	Procurement of donor sperm from sperm bank	

S4027	Storage of previously frozen embryos	
S4028)	Microsurgical epididymal sperm aspiration (MESA)	
S4030	Sperm procurement and cryopreservation services; initial visit	
S4031	Sperm procurement and cryopreservation services; subsequent visit	
S4035	Stimulated intrauterine insemination (IUI), case rate	
S4037	Cryopreserved embryo transfer, case rate	
S4040	Monitoring and storage of cryopreserved embryos, per 30 days	
S4042	Management of ovulation induction (interpretation of diagnostic tests and studies, nonface-to-face medical management of the patient), per cycle	
S5035	Home infusion therapy, routine service of infusion device (e.g., pump maintenance)	
S5036	Home infusion therapy, repair of infusion device (e.g., pump repair)	
S5108	Home care training to home care client, per 15 minutes	
S5109	Home care training to home care client, per session	
S5110	Home care training, family; per 15 minutes	
S5111	Home care training, family; per session	
S5115	Home care training, non-family; per 15 minutes	
S5116	Home care training, non-family; per session	
S5180	Home health respiratory therapy, initial evaluation	
S5181	Home health respiratory therapy, NOS, per diem	
S5550	Insulin rapid 5 u	
S5551	Insulin most rapid 5 units	
S5552	Insulin intermediate acting 5 units	
S5553	Insulin long acting 5 units	
S5560	Insulin reuse pen 1.5 ml	
S5561	Insulin reuse pen 3 ml	
S5565	Insulin cartridge for use in insulin delivery device other than pump; 150 units	
S5566	Insulin cartridge for use in insulin delivery device other than pump; 300 units	
S5570	Insulin disposable pen 1.5 ml	
S5571	Insulin disposable pen 3 ml	
S8270	Enuesis monitors	
S8490	100 insulin syringes	
S9061	Home administration of aerosolized drug therapy (e.g., pentamidine); administrative services, professional pharmacy services, care coordination, all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
S9098	Home visit, phototherapy services (e.g., bili-lite), including equipment rental, nursing services, blood draw, supplies, and other services, per diem	
S9122	Home health aide or certified nurse assistant, providing care in the home; per hour	
S9127	Social work visit, in the home, per diem	
S9208	Home management of preterm labor, including administrative services, professional pharmacy services, care coordination, and all necessary supplies or equipment (drugs and nursing visits coded separately), per diem (do not use this code with any home infusion per diem code)	
S9209	Home management of preterm premature rupture of membranes (PPROM), including administrative services, professional pharmacy services, care coordination, and all necessary supplies or equipment (drugs and nursing visits coded separately), per diem (do not use this code with any home infusion per diem code)	
S9211	Home management of gestational hypertension, includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately); per diem (do not use this code with any home infusion per diem code)	
S9212	Home management of postpartum hypertension, includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with any home infusion per diem code)	
S9213	Home management of preeclampsia, includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing services coded separately); per diem (do not use this code with any home infusion per diem code)	

S9214	Home management of gestational diabetes, includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately); per diem (do not use this code with any home infusion per diem code)	
S9325	Home infusion therapy, pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, (drugs and nursing visits coded separately), per diem (do not use this code with S9326, S9327 or S9328)	
S9326	Home infusion therapy, continuous (twenty-four hours or more) pain management infusion; administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded	
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	
S9328	Home infusion therapy, implanted pump pain management infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
S9329	Home infusion therapy, chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with	
S9330	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	
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	
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	
S9338	Home infusion therapy, immunotherapy, administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
S9345	Home infusion therapy, anti-hemophilic agent infusion therapy (e.g., factor viii); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per	
S9346	Home infusion therapy, alpha-1-proteinase inhibitor (e.g., Prolastin); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
S9347	Home infusion therapy, uninterrupted, long-term, controlled rate intravenous or subcutaneous infusion therapy (e.g., epoprostenol); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
S9348	Home infusion therapy, sympathomimetic/inotropic agent infusion therapy (e.g., dobutamine); administrative services, professional pharmacy services, care coordination, all necessary supplies and equipment (drugs and nursing visits coded	
S9351	Home infusion therapy, continuous or intermittent anti-emetic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and visits coded separately), per diem	
S9353	Home infusion therapy, continuous insulin infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
S9355	Home infusion therapy, chelation therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
S9357	Home infusion therapy, enzyme replacement intravenous therapy; (e.g., imiglucerase); administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits	
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	
S9361	Home infusion therapy, diuretic intravenous therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
S9363	Home infusion therapy, anti-spasmodic therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
S9370	Home therapy, intermittent anti-emetic injection therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	

S9538	Home transfusion of blood product(s); administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (blood products, drugs, and nursing visits coded separately), per	
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	
S9562	Home injectable therapy, palivizumab, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	
T2001	Non-emergency transportation; patient attendant/escort	
T2002	Non-emergency transportation; per diem	
T2003	Non-emergency transportation; encounter/trip	
T2004	Non-emergency transport; commercial carrier, multi-pass	
T2005	Non-emergency transportation; non-ambulatory stretcher van	
T2007	Transportation waiting time, air ambulance and non-emergency vehicle, one- half (1/2) hour increments	
T5001	Car seat	
T5999	Car seat	
V2600	Hand held low vision aids	
V2610	Single lens spectacle mounted	
V2615	Telescopic and other compound lens	
V2630	Anterior chamber intraocular lens	
V2631	Iris supported intraocular lens	
V2632	Posterior chamber intraocular lens	
V2700	Balance lens, per lens	
V2702	Deluxe lens feature	
V2710	Slab off prism glass or plastic per lens	
V2715	Prism per lens	
V2718	Press-on lens, fresnell prism, per lens	
V2730	Special base curve glass or plastic per lens	
V2740	Tint, plastic, rose	
V2741	Tint, plastic, other than rose	
V2742	Tint, plastic, rose	
V2743	Tint, plastic, other than rose	
V2745	Addition to lens, Tint, any color	
V2750	Anti-reflective coating per lens	
V2755	Anti-reflective coating per lens	
V2756	Uv Lens/es	
V2760	Scratch-resistant coating	
V2761	Mirror coating, any type, solid, gradient or equal, any lens material	
V2762	Polarization, any lens material, per lens	
V2770	Occluder lens per lens	
V2780	Oversize lens per lens	
V2781	Progressive lens, per lens	
V2782	Lens, index 1.54 to 1.65 plastic or 1.60 to 1.79 glass, excludes polycarbonate, per	
V2783	Lens, index grtr than or equal to 1.66 plastic or grtr than or equal to 1.80 glass, excludes polycarbonate, per lens	
V2784	Lens, polycarbonate or equal, any index, per lens	
V2786	Specialty occupational multifocal lens, per lens	
V2787	Astigmatism-correcting function of intraocular lens	
V2788	Presbyopia correcting function of intraocular lens	
V2790	Amniotic membrane for surgical reconstruction, per procedure	
V2797	Vision supply, accessory and/or service component of another HCPCS vision code	
V2799	Vision service miscellaneous	
V5008	Hearing screening	
V5010	Assessment for hearing aid	

V5011	Fitting/orientation/checking of hearing aid	
V5014	Repair/modification of a hearing aid	
V5020	Conformity evaluation	
V5030	Hearing aid, monaural, body worn, air conduction	
V5040	Hearing aid, monaural, body worn, bone conduction	
V5050	Hearing aid, monaural, in the ear	
V5060	Hearing aid, monaural, behind the ear	
V5070	Glasses, air conduction	
V5080	Glasses, bone conduction	
V5090	Dispensing fee, unspecified hearing aid	
V5095	Semi-implantable middle ear hearing prosthesis	
V5100	Hearing aid, bilateral, body worn	
V5110	Dispensing fee, bilateral	
V5120	Binaural, body	
V5130	Binaural, in the ear	
V5140	Binaural, behind the ear	
V5150	Binaural, glasses	
V5160	Dispensing fee, binaural	
V5170	Hearing aid, CROS, in the ear	
V5180	Hearing aid, CROS, behind the ear	
V5190	Hearing aid, CROS, glasses	
V5200	Dispensing fee, CROS	
V5210	Hearing aid, BICROS, in the ear	
V5220	Hearing aid, BICROS, behind the ear	
V5230	Hearing aid, BICROS, glasses	
V5240	Dispensing fee, BICROS	
V5241	Dispensing fee, monaural hearing aid, any type	
V5242	Hearing aid, analog, monaural, CIC (completely in the ear canal)	
V5243	Hearing aid, analog, monaural, ITC (in the canal)	
V5244	Hearing aid, digitally programmable analog, monaural, CIC	
V5245	Hearing aid, digitally programmable, analog, monaural, ITC	
V5246	Hearing aid, digitally programmable analog, monaural, ITE (in the ear)	
V5247	Hearing aid, digitally programmable analog, monaural, BTE (behind the ear)	
V5248	Hearing aid, analog, binaural, CIC	
V5249	Hearing aid, analog, binaural, ITC	
V5250	Hearing aid, digitally programmable analog, binaural, CIC	
V5251	Hearing aid, digitally programmable analog, binaural, ITC	
V5252	Hearing aid, digitally programmable, binaural, ITE	
V5253	Hearing aid, digitally programmable, binaural, BTE	
V5254	Hearing aid, digital, monaural, CIC	
V5255	Hearing aid, digital, monaural, ITC	
V5256	Hearing aid, digital, monaural, ITE	
V5257	Hearing aid, digital, monaural, BTE	
V5258	Hearing aid, digital, binaural, CIC	
V5259	Hearing aid, digital, binaural, ITC	
V5260	Hearing aid, digital, binaural, ITE	
V5261	Hearing aid, digital, binaural, BTE	
V5262	Hearing aid, disposable, any type, monaural	
V5263	Hearing aid, disposable, any type, binaural	
V5264	Ear mold/insert, not disposable, any type	
V5265	Ear mold/insert, disposable, any type	
V5266	Battery for use in hearing device	
V5267	Hearing aid or assistive listening device/supplies/accessories, not otherwise specified	

V5268	Assistive listening device, telephone amplifier, any type	
V5269	Assistive listening device, alerting, any type	
V5270	Assistive listening device, television amplifier, any type	
V5271	Assistive listening device, television caption decoder	
V5272	Assistive listening device, TDD	
V5273	Assistive listening device, for use with cochlear implant	
V5274	Assistive listening device, not otherwise specified	
V5281	Assistive listening device, personal fm/dm system, monaural, (1 receiver, transmitter, microphone), any type	
V5282	Assistive listening device, personal fm/dm system, binaural, (2 receivers, transmitter, microphone), any type	
V5283	Assistive listening device, personal fm/dm neck, loop induction receiver	
V5284	Assistive listening device, personal fm/dm, ear level receiver	
V5285	Assistive listening device, personal fm/dm, direct audio input receiver	
V5286	Assistive listening device, personal blue tooth fm/dm receiver	
V5287	Assistive listening device, personal fm/dm receiver, not otherwise specified	
V5288	Assistive listening device, personal fm/dm transmitter assistive listening device	
V5289	Assistive listening device, personal fm/dm adapter/boot coupling device for receiver, any type	
V5290	Assistive listening device, transmitter microphone, any type	
F64.0 (ICD-10)	Any treatment for transsexualism, gender dysphoria, sexual re-assignment or sex change, including, but not be limited to, drugs, surgery, medical or psychiatric care	

MAP PLAN LIMITATIONS EFF: 08/01/2017 (updated 12/04/2017)

CPT, HCPCS or Revenue Code	Description	Comment
115	Hospice; Room & Board - Private	180 days lifetime limit
125	Hospice; Room & Board - Semi-private Two Bed	180 days lifetime limit
135	Hospice; Semi-Private - Three and Four Beds	180 days lifetime limit
145	Hospice; Deluxe rooms are accommodations with amenities substantially in excess of those provided to other patients	180 days lifetime limit
155	Hospice; Routine service charge for accommodations with five or more beds	180 days lifetime limit
651	Hospice; Routine Home Care	180 days lifetime limit
652	Hospice; Continuous Home Care	180 days lifetime limit
655	Hospice; Inpatient Respite Care	180 days lifetime limit
656	Hospice; General Inpatient Care	180 days lifetime limit
657	Hospice; Direct Physician Care	180 days lifetime limit
658	Hospice; Nursing Facility Room and Board	180 days lifetime limit
A4520	Incontinence brief/diaper	3 cases/month or 288 briefs/diapers/month 2 cases/month or 192/month if billed with HCPC code A4554
A4554	Disposble underpads	150 pads per month
A6530	Gradient compression stocking, below knee, 18-30 mmHg, each	2 every 6 months
A6531	Gradient compression stocking, below knee, 30-40 mmHg, each	2 every 6 months
A6532	Gradient compression stocking, below knee, 40-50 mmHg, each	2 every 6 months
A6533	Gradient compression stocking, thigh length, 18-30 mmHg, each	2 every 6 months
A6534	Gradient compression stocking, thigh length, 30-40 mmHg, each	2 every 6 months
A6535	Gradient compression stocking, thigh length, 40-50 mmHg, each	2 every 6 months
A6536	Gradient compression stocking, full length/chap style, 18-30 mmHg, eac	2 every 6 months
A6537	Gradient compression stocking, full length/chap style, 30-40 mmHg, eac	2 every 6 months
A6538	Gradient compression stocking, full length/chap style, 40-50 mmHg, eac	2 every 6 months
A6539	Gradient compression stocking, waist length, 18-30 mmHg, each	2 every 6 months
A6540	Gradient compression stocking, waist length, 30-40 mmHg, each	2 every 6 months

A6541	Gradient compression stocking, waist length, 40-50 mmHg, each	2 every 6 months
A6549	Gradient compression stocking, unspecified	2 every 6 months
A7028	Replacement Cushion for Combination Oral/Nasal Mask	1 per 3 months
A7029	Replacement Pillows for Combination Oral/Nasal Mask	1 per 3 months
A7031	Replacement Cushion for Full-Face Mask	1 per 3 months
A7032	Replacement Cushion for Nasal Mask	1 per 3 months
A7033	Replacement Pillow for use on Nasal Mask (cannula/pillow)	1 per 3 months
A7038	Disposble Filter	1 per month
A7039	Non Disposable Filter	1 per 12 months
E0561	Humidifier, Non-Heated	1 per 5 Years
E0562	Humidifier, Heated	1 per 5 Years
Q5001	Hospice or home health care provided in patient's home/residence	180 days lifetime limit
Q5002	Hospice or home health care provided in assisted living facility	180 days lifetime limit
Q5003	Hospice care provided in nursing long-term care facility (LTC) or non-skilled nursing facility (NF)	180 days lifetime limit
Q5004	Hospice care provided in skilled nursing facility (SNF)	180 days lifetime limit
Q5005	Hospice care provided in inpatient hospital	180 days lifetime limit
Q5006	Hospice care provided in inpatient hospice facility	180 days lifetime limit
Q5007	Hospice care provided in long-term care facility	180 days lifetime limit
Q5009	Hospice or home health care provided in place not otherwise specified (NOS)	180 days lifetime limit
S9126	Hospice care, in the home, per diem	180 days lifetime limit
T2042	Hospice routine home care; per diem	180 days lifetime limit
T2043	Hospice continuous home care; per hour	180 days lifetime limit
T2044	Hospice inpatient respite care; per diem	180 days lifetime limit
T2045	Hospice general inpatient care; per diem	180 days lifetime limit
T2046	Hospice long-term care, room and board only; per diem	180 days lifetime limit
T4521	Incontinence brief/diaper	3 cases/month or 288 briefs/diapers/month 2 cases/month or 192/month if billed with HCPC code A4554
T4522	Incontinence brief/diaper	3 cases/month or 288 briefs/diapers/month 2 cases/month or 192/month if billed with HCPC code A4554
T4523	Incontinence brief/diaper	3 cases/month or 288 briefs/diapers/month 2 cases/month or 192/month if billed with HCPC code A4554
T4524	Incontinence brief/diaper	3 cases/month or 288 briefs/diapers/month 2 cases/month or 192/month if billed with HCPC code A4554
T4525	Incontinence brief/diaper	3 cases/month or 288 briefs/diapers/month 2 cases/month or 192/month if billed with HCPC code A4554
T4526	Incontinence brief/diaper	3 cases/month or 288 briefs/diapers/month 2 cases/month or 192/month if billed with HCPC code A4554
T4527	Incontinence brief/diaper	3 cases/month or 288 briefs/diapers/month 2 cases/month or 192/month if billed with HCPC code A4554
T4528	Incontinence brief/diaper	3 cases/month or 288 briefs/diapers/month 2 cases/month or 192/month if billed with HCPC code A4554
T4529	Incontinence brief/diaper	3 cases/month or 288 briefs/diapers/month 2 cases/month or 192/month if billed with HCPC code A4554

T4530	Incontinence brief/diaper	3 cases/month or 288 briefs/diapers/month 2 cases/month or 192/month if billed with HCPC code A4554
T4531	Incontinence brief/diaper	3 cases/month or 288 briefs/diapers/month 2 cases/month or 192/month if billed with HCPC code A4554
T4532	Incontinence brief/diaper	3 cases/month or 288 briefs/diapers/month 2 cases/month or 192/month if billed with HCPC code A4554
T4533	Incontinence brief/diaper	3 cases/month or 288 briefs/diapers/month 2 cases/month or 192/month if billed with HCPC code A4554
T4534	Incontinence brief/diaper	3 cases/month or 288 briefs/diapers/month 2 cases/month or 192/month if billed with HCPC code A4554
T4535	Incontinence brief/diaper	3 cases/month or 288 briefs/diapers/month 2 cases/month or 192/month if billed with HCPC code A4554
T4536	Incontinence brief/diaper	3 cases/month or 288 briefs/diapers/month 2 cases/month or 192/month if billed with HCPC code A4554
T4537	Incontinence brief/diaper	3 cases/month or 288 briefs/diapers/month 2 cases/month or 192/month if billed with HCPC code A4554
T4538	Incontinence brief/diaper	3 cases/month or 288 briefs/diapers/month 2 cases/month or 192/month if billed with HCPC code A4554
T4539	Incontinence brief/diaper	3 cases/month or 288 briefs/diapers/month 2 cases/month or 192/month if billed with HCPC code A4554
T4540	Incontinence brief/diaper	3 cases/month or 288 briefs/diapers/month 2 cases/month or 192/month if billed with HCPC code A4554
T4541	Incontinence brief/diaper	3 cases/month or 288 briefs/diapers/month 2 cases/month or 192/month if billed with HCPC code A4554
T4542	Incontinence brief/diaper	3 cases/month or 288 briefs/diapers/month 2 cases/month or 192/month if billed with HCPC code A4554
T4543	Incontinence brief/diaper	3 cases/month or 288 briefs/diapers/month 2 cases/month or 192/month if billed with HCPC code A4554
T4544	Incontinence brief/diaper	3 cases/month or 288 briefs/diapers/month 2 cases/month or 192/month if billed with HCPC code A4554