

Prior Authorization List - OneCare

| Code | Procedure Description | CCN - Medicare |
|-------|--|----------------|
| 0017M | Oncology (diffuse large B-cell lymphoma [DLBCL]), mRNA, gene expression profiling by fluorescent probe hybridization of 20 genes, formalin-fixed paraffin-embedded tissue, algorithm reported as cell of origin | Yes |
| 0042T | Cerebral perfusion analysis using Computed Tomography with contrast administration, including post-processing of parametric maps with determination of cerebral blood flow, cerebral blood volume and mean transit time | Yes |
| 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 | Yes |
| 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 | Yes |
| 01999 | Under Anesthesia for Other Procedures | Yes |
| 0213T | Epidural Steroid and Facet injection | Yes |
| 0214T | Injection(s), diagnostic or therapeutic | Yes |
| 0215T | Epidural Steroid and Facet injection | Yes |
| 0216T | Epidural Steroid and Facet injection | Yes |
| 0217T | Epidural Steroid and Facet injection | Yes |
| 0218T | Epidural Steroid and Facet injection | Yes |
| 0330T | Tear film imaging, unilateral or bilateral, with interpretation and report | Yes |
| 0331T | Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment | Yes |
| 0332T | Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment; with tomographic SPECT | Yes |
| 0348T | Radiologic examination, radiostereometric analysis (RSA); spine, (includes cervical, thoracic and lumbosacral, when performed) | Yes |
| 0349T | Radiologic examination, radiostereometric analysis (RSA); upper extremity(ies), (includes shoulder, elbow, and wrist, when performed) | Yes |
| 0350T | Radiologic examination, radiostereometric analysis (RSA); lower extremity(ies), (includes hip, proximal femur, knee, and ankle, when performed) | Yes |
| 0352T | Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; interpretation and report, real-time or referred | Yes |

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|-------------|---|-----------------------|
| 0354T | Optical coherence tomography of breast, surgical cavity; interpretation and report, real-time or referred | Yes |
| 0358T | Bioelectrical impedance analysis whole body composition assessment, with interpretation and report | Yes |
| 0394T | High dose rate electronic brachytherapy, skin surface application, per fraction, includes basic dosimetry, when performed | Yes |
| 0395T | High dose rate electronic brachytherapy, interstitial or intracavitary treatment, per fraction, includes basic dosimetry, when performed | Yes |
| 0402T | Collagen cross-linking of cornea, including removal of the corneal epithelium, when performed, and intraoperative pachymetry, when performed | Yes |
| 0422T | Tactile breast imaging by computer-aided tactile sensors, unilateral or bilateral | Yes |
| 0439T | Myocardial contrast perfusion echocardiography, at rest or with stress, for assessment of myocardial ischemia or viability | Yes |
| 0507T | Near-infrared dual imaging (i.e., simultaneous reflective and trans-illuminated light) of meibomian glands, unilateral or bilateral, with interpretation and report | Yes |
| 0523T | Intraprocedural coronary fractional flow reserve (FFR) with 3D functional mapping of color-coded FFR values for the coronary tree, derived from coronary angiogram data, for real-time review and interpretation of possible atherosclerotic stenosis(es) intervention | Yes |
| 0541T | Myocardial imaging by magnetocardiography (MCG) for detection of cardiac ischemia, by signal acquisition using minimum 36 channel grid, generation of magnetic-field time-series images, quantitative analysis of magnetic dipoles, machine learning-derived clinical scoring, and automated report generation, single study | Yes |
| 0542T | Myocardial imaging by magnetocardiography (MCG) for detection of cardiac ischemia, by signal acquisition using minimum 36 channel grid, generation of magnetic-field time-series images, quantitative analysis of magnetic dipoles, machine learning-derived clinical scoring, and automated report generation, single study; interpretation and report | Yes |
| 0554T | Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; retrieval and transmission of the scan data, assessment of bone strength and fracture risk and bone mineral density, interpretation and report | Yes |
| 0555T | Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; retrieval and transmission of the scan data | Yes |
| 0556T | Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; assessment of bone strength and fracture risk and bone mineral density | Yes |
| 0557T | Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; interpretation and report | Yes |

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|-------------|---|-----------------------|
| 0558T | Computed tomography scan taken for the purpose of biomechanical computed tomography analysis | Yes |
| 0559T | Anatomic model 3D-printed from image data set(s); first individually prepared and processed component of an anatomic structure | Yes |
| 0560T | Anatomic model 3D-printed from image data set(s); each additional individually prepared and processed component of an anatomic structure | Yes |
| 0561T | Anatomic guide 3D-printed and designed from image data set(s); first anatomic guide | Yes |
| 0562T | Anatomic guide 3D-printed and designed from image data set(s); each additional anatomic guide | Yes |
| 0602T | Glomerular filtration rate (GFR) measurement(s), transdermal, including sensor placement and administration of a single dose of fluorescent pyrazine agent | Yes |
| 0603T | Glomerular filtration rate (GFR) monitoring, transdermal, including sensor placement and administration of more than one dose of fluorescent pyrazine agent, each 24 hours | Yes |
| 0609T | Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); acquisition of single voxel data, per disc, on biomarkers (i.e., lactic acid, carbohydrate, alanine, laal, propionic acid, proteoglycan, and collagen) in at least 3 discs | Yes |
| 0610T | Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); transmission of biomarker data for software analysis | Yes |
| 0611T | Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); postprocessing for algorithmic analysis of biomarker data for determination of relative chemical differences between discs | Yes |
| 0612T | Magnetic resonance spectroscopy, determination and localization of discogenic pain (cervical, thoracic, or lumbar); interpretation and report | Yes |
| 0623T | Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; data preparation and transmission, computerized analysis of data, with review of computerized analysis output to reconcile discordant data, interpretation and report | Yes |
| 0624T | Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; data preparation and transmission | Yes |
| 0625T | Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; computerized analysis of data from coronary computed tomographic angiography | Yes |
| 0626T | Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; review of computerized analysis output to reconcile discordant data, interpretation and report | Yes |

| Code | Procedure Description | CCN - Medicare |
|----------------|---|-----------------------|
| 0633T | Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast material | Yes |
| 0634T | Computed tomography, breast, including 3D rendering, when performed, unilateral; with contrast material(s) | Yes |
| 0635T | Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast, followed by contrast material(s) | Yes |
| 0636T | Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast material(s) | Yes |
| 0637T | Computed tomography, breast, including 3D rendering, when performed, bilateral; with contrast material(s) | Yes |
| 0638T | Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast, followed by contrast material(s) | Yes |
| 0639T | Wireless skin sensor thermal anisotropy measurement(s) and assessment of flow in cerebrospinal fluid shunt, including ultrasound guidance, when performed | Yes |
| 0640T | Noncontact near-infrared spectroscopy studies of flap or wound (e.g., for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation [StO2]); image acquisition, interpretation and report, each flap or wound | Yes |
| 0648T | Quantitative magnetic resonance for analysis of tissue composition (e.g., fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (e.g., organ, gland, tissue, target structure) during the same session; single organ | Yes |
| 0649T | Quantitative magnetic resonance for analysis of tissue composition (e.g., fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (e.g., organ, gland, tissue, target structure); single organ | Yes |
| 0656/ T2045 | Hospice service, general inpatient care (no respite)/ Hospice general care | Yes |
| 0658T | Electrical impedance spectroscopy of 1 or more skin lesions for automated melanoma risk score | Yes |
| 0689T | Quantitative ultrasound tissue characterization (non-elastographic), including interpretation and report, obtained without diagnostic ultrasound examination of the same anatomy (e.g., organ, gland, tissue, target structure) | Yes |
| 0690T | Quantitative ultrasound tissue characterization (nonelastographic), including interpretation and report, obtained with diagnostic ultrasound examination of the same anatomy (e.g., organ, gland, tissue, target structure) | Yes |
| 0691T | Automated analysis of an existing computed tomography study for vertebral fracture(s), including assessment of bone density when performed, data preparation, interpretation, and report | Yes |
| 0693T | Comprehensive full body computer-based markerless 3D kinematic and kinetic motion analysis and report | Yes |

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|-------------|---|-----------------------|
| 0694T | 3-dimensional volumetric imaging and reconstruction of breast or axillary lymph node tissue, each excised specimen, 3-dimensional automatic specimen reorientation, interpretation and report, real-time intraoperative | Yes |
| 0697T | Quantitative magnetic resonance for analysis of tissue composition (e.g., fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (e.g., organ, gland, tissue, target structure) during the same session; multiple organs | Yes |
| 0698T | Quantitative magnetic resonance for analysis of tissue composition (e.g., fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (e.g., organ, gland, tissue, target structure); multiple organs | Yes |
| 0700T | Molecular fluorescent imaging of suspicious nevus; first lesion | Yes |
| 0701T | Molecular fluorescent imaging of suspicious nevus; each additional lesion | Yes |
| 0710T | Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; including data preparation and transmission, quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability, data review, interpretation and report | Yes |
| 0711T | Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data preparation and transmission | Yes |
| 0712T | Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability | Yes |
| 0713T | Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; data review, interpretation and report | Yes |
| 0723T | Quantitative magnetic resonance (MR scan) imaging of gallbladder, bile ducts, pancreas and pancreatic duct cholangiopancreatography (QMRCF), with data preparation and transmission, interpretation and report. (allowable modifiers 99, TC and 26) | Yes |
| 0724T | Quantitative magnetic resonance (MR scan) imaging of gallbladder, bile ducts, pancreas and pancreatic duct cholangiopancreatography (QMRCF), with data preparation and transmission, interpretation and report and with diagnostic magnetic resonance imaging (MRI) examination of same anatomy. (allowable modifiers 99, TC and 26) | Yes |
| 0742T | Aqmbf spect xers/strs & rest | Yes |
| 0815T | Ultrasound-based radiofrequency echographic multi-spectrometry (REMS), bone-density study and fracture-risk assessment, 1 or more sites, hips, pelvis, or spine | Yes |

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|-------------|--|-----------------------|
| 0857T | Opto-acoustic imaging, breast, unilateral, including axilla when performed, real-time with image documentation, augmentative analysis and report (List separately in addition to code for primary procedure) Code first ultrasound, breast (76641-76642) | Yes |
| 0877T | Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; obtained without concurrent CT examination of any structure contained in previously acquired diagnostic imaging | Yes |
| 0878T | Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; obtained with concurrent CT examination of the same structure | Yes |
| 0879T | Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; radiological data preparation and transmission | Yes |
| 0880T | Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; physician or other qualified health care professional interpretation and report | Yes |
| 0888T | Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant renal tissue, including imaging guidance | Yes |
| 0889T | Personalized target development for accelerated, repetitive high-dose functional connectivity MRI-guided theta-burst stimulation derived from a structural and resting-state functional MRI, including data preparation and transmission, generation of the target, motor threshold-starting location, neuronavigation files and target report, review and interpretation | Yes |
| 0890T | Accelerated, repetitive high-dose functional connectivity MRI-guided theta-burst stimulation, including target assessment, initial motor threshold determination, neuronavigation, delivery and management, initial treatment day | Yes |
| 0891T | Accelerated, repetitive high-dose functional connectivity MRI-guided theta-burst stimulation, including neuronavigation, delivery and management, subsequent treatment day | Yes |
| 0892T | Accelerated, repetitive high-dose functional connectivity MRI-guided theta-burst stimulation, including neuronavigation, delivery and management, subsequent motor threshold redetermination with delivery and management, per treatment day | Yes |
| 0898T | Noninvasive prostate cancer estimation map, derived from augmentative analysis of image-guided fusion biopsy and pathology, including visualization of margin volume and location, with margin determination and physician interpretation and report | Yes |
| 0899T | Noninvasive determination of absolute quantitation of myocardial blood flow (AQMBF), derived from augmentative algorithmic analysis of the dataset acquired via contrast cardiac magnetic resonance (CMR), pharmacologic stress, with interpretation and report by a physician or other qualified health care professional (List separately in addition to code for primary procedure) | Yes |

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| 0900T | Noninvasive estimate of absolute quantitation of myocardial blood flow (AQMBF), derived from assistive algorithmic analysis of the dataset acquired via contrast cardiac magnetic resonance (CMR), pharmacologic stress, with interpretation and report by a physician or other qualified health care professional (List separately in addition to code for primary procedure) | Yes |
| 0242U | Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 55-74 genes, interrogation for sequence variants, gene copy number amplifications, and gene rearrangements | Yes |
| 0244U | Oncology (solid organ), DNA, comprehensive genomic profiling, 257 genes, interrogation for single-nucleotide variants, insertions/deletions, copy number alterations, gene rearrangements, tumor-mutational burden and microsatellite instability, utilizing formalin-fixed paraffinembedded tumor tissue | Yes |
| 0245U | Oncology (thyroid), mutation analysis of 10 genes and 37 RNA fusions and expression of 4 mRNA markers using next-generation sequencing, fine needle aspirate, report includes associated risk of malignancy expressed as a percentage | Yes |
| 0268U | Hematology (atypical hemolytic uremic syndrome [aHUS]), genomic sequence analysis of 15 genes, blood, buccal swab, or amniotic fluid | Yes |
| 0269U | Hematology (autosomal dominant congenital thrombocytopenia), genomic sequence analysis of 14 genes, blood, buccal swab, or amniotic fluid | Yes |
| 0271U | Hematology (congenital neutropenia), genomic sequence analysis of 23 genes, blood, buccal swab, or amniotic fluid | Yes |
| 0276U | Hematology (inherited thrombocytopenia), genomic sequence analysis of 23 genes, blood, buccal swab, or amniotic fluid | Yes |
| 0323U | Infectious agent detection by nucleic acid (DNA and RNA), central nervous system pathogen, metagenomic next-generation sequencing, cerebrospinal fluid (CSF), identification of pathogenic bacteria, viruses, parasites, or fungi | Yes |
| 0326U | Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 83 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden | Yes |
| 0327U | Fetal aneuploidy (trisomy 13, 18, and 21), DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy, includes sex reporting, if performed | Yes |
| 0328U | Drug assay, definitive, 120 or more drugs and metabolites, urine, quantitative liquid chromatography with tandem mass spectrometry (LC-MS/MS), includes specimen validity and algorithmic analysis describing drug or metabolite and presence or absence of risks for a significant patient-adverse event, per date of service | Yes |
| 0329U | Oncology (neoplasia), exome and transcriptome sequence analysis for sequence variants, gene copy number amplifications and deletions, gene rearrangements, microsatellite instability and tumor mutational burden utilizing DNA and RNA from tumor with DNA from normal blood or saliva for subtraction, report of clinically significant mutation(s) with therapy associations | Yes |

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|-------------|---|-----------------------|
| 0333U | Oncology (liver), surveillance for hepatocellular carcinoma (HCC) in highrisk patients, analysis of methylation patterns on circulating cell-free DNA (cfDNA) plus measurement of serum of AFP/AFP-L3 and oncoprotein desgamma-carboxy-prothrombin (DCP), algorithm reported as normal or abnormal result | Yes |
| 0334U | Oncology (solid organ), targeted genomic sequence analysis, formalinfixated paraffin-embedded (FFPE) tumor tissue, DNA analysis, 84 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden | Yes |
| 0339U | Oncology (prostate), mRNA expression profiling of HOXC6 and DLX1, reverse transcription polymerase chain reaction (RT-PCR), first-void urine following digital rectal examination, algorithm reported as probability of high-grade cancer | Yes |
| 0341U | Fetal aneuploidy DNA sequencing comparative analysis, fetal DNA from products of conception, reported as normal (euploidy), monosomy, trisomy, or partial deletion/duplication, mosaicism, and segmental aneuploid | Yes |
| 0344U | Hepatology (nonalcoholic fatty liver disease [NAFLD]), semiquantitative evaluation of 28 lipid markers by liquid chromatography with tandem mass spectrometry (LC-MS/MS), serum, reported as at-risk for nonalcoholic steatohepatitis (NASH) or not | Yes |
| 0364U | Oncology (hematolymphoid neoplasm), genomic sequence analysis using multiplex (PCR) and next-generation sequencing with algorithm, quantification of dominant clonal sequence(s), reported as presence or absence of minimal residual disease (MRD) with quantitation of disease burden, when appropriate | Yes |
| 0369U | Infectious agent detection by nucleic acid (DNA and RNA), gastrointestinal pathogens, 31 bacterial, viral, and parasitic organisms and identification of 21 associated antibioticresistance genes, multiplex amplified probe technique | Yes |
| 0371U | Infectious agent detection by nucleic acid (DNA or RNA), genitourinary pathogen, semiquantitative identification, DNA from 16 bacterial organisms and 1 fungal organism, multiplex amplified probe technique via quantitative polymerase chain reaction (qPCR), urine | Yes |
| 0372U | Infectious disease (genitourinary pathogens), antibiotic-resistance gene detection, multiplex amplified probe technique, urine, reported as an antimicrobial stewardship risk score | Yes |
| 0373U | Infectious agent detection by nucleic acid (DNA and RNA), respiratory tract infection, 17 bacteria, 8 fungus, 13 virus, and 16 antibiotic-resistance genes, multiplex amplified probe technique, upper or lower respiratory specimen | Yes |
| 0374U | Infectious agent detection by nucleic acid (DNA or RNA), genitourinary pathogens, identification of 21 bacterial and fungal organisms and identification of 21 associated antibiotic-resistance genes, multiplex amplified probe technique, urine | Yes |
| 0378U | RFC1 (replication factor C subunit 1), repeat expansion variant analysis by traditional and repeat-primed PCR, blood, saliva, or buccal swab | Yes |

| Code | Procedure Description | CCN - Medicare |
|-------------|--|-----------------------|
| 0379U | Targeted genomic sequence analysis panel, solid organ neoplasm, DNA (523 genes) and RNA (55 genes) by nextgeneration sequencing, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability, and tumor mutational burden | Yes |
| 0388U | Oncology (non-small cell lung cancer), next-generation sequencing with identification of single nucleotide variants, copy number variants, insertions and deletions, and structural variants in 37 cancer-related genes, plasma, with report for alteration detection | Yes |
| 0391U | Oncology (solid tumor), DNA and RNA by next-generation sequencing, utilizing formalinfixed paraffin-embedded (FFPE) tissue, 437 genes, interpretive report for single nucleotide variants, splice-site variants, insertions/deletions, copy number alterations, gene fusions, tumor mutational burden, and microsatellite instability, with algorithm quantifying immunotherapy response score | Yes |
| 0409U | Oncology (solid tumor), DNA (80 genes) and RNA (36 genes), by next-generation sequencing from plasma, including single nucleotide variants, insertions/deletions, copy number alterations, microsatellite instability, and fusions, report showing identified mutations with clinical actionability | Yes |
| 0416U | Infectious agent detection by nucleic acid (DNA), genitourinary pathogens, identification of 20 bacterial and fungal organisms, including identification of 20 associated antibiotic-resistance genes, if performed, multiplex amplified probe technique, urine | Yes |
| 0471U | Oncology (colorectal cancer), qualitative real-time PCR of 35 variants of KRAS and NRAS genes (exons 2, 3, 4), formalin-fixed paraffin-embedded (FFPE), predictive, identification of detected mutations. Includes: CRCdx® RAS Mutation Detection Kit, EntroGen, Inc, EntroGen, Inc | Yes |
| 0473U | Oncology (solid tumor), next-generation sequencing (NGS) of DNA from formalin-fixed paraffin-embedded (FFPE) tissue with comparative sequence analysis from a matched normal specimen (blood or saliva), 648 genes, interrogation for sequence variants, insertion and deletion alterations, copy number variants, rearrangements, microsatellite instability, and tumor-mutation burden. Includes: xT CDx, Tempus AI, Inc, Tempus AI, Inc | Yes |
| 0475U | Hereditary prostate cancer-related disorders, genomic sequence analysis panel using next-generation sequencing (NGS), Sanger sequencing, multiplex ligation-dependent probe amplification (MLPA), and array comparative genomic hybridization (CGH), evaluation of 23 genes and duplications/deletions when indicated, pathologic mutations reported with a genetic risk score for prostate cancer. Includes: ProstateNow™ Prostate Germline Panel, GoPath Diagnostics, Inc, GoPath Diagnostics, Inc | Yes |
| 0523U | Oncology (solid tumor), DNA, qualitative, next-generation sequencing (NGS) of single-nucleotide variants (SNV) and insertion/deletions in 22 genes utilizing formalin-fixed paraffin-embedded tissue, reported as presence or absence of mutation(s), location of mutation(s), nucleotide change, and amino acid change | Yes |

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|-------------|---|-----------------------|
| 0528U | Lower respiratory tract infectious agent detection, 18 bacteria, 8 viruses, and 7 antimicrobial-resistance genes, amplified probe technique, including reverse transcription for RNA targets, each analyte reported as detected or not detected with semiquantitative results for 15 bacteria | Yes |
| 12037 | Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); over 30.0 cm | Yes |
| 15011 | Harvest of skin for skin cell suspension autograft; first 25 sq cm or less | Yes |
| 15012 | Harvest of skin for skin cell suspension autograft; each additional 25 sq cm or part thereof (List separately in addition to code for primary procedure) | Yes |
| 15013 | Preparation of skin cell suspension autograft, requiring enzymatic processing, manual mechanical disaggregation of skin cells, and filtration; first 25 sq cm or less of harvested skin | Yes |
| 15014 | Preparation of skin cell suspension autograft, requiring enzymatic processing, manual mechanical disaggregation of skin cells, and filtration; each additional 25 sq cm of harvested skin or part thereof (List separately in addition to code for primary procedure) | Yes |
| 15015 | Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, trunk, arms, legs; first 480 sq cm or less | Yes |
| 15016 | Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, trunk, arms, legs; each additional 480 sq cm or part thereof (List separately in addition to code for primary procedure) | Yes |
| 15017 | Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 480 sq cm or less | Yes |
| 15018 | Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 480 sq cm or part thereof (List separately in addition to code for primary procedure) | Yes |
| 15275 | Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet. Total area up to 100 sq CM. First 25sq CM or less wound surface area | Yes |
| 15276 | Each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure) | Yes |
| 15277 | Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children | Yes |
| 15278 | Each additional 100 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure) | Yes |
| 15769 | Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia) | Yes |
| 15771 | Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate | Yes |

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| 15772 | Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50 cc injectate, or part thereof (List separately in addition to code for primary procedure) | Yes |
| 15773 | Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate | Yes |
| 15774 | Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; each additional 25 cc injectate, or part thereof (List separately in addition to code for primary procedure) | Yes |
| 15778 | Impl absrb msh/prsth dly cls | Yes |
| 15780 | Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis) | Yes |
| 15781 | Dermabrasion; segmental, face | Yes |
| 15782 | Dermabrasion; regional, other than face | Yes |
| 15783 | Dermabrasion; superficial, any site (eg, tattoo removal) | Yes |
| 15820 | Blepharoplasty, lower eyelid | Yes |
| 15821 | Blepharoplasty, lower eyelid, w/ extensive herniated fat pad | Yes |
| 15822 | Blepharoplasty, upper eyelid | Yes |
| 15823 | Rhytidectomy w/ excess skin on lids | Yes |
| 15999 | Unlisted procedure, excision pressure ulcer | Yes |
| 17311 | Mohs, 1 stage, h/n/hf/g | Yes |
| 17312 | Mohs addl stage | Yes |
| 17313 | Mohs, 1 stage, t/a/l | Yes |
| 17314 | Mohs, addl stage, t/a/l | Yes |
| 17315 | Mohs surg, addl block | Yes |
| 17999 | Skin, mucous membrane and subcutaneous tissue | Yes |
| 19300 | Mastectomy for gynecomastia | Yes |
| 19318 | Reduction mammoplasty | Yes |
| 19325 | Mammoplasty, augmentation; w/ prosthetic implant | Yes |
| 19328 | Removal of intact mammary implant | Yes |
| 19330 | Removal of mammary implant material, unilateral | Yes |
| 19499 | Unlisted procedure, breast | Yes |
| 20560 | Needle insertion(s) without injection(s); 1 or 2 muscle(s) | Yes |
| 20561 | Needle insertion(s) without injection(s); 3 or more muscles | Yes |
| 20816 | Replantation, digit, excluding thumb (includes metacarpophalangeal joint to insertion of flexor sublimis tendon), complete amputation | Yes |
| 20930 | Allograft for spine surgery only; morselized | Yes |
| 20932 | Allograft, includes templating, cutting, placement and internal fixation, when performed; osteoarticular, including articular surface and contiguous bone (List separately in addition to code for primary procedure) | Yes |

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|-------------|---|-----------------------|
| 20933 | Allograft, includes templating, cutting, placement and internal fixation, when performed; hemicortical intercalary, partial (ie, hemicylindrical) (List separately in addition to code for primary procedure) | Yes |
| 20934 | Allograft, includes templating, cutting, placement and internal fixation, when performed; intercalary, complete (ie, cylindrical) (List separately in addition to code for primary procedure) | Yes |
| 20936 | Autograft for spine surgery only (includes harvesting the graft); local (eg, ribs, spinous process, or laminar fragments) obtained from same incision | Yes |
| 20950 | Monitoring of interstitial fluid pressure (includes insertion of device eg, wick catheter technique, needle manometer technique) in detection of muscle compartment syndrome | Yes |
| 20975 | Electrical stimulation to aid bone healing; invasive (operative) | Yes |
| 20999 | Unlisted procedure, musculoskeletal system, general | Yes |
| 21026 | Excision of bone; facial bone(s) | Yes |
| 21127 | Augment mandible body/ankle w/ bone graft | Yes |
| 21137 | Reduction forehead; contouring only | Yes |
| 21138 | Reduction forehead; contouring and application of prosthetic material or bone graft | Yes |
| 21139 | Reduction forehead; contouring and setback of anterior frontal sinus wall | Yes |
| 21193 | Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; w/o bone graft | Yes |
| 21194 | Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; w/ bone graft | Yes |
| 21195 | Reconstruction of mandibular rami and/or body, sagittal split; w/o internal rigid fixation | Yes |
| 21196 | Reconstruction of mandibular rami and/or body, sagittal split; w/ internal rigid fixation | Yes |
| 21208 | Osteoplasty, facial bones; augmentation | Yes |
| 21209 | Osteoplasty, facial bones; reduction | Yes |
| 21299 | Unlisted craniofacial and maxillofacial procedure | Yes |
| 21450 | Closed treatment of mandibular fracture; without manipulation | Yes |
| 21499 | Unlisted musculoskeletal procedure, head | Yes |
| 21742 | Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), without thoracoscopy | Yes |
| 21743 | Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), with thoracoscopy | Yes |
| 21899 | Unlisted procedure, neck or thorax | Yes |
| 22532 | Arthrodesis, thoracic, lateral extracavitary technique, incl minimal discectomy to prepare interspace | Yes |
| 22533 | Arthrodesis, lumbar, lateral extracavitary technique, incl minimal discectomy to prepare interspace | Yes |

| Code | Procedure Description | CCN - Medicare |
|-------------|---|-----------------------|
| 22551 | Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophylectomy and decompression of spinal cord and/or nerve roots; cervical below c2 | Yes |
| 22586 | Arthrodesis, pre-sacral, including disc space preparation, discectomy | Yes |
| 22633 | Lumbar spine fusion combined | Yes |
| 22634 | Spine fusion extra segment | Yes |
| 22836 | Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; up to 7 vertebral segments | Yes |
| 22837 | Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; 8 or more vertebral segments | Yes |
| 22838 | Revision (eg, augmentation, division of tether), replacement, or removal of thoracic vertebral body tethering, including thoracoscopy, when performed | Yes |
| 22841 | Internal spinal fixation by wiring of spinous processes | Yes |
| 22856 | Total Disc Arthroplasty, Anterior Approach, Including Discectomy with End Plate Preparation, Single Interspace, Cervical | Yes |
| 22860 | Tot disc arthrp 2ntrspc Imbr | Yes |
| 22861 | Revision Including Replacement of Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Single Interspace; Cerv | Yes |
| 22864 | Removal of Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Single Interspace; Cervical | Yes |
| 22899 | Unlisted procedure, spine | Yes |
| 22999 | Unlisted procedure, abdomen, musculoskeletal system | Yes |
| 23472 | Total arthroplasty of glenohumeral joint with glenoid and proximal humeral replacement | Yes |
| 23473 | Revision of total shoulder arthroplasty w/ allograft; humeral or glenoid component | Yes |
| 23474 | Revision of total shoulder arthroplasty w/ allograft; humeral and glenoid component | Yes |
| 23929 | Unlisted procedure, shoulder | Yes |
| 24077 | Radical resection of tumor (eg, malignant neoplasm), soft tissue of upper arm or elbow area < 5 cm | Yes |
| 24362 | Arthroplasty, Elbow; with Implant and Fascia Lata Ligament Reconstruction | Yes |
| 24363 | Arthroplasty, elbow; with distal humerus and proximal ulnar prosthetic replacement (eg, total elbow) | Yes |
| 24370 | Revision of total elbow arthroplasty, w/ allograft; humeral or ulnar component | Yes |
| 24371 | Revision of total elbow arthroplasty, w/ allograft; humeral and ulnar component | Yes |
| 24940 | Cineplasty, upper extremity, complete procedure | Yes |
| 24999 | Upper arm/elbow surgery | Yes |
| 25999 | Forearm or wrist surgery | Yes |
| 26587 | Reconstruction of supernumerary digit, soft tissue and bone | Yes |
| 26591 | Repair, intrinsic muscles of hand | Yes |
| 26596 | Excision of constricting ring of finger, with multiple Z-plasties | Yes |

| Code | Procedure Description | CCN - Medicare |
|-------------|---|-----------------------|
| 26989 | Hand/Finger Surgery | Yes |
| 27130 | Arthroplasty, acetabular and proximal femoral prosthetic replacement, w/ or w/o autograft or allograft | Yes |
| 27132 | Conversion of previous hip surgery to total hip arthroplasty, w/ or w/o autograft or allograft | Yes |
| 27134 | Revision of total hip arthroplasty; both components, w/ or w/o autograft or allograft | Yes |
| 27137 | Revision of total hip arthroplasty; acetabular component only, w/ or w/o autograft or allograft | Yes |
| 27138 | Revision of total hip arthroplasty; femoral component only, w/ or w/o allograft | Yes |
| 27158 | Repair, Revision, and/or Reconstruction Procedures on the Pelvis and Hip Joint | Yes |
| 27230 | Treat thigh fracture | Yes |
| 27278 | Arthrodesis, sacroiliac joint, percutaneous, with image guidance, including placement of intra-articular implant(s) (eg, bone allograft[s], synthetic device[s]), without placement of transfixation device | Yes |
| 27299 | Pelvis/Hip Joint Surgery | Yes |
| 27427 | Ligamentous reconstruction (augmentation), knee | Yes |
| 27445 | Arthroplasty, knee, hinge prosthesis | Yes |
| 27446 | Arthroplasty, knee, condyle and plateau; medial OR lateral compartment | Yes |
| 27486 | Revision of total knee arthroplasty, with or without allograft; 1 component | Yes |
| 27495 | Repair, Revision, and/or Reconstruction Procedures on the Femur (Thigh Region) and Knee Joint | Yes |
| 27599 | Leg surgery procedure | Yes |
| 27612 | Arthrotomy ankle w/ post release | Yes |
| 27725 | Repair of lower leg | Yes |
| 27759 | Open treatment of tibial shaft fracture by intramedullary implant, w/ or w/o interlocking screws and/or cerclage | Yes |
| 27899 | Leg/Ankle surgery procedure | Yes |
| 28045 | Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular) <1.5cm | Yes |
| 28899 | Foot/Toes surgery procedure | Yes |
| 29358 | Lower extremity application of casts | Yes |
| 29799 | Casting or strapping procedures | Yes |
| 29999 | Arthroscopy of Joint | Yes |
| 30400 | Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip | Yes |
| 30410 | Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip | Yes |
| 30420 | Rhinoplasty, primary; including major septal repair | Yes |
| 30468 | Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s) | Yes |
| 30469 | Rpr nsl vlv collapse w/rmdlg | Yes |

| Code | Procedure Description | CCN - Medicare |
|-------------|--|-----------------------|
| 30520 | Septoplasty or submucous resection, w/ or w/o cartilage scoring, contouring or replacement w/ graft | Yes |
| 30999 | Nasal surgery procedure | Yes |
| 31242 | Nasal/sinus endoscopy, surgical; with destruction by radiofrequency ablation, posterior nasal nerve | Yes |
| 31243 | Nasal/sinus endoscopy, surgical; with destruction by cryoablation, posterior nasal nerve | Yes |
| 31299 | Sinus surgery procedure | Yes |
| 31576 | Laryngoscopy, flexible fiberoptic, with biopsy | Yes |
| 31578 | Laryngoscopy, flexible fiberoptic, with removal of lesion | Yes |
| 31599 | Larynx surgery procedure | Yes |
| 31899 | Trachea or bronchi surgical procedure | Yes |
| 32408 | Core needle biopsy, lung or mediastinum, percutaneous, including imaging guidance, when performed | Yes |
| 32851 | Lung transplant, single; w/o cardiopulmonary bypass | Yes |
| 32852 | Lung transplant, single; w/ cardiopulmonary bypass | Yes |
| 32853 | Lung transplant, double; w/o cardiopulmonary bypass | Yes |
| 32854 | Lung transplant, double; w/ cardiopulmonary bypass | Yes |
| 32999 | Lungs and pleura surgery procedure | Yes |
| 33276 | Insertion of phrenic nerve stimulator system (pulse generator and stimulating lead[s]), including vessel catheterization, all imaging guidance, and pulse generator initial analysis with diagnostic mode activation, when performed | Yes |
| 33277 | Insertion of phrenic nerve stimulator transvenous sensing lead (List separately in addition to code for primary procedure) Code first ([33276], [33287]) | Yes |
| 33278 | Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; system, including pulse generator and lead(s) | Yes |
| 33279 | Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous stimulation or sensing lead(s) only | Yes |
| 33280 | Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator only | Yes |
| 33281 | Repositioning of phrenic nerve stimulator transvenous lead(s) | Yes |
| 33285 | Insertion, subcutaneous cardiac rhythm monitor, including programming | Yes |
| 33287 | Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator | Yes |
| 33288 | Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous stimulation or sensing lead(s) | Yes |

| Code | Procedure Description | CCN - Medicare |
|-------------|---|-----------------------|
| 33289 | Transcatheter implantation of wireless pulmonary artery pressure sensor for long-term hemodynamic monitoring, including deployment and calibration of the sensor, right heart catheterization, selective pulmonary catheterization, radiological supervision and interpretation, and pulmonary artery angiography, when performed | Yes |
| 33411 | Replacement, aortic valve; with aortic annulus enlargement, noncoronary cusp | Yes |
| 33440 | Replacement, aortic valve; by translocation of autologous pulmonary valve and transventricular aortic annulus enlargement of the left ventricular outflow tract with valved conduit replacement of pulmonary valve (Ross-Konno procedure) | Yes |
| 33647 | Repair of Atrial Septal Defect and Ventricular Septal Defect, with Direct or Patch Closure | Yes |
| 33866 | Aortic hemiarch graft including isolation and control of the arch vessels, beveled open distal aortic anastomosis extending under one or more of the arch vessels, and total circulatory arrest or isolated cerebral perfusion (List separately in addition to code for primary procedure) | Yes |
| 33900 | Perq p-art revsc 1 nm nt uni | Yes |
| 33901 | Perq p-art revsc 1 nm nt bi | Yes |
| 33902 | Perq p-art revsc 1 abnor uni | Yes |
| 33903 | Perq p-art revsc 1 abnor bi | Yes |
| 33904 | Perq p-art revsc each addl | Yes |
| 33945 | Heart Transplant, with or without recipient cardiectomy | Yes |
| 33995 | Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; right heart, venous access only (Elective insertions only) | Yes |
| 33999 | Cardiac surgery procedure | Yes |
| 34839 | Plnning Pt Spec Fenest Graft | Yes |
| 34841 | Endovasc Visc Aorta 1 Graft | Yes |
| 34842 | Endovasc Visc Aorta 2 Graft | Yes |
| 34843 | Endovasc Visc Aorta 3 Graft | Yes |
| 34844 | Endovasc Visc Aorta 4 Graft | Yes |
| 34845 | Visc & Infraren Abd 1 Prosth | Yes |
| 34846 | Visc & Infraren Abd 2 Prosth | Yes |
| 34847 | Visc & Infraren Abd 3 Prosth | Yes |
| 34848 | Visc & Infraren Abd 4+ Prost | Yes |
| 35011 | Direct repair of aneurysm, pseudoaneurysm, or excision [partial or total] and graft insertion, with or without patch graft; for aneurysm and associated occlusive disease, axillary-brachial artery, by arm incision | Yes |
| 35013 | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, axillary-brachial artery, by arm incision | Yes |

| Code | Procedure Description | CCN - Medicare |
|-------------|---|-----------------------|
| 35045 | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, radial or ulnar artery | Yes |
| 35184 | Repair, congenital arteriovenous fistula; extremities | Yes |
| 35500 | Harvest of upper extremity vein, 1 segment, for lower extremity or coronary artery bypass procedure | Yes |
| 35665 | Arterial bypass graft, Iliofemoral | Yes |
| 36299 | Unlisted procedure, vascular injection | Yes |
| 36465 | Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein) | Yes |
| 36466 | Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg | Yes |
| 36470 | Injection of sclerosing solution; single incompetent vein (other than telangiectasia) | Yes |
| 36471 | Injection of sclerosing solution; multiple incompetent veins (other than telangiectasia), same leg | Yes |
| 36473 | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated | Yes |
| 36474 | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure) | Yes |
| 36475 | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated | Yes |
| 36476 | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure) | Yes |
| 36478 | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated | Yes |
| 36479 | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure) | Yes |
| 36482 | Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated | Yes |

| Code | Procedure Description | CCN - Medicare |
|-------------|--|-----------------------|
| 36483 | Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; subsequent vein(s) treated in a single extremity, each through separate access sites (list separately in addition to code for primary procedure) | Yes |
| 36836 | Prq av fstl crtj uxtr 1 acs | Yes |
| 36837 | Prq av fstl crt uxtr sep acs | Yes |
| 37241 | Vasc embolize/occlude venous | Yes |
| 37242 | Vasc embolize/occlude artery | Yes |
| 37243 | Vasc embolize/occlude organ | Yes |
| 37244 | Vasc embolize/occlude bleed | Yes |
| 37501 | Vascular endoscopy procedure | Yes |
| 37615 | Ligation, major artery (eg, post-traumatic, rupture); neck | Yes |
| 37616 | Ligation, major artery (eg, post-traumatic, rupture); chest | Yes |
| 37618 | Ligation, major artery (eg, post-traumatic, rupture); extremity | Yes |
| 37700 | Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions | Yes |
| 37718 | Ligation, division, and stripping, short saphenous vein (for bilateral procedure, use modifier 50) | Yes |
| 37722 | Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below | Yes |
| 37735 | Ligation and division and complete stripping of long or short saphenous veins with radical excision of ulcer and skin graft and/or interruption of communicating veins of lower leg, with excision of deep fascia | Yes |
| 37760 | Ligation of perforators veins, subfascial, radical (Linton type) including skin graft, when performed, open, 1 leg | Yes |
| 37761 | Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg | Yes |
| 37765 | Stab phlebectomy of varicose veins, one extremity; 10-20 stab incisions | Yes |
| 37766 | Stab phlebectomy of varicose veins, one extremity; more than 20 incisions | Yes |
| 37780 | Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure) | Yes |
| 37785 | Ligation, division, and/or excision of varicose vein cluster(s), one leg | Yes |
| 37799 | Unlisted procedure, vascular surgery | Yes |
| 38129 | Laparoscope procedure on spleen | Yes |
| 38207 | Transplant preparation of hematopoietic progenitor cells; cryopreservation and storage | Yes |
| 38208 | Thawing of previously frozen harvest, without washing | Yes |
| 38209 | Thawing of previously frozen harvest, with washing | Yes |
| 38210 | Specific cell depletion within harvest, T-hyphencell depletion | Yes |
| 38211 | Tumor cell depletion of harvest | Yes |

| Code | Procedure Description | CCN - Medicare |
|-------------|--|-----------------------|
| 38212 | Red blood cell depletion of harvest | Yes |
| 38213 | Platelet depletion of harvest | Yes |
| 38214 | Volume depletion of harvest | Yes |
| 38215 | Transplant preparation of hematopoietic progenitor cells; cell concentration in plasma, mononuclear, or buffy coat layer | Yes |
| 38230 | Bone marrow harvesting for transplantation | Yes |
| 38232 | Bone marrow harvest autolog | Yes |
| 38240 | Bone marrow transplantation; allogenic | Yes |
| 38241 | Bone marrow transplant; autologous | Yes |
| 38242 | Lymphocyte Infuse Transplant | Yes |
| 38243 | Transplant, Hematopoietic cell boost | Yes |
| 38531 | Biopsy or excision of lymph node(s); open, inguino-femoral node(s) | Yes |
| 38562 | Limited lymphadenectomy for staging (separate procedure); pelvic and para-aortic | Yes |
| 38589 | Unlisted laparoscopy procedure, lymphatic system | Yes |
| 38792 | Injection procedure; for identification of sentinel node | Yes |
| 38999 | Blood/Lymph system procedure | Yes |
| 39499 | Mediastinal procedure | Yes |
| 39599 | Diaphragm surgery procedure | Yes |
| 40525 | Reconstruct lip with flap | Yes |
| 40799 | Lip surgery procedure | Yes |
| 40899 | Mouth surgery procedure | Yes |
| 41113 | Excision of lesion of tongue with closure; posterior one-third | Yes |
| 41599 | Tongue, floor of mouth surgery | Yes |
| 41820 | Gingivectomy, excision gingiva, each quadrant | Yes |
| 41821 | Operculectomy, excision pericoronal tissues | Yes |
| 41850 | Destruction of lesion (except excision), dentoalveolar structures | Yes |
| 41870 | Periodontal mucosal grafting | Yes |
| 41899 | Dentoalveolar structures | Yes |
| 42299 | Palate or uvula surgery | Yes |
| 42509 | Parotid duct diversion, bilateral (Wilke type procedure) | Yes |
| 42699 | Procedures on the salivary gland and ducts | Yes |
| 42999 | Procedures on the Pharynx, adenoids, and tonsils | Yes |
| 43206 | Esoph optical endomicroscopy | Yes |
| 43210 | Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed | Yes |
| 43289 | Laparoscopic procedures on the esophagus | Yes |
| 43290 | Egd flx trnsorl dplmnt balo | Yes |
| 43291 | Egd flx trnsorl rmvl balo | Yes |
| 43496 | Free Jejunum Flap Microvasc | Yes |

| Code | Procedure Description | CCN - Medicare |
|-------------|---|-----------------------|
| 43499 | Esophagus surgery procedure | Yes |
| 43644 | Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy (roux limb 150 cm or less) | Yes |
| 43645 | with gastric bypass and small intestine reconstruction to limit absorption | Yes |
| 43659 | Laparoscope Proc Stom | Yes |
| 43770 | placement of adjustable gastric band (gastric band and subcutaneous port components) | Yes |
| 43771 | revision of adjustable gastric band component only | Yes |
| 43772 | removal of adjustable gastric band component only | Yes |
| 43773 | removal and replacement of adjustable gastric band component only | Yes |
| 43774 | removal of adjustable gastric band and subcutaneous port components | Yes |
| 43775 | Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy) | Yes |
| 43842 | Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty | Yes |
| 43843 | other than vertical-banded gastroplasty | Yes |
| 43845 | Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy (150-100cm common channel) to limit absorption (biliopancreatic diversion with duodenal switch) | Yes |
| 43846 | Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy | Yes |
| 43847 | with small intestine reconstruction to limit absorption | Yes |
| 43848 | Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric band | Yes |
| 43886 | Gastric restrictive procedure, open; revision of subcutaneous port component only | Yes |
| 43887 | removal of subcutaneous port component only | Yes |
| 43888 | Removal and replacement of subcutaneous port component only | Yes |
| 43999 | Stomach Surgery Procedure | Yes |
| 44015 | Insert Needle Cath Bowel | Yes |
| 44135 | Intestine Transplnt Cadaver | Yes |
| 44147 | Partial Removal Of Colon | Yes |
| 44160 | Removal Of Colon | Yes |
| 44238 | Laparoscope Proc Intestine | Yes |
| 44381 | Small Bowel Endoscopy Br/Wa | Yes |
| 44384 | Small Bowel Endoscopy | Yes |
| 44401 | Colonoscopy With Ablation | Yes |
| 44402 | Colonoscopy W/Stent Plcmt | Yes |
| 44403 | Colonoscopy W/Resection | Yes |
| 44404 | Colonoscopy W/Injection | Yes |
| 44405 | Colonoscopy W/Dilation | Yes |

| Code | Procedure Description | CCN - Medicare |
|-------------|---|-----------------------|
| 44406 | Colonoscopy W/Ultrasound | Yes |
| 44407 | Colonoscopy W/Ndl Aspir/Bx | Yes |
| 44408 | Colonoscopy W/Decompression | Yes |
| 44799 | Unlisted Procedure Intestine | Yes |
| 44899 | Bowel Surgery Procedure | Yes |
| 45346 | Sigmoidoscopy W/Ablation | Yes |
| 45347 | Sigmoidoscopy W/Plcmt Stent | Yes |
| 45349 | Sigmoidoscopy W/Resection | Yes |
| 45350 | Sgmdsc W/Band Ligation | Yes |
| 45378 | Colonoscopy, flexible; diagnostic (Under age of 45) | Yes |
| 45380 | Colonoscopy, flexible; with biopsy (Under age of 45) | Yes |
| 45388 | Colonoscopy W/Ablation | Yes |
| 45389 | Colonoscopy W/Stent Plcmt | Yes |
| 45390 | Colonoscopy W/Resection | Yes |
| 45393 | Colonoscopy W/Decompression | Yes |
| 45398 | Colonoscopy W/Band Ligation | Yes |
| 45399 | Unlisted Procedure Colon | Yes |
| 45499 | Laparoscope Proc Rectum | Yes |
| 45560 | Repair Of Rectocele | Yes |
| 45999 | Rectum Surgery Procedure | Yes |
| 46715 | Rep Perf Anoper Fistu | Yes |
| 46999 | Anus Surgery Procedure | Yes |
| 47135 | Liver allotransplantation; orthotopic, partial or whole, from cadaver or living donor, any age | Yes |
| 47379 | Laparoscope Procedure Liver | Yes |
| 47399 | Liver Surgery Procedure | Yes |
| 47579 | Laparoscope Proc Biliary | Yes |
| 47612 | Removal Of Gallbladder | Yes |
| 47999 | Bile Tract Surgery Procedure | Yes |
| 48160 | Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islet cells | Yes |
| 48999 | Pancreas Surgery Procedure | Yes |
| 49186 | Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 5 cm or less | Yes |
| 49187 | Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 5.1 to 10 cm | Yes |
| 49188 | Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 10.1 to 20 cm | Yes |

| Code | Procedure Description | CCN - Medicare |
|-------------|---|-----------------------|
| 49189 | Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); 20.1 to 30 cm | Yes |
| 49190 | Excision or destruction, open, intra-abdominal (ie, peritoneal, mesenteric, retroperitoneal), primary or secondary tumor(s) or cyst(s), sum of the maximum length of tumor(s) or cyst(s); greater than 30 cm | Yes |
| 49329 | Laparo Proc Abdm/Per/Oment | Yes |
| 49591 | Repair of anterior abdominal hernia(s) (ie, epigastric, incisional,ventral, umbilical, spigelian), any approach (ie, open, laparoscopic,robotic), initial, including implantation of mesh or other prosthesiswhen performed, total length of defect(s); less than 3 cm, reducible | Yes |
| 49592 | Repair of anterior abdominal hernia(s)less than 3 cm, incarcerated or strangulated | Yes |
| 49593 | Repair of anterior abdominal hernia(s), 3 cm to 10 cm, reducible | Yes |
| 49594 | Repair of anterior abdominal hernia(s), 3 cm to 10 cm, incarcerated or strangulated | Yes |
| 49595 | Repair of anterior abdominal hernia(s)greater than 10 cm,reducible | Yes |
| 49596 | Repair of anterior abdominal hernia(s)greater than 10 cm,reducible | Yes |
| 49613 | Repair of anterior abdominal hernia(s) (ie, epigastric, incisional,ventral, umbilical, spigelian), any approach (ie, open, laparoscopicrobotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, reducible | Yes |
| 49614 | Repair of anterior abdominal hernia(s) (i.e., epigastric, incisional, ventral, umbilical, spigelian), any approach (i.e., open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, incarcerated or strangulated | Yes |
| 49615 | Repair of anterior abdominal hernia(s) (i.e., epigastric, incisional, ventral, umbilical, spigelian), any approach (i.e., open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, reducible | Yes |
| 49616 | Repair of anterior abdominal hernia(s) (i.e., epigastric, incisional, ventral, umbilical, spigelian), any approach (i.e., open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, incarcerated or strangulated | Yes |
| 49617 | Repair of anterior abdominal hernia(s) (i.e., epigastric, incisional, ventral, umbilical, spigelian), any approach (i.e., open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, reducible | Yes |
| 49618 | Repair of anterior abdominal hernia(s) (i.e., epigastric, incisional, ventral, umbilical, spigelian), any approach (i.e., open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, incarcerated or strangulated | Yes |

| Code | Procedure Description | CCN - Medicare |
|-------------|---|-----------------------|
| 49622 | Repair of parastomal hernia, any approach (i.e., open, laparoscopic, robotic), initial or recurrent, including implantation of mesh or other prosthesis, when performed; incarcerated or strangulated | Yes |
| 49623 | Removal of total or near total non-infected mesh or other prosthesis at the time of initial or recurrent anterior abdominal hernia repair or parastomal hernia repair, any approach (i.e., open, laparoscopic, robotic) (List separately in addition to code for primary procedure) | Yes |
| 49659 | Laparo Proc Hernia Repair | Yes |
| 49906 | Free Omental Flap Microvasc | Yes |
| 49999 | Abdomen Surgery Procedure | Yes |
| 50360 | Renal allotransplantation, implantation of graft; excluding donor and recipient nephrectomy | Yes |
| 50365 | Renal allotransplantation, implantation of graft; w/ recipient nephrectomy | Yes |
| 50370 | Removal of transplanted renal allograft | Yes |
| 50380 | Renal autotransplantation, reimplantation of kidney | Yes |
| 50436 | Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, with postprocedure tube placement, when performed | Yes |
| 50437 | Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, with postprocedure tube placement, when performed; including new access into the renal collecting system | Yes |
| 50549 | Laparoscope Proc Renal | Yes |
| 50592 | Perc Rf Ablate Renal Tumor | Yes |
| 50949 | Laparoscope Proc Ureter | Yes |
| 51999 | Laparoscope Proc Bla | Yes |
| 52284 | Cystourethroscopy, with mechanical urethral dilation and urethral therapeutic drug delivery by drug-coated balloon catheter for urethral stricture or stenosis, male, including fluoroscopy, when performed | Yes |
| 53854 | Transurethral destruction of prostate tissue; by radiofrequency generated water vapor thermotherapy | Yes |
| 53899 | Urology Surgery Procedure | Yes |
| 54401 | Insertion of penile prosthesis; inflatable (self-contained) | Yes |
| 54405 | Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir | Yes |
| 54699 | Laparoscope Proc Testis | Yes |
| 55559 | Laparo Proc Spermatic Cord | Yes |
| 55880 | Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), including ultrasound guidance | Yes |
| 55899 | Genital Surgery Procedure | Yes |

| Code | Procedure Description | CCN - Medicare |
|-------------|--|-----------------------|
| 57465 | Computer-aided mapping of cervix uteri during colposcopy, including optical dynamic spectral imaging and algorithmic quantification of the acetowhitening effect (List separately in addition to code for primary procedure)(Use 57XX0 in conjunction with 57420, 57421, 57452, 57454, 57455, 57456, 57460, 57461) | Yes |
| 58150 | Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s); | Yes |
| 58152 | Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s); with colpo-urethrocystopexy (eg, Marshall-Marchetti-Krantz, Burch) | Yes |
| 58180 | Supracervical abdominal hysterectomy (subtotal hysterectomy), with or without removal of tube(s), with or without removal of ovary(s) | Yes |
| 58200 | Total abdominal hysterectomy, including partial vaginectomy, with para-aortic and pelvic lymph node sampling, with or without removal of tube(s), with or without removal of ovary(s) | Yes |
| 58210 | Radical abdominal hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with or without removal of tube(s), with or without removal of ovary(s) | Yes |
| 58260 | Vaginal hysterectomy, for uterus 250 g or less; | Yes |
| 58262 | Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s) | Yes |
| 58263 | Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s), with repair of enterocele | Yes |
| 58267 | Vaginal hysterectomy, for uterus 250 g or less; with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra type) with or without endoscopic control | Yes |
| 58270 | Vaginal hysterectomy, for uterus 250 g or less; with repair of enterocele | Yes |
| 58275 | Vaginal hysterectomy, with total or partial vaginectomy; | Yes |
| 58280 | Vaginal hysterectomy, with total or partial vaginectomy; with repair of enterocele | Yes |
| 58285 | Vaginal hysterectomy, radical (Schauta type operation) | Yes |
| 58290 | Vaginal hysterectomy, for uterus greater than 250 g; | Yes |
| 58291 | Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s) | Yes |
| 58292 | Vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s), with repair of enterocele | Yes |
| 58294 | Vaginal hysterectomy, for uterus greater than 250 g; with repair of enterocele | Yes |
| 58541 | Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; | Yes |
| 58542 | Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s) | Yes |
| 58543 | Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; | Yes |
| 58544 | Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s) | Yes |

| Code | Procedure Description | CCN - Medicare |
|-------------|--|-----------------------|
| 58548 | Laparoscopy, surgical, with radical hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy), with removal of tube(s) and ovary(s), if performed | Yes |
| 58550 | Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; | Yes |
| 58552 | Laparoscopy, surgical, with vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s) | Yes |
| 58553 | Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; | Yes |
| 58554 | Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s) | Yes |
| 58570 | Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less | Yes |
| 58571 | Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s) | Yes |
| 58572 | Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; | Yes |
| 58573 | Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s) | Yes |
| 58575 | Laparoscopy, surgical; total hysterectomy for resection of malignancy (tumor debulking), with omentectomy including salpingo-oophorectomy, unilateral or bilateral, when performed | Yes |
| 58578 | Laparo Proc Uterus | Yes |
| 58579 | Hysteroscope Procedure | Yes |
| 58580 | Transcervical ablation of uterine fibroid(s), including intraoperative ultrasound guidance and monitoring, radiofrequency | Yes |
| 58679 | Laparo Proc Oviduct-Ovary | Yes |
| 58999 | Genital Surgery Procedure | Yes |
| 59897 | Fetal Invas Px W/Us | Yes |
| 59898 | Laparo Proc Ob Care/Deliver | Yes |
| 59899 | Maternity Care Procedure | Yes |
| 60659 | Laparo Proc Endocrine | Yes |
| 60699 | Endocrine Surgery Procedure | Yes |
| 61630 | Intracranial Angioplasty | Yes |
| 61635 | Intracran Angioplasty W/Stent | Yes |
| 61640 | Dilate Ic Vasospasm Init | Yes |
| 61641 | Dilate Ic Vasospasm Addon | Yes |
| 61642 | Dilate Ic Vasospasm Addon | Yes |
| 61715 | Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation of target, intracranial, including stereotactic navigation and frame placement, when performed | Yes |
| 61770 | Incise Skull For Treatment | Yes |
| 61796 | Stereotactic Radiosurgery (Particle Beam, Gamma Ray, or Linear Accelerator); 1 Simple Cranial Lesion | Yes |
| 61797 | Stereotactic Radiosurgery; Each Additional Cranial Lesion, Simple (List Sep) | Yes |

| Code | Procedure Description | CCN - Medicare |
|-------------|--|-----------------------|
| 61798 | Stereotactic Radiosurgery (Particle Beam, Gamma Ray, or Linear Accelerator); 1 Complex Cranial Lesion | Yes |
| 61799 | Stereotactic Radiosurgery; Each Additional Cranial Lesion, Complex (List Sep) | Yes |
| 61800 | Application of Stereotactic Headframe for Stereotactic Radiosurgery (List Sep) | Yes |
| 61867 | Twist drill, burr hole, craniotomy/craniectomy w/stereotactic implant neurostimulator electrode array | Yes |
| 61885 | Insertion or placement of cranial neurostimulator pulse generator or receiver, direct or indirect coupling: with connection to a single electrode array | Yes |
| 61889 | Insertion of skull-mounted cranial neurostimulator pulse generator or receiver, including craniectomy or craniotomy, when performed, with direct or inductive coupling, with connection to depth and/or cortical strip electrode array(s) | Yes |
| 61891 | Revision or replacement of skull-mounted cranial neurostimulator pulse generator or receiver with connection to depth and/or cortical strip electrode array(s) | Yes |
| 61892 | Removal of skull-mounted cranial neurostimulator pulse generator or receiver with cranioplasty, when performed | Yes |
| 62304 | Myelography Lumbar Injection | Yes |
| 62305 | Myelography Lumbar Injection | Yes |
| 62320 | Injection(s), diagnostic or therapeutic substances(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle placement, interlaminar epidural, subarachnoid, cervical or thoracic; without imaging guidance | Yes |
| 62321 | Injection(s), diagnostic or therapeutic substances(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle placement, interlaminar epidural, subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT) | Yes |
| 62322 | Injection(s), diagnostic or therapeutic substances(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle placement, interlaminar epidural, subarachnoid, lumbar or sacral (caudal); without imaging guidance | Yes |
| 62323 | Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT) | Yes |
| 62324 | Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic, without imaging guidance | Yes |

| Code | Procedure Description | CCN - Medicare |
|-------------|--|-----------------------|
| 62325 | Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic, with imaging guidance (ie, fluoroscopy or CT) | Yes |
| 62326 | Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance | Yes |
| 62327 | Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT) | Yes |
| 62328 | Spinal puncture, lumbar, diagnostic; with fluoroscopic or CT guidance | Yes |
| 62329 | Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter); with fluoroscopic or CT guidance | Yes |
| 62380 | Ndsc Dcmprn 1 Ntrspc Lumbar | Yes |
| 63042 | Laminotomy Single Lumbar | Yes |
| 63047 | Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar | Yes |
| 63101 | Vertebral corpectomy, thoracic, partial/complete, lat extracavitary approach w/decomp spinal cord/n | Yes |
| 63102 | Vertebral corpectomy, lumbar, partial/complete, lat extracavitary approach w/decomp spinal cord/n | Yes |
| 63103 | Vertebral corpectomy, thoracic or lumbar, each additional segment | Yes |
| 63620 | Stereotactic Radiosurgery (Particle Beam, Gamma Ray, or Linear Accelerator); 1 Spinal Lesion | Yes |
| 63621 | Stereotactic Radiosurgery; Each Additional Spinal Lesion (List Separately In Addition To Code for Primary Procedure) | Yes |
| 64451 | Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography) | Yes |
| 64454 | Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches, including imaging guidance, when performed | Yes |
| 64466 | Thoracic fascial plane block, unilateral; by injection(s), including imaging guidance, when performed | Yes |
| 64467 | Thoracic fascial plane block, unilateral; by continuous infusion(s), including imaging guidance, when performed | Yes |
| 64468 | Thoracic fascial plane block, bilateral; by injection(s), including imaging guidance, when performed | Yes |

| Code | Procedure Description | CCN - Medicare |
|-------------|--|-----------------------|
| 64469 | Thoracic fascial plane block, bilateral; by continuous infusion(s), including imaging guidance, when performed | Yes |
| 64473 | Lower extremity fascial plane block, unilateral; by injection(s), including imaging guidance, when performed | Yes |
| 64474 | Lower extremity fascial plane block, unilateral; by continuous infusion(s), including imaging guidance, when performed | Yes |
| 64479 | Intro/injection of anesthetic agent diagnostic or therapeutic in the somatic nerves | Yes |
| 64480 | Intro/injection of anesthetic agent diagnostic or therapeutic in the somatic nerves | Yes |
| 64483 | Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level | Yes |
| 64484 | Injections(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (list separately in addition to code for primary procedure) | Yes |
| 64486 | Tap Block Unil By Injection | Yes |
| 64487 | Tap Block Uni By Infusion | Yes |
| 64488 | Tap Block Bi Injection | Yes |
| 64489 | Tap Block Bi By Infusion | Yes |
| 64490 | Facet joint injections, Occipital nerve, medial branch block | Yes |
| 64491 | Introduction/Injection of Anesthetic Agent (Nerve Block), Diagnostic or Therapeutic Procedures on the Paravertebral Spinal Nerves and Branches | Yes |
| 64492 | Introduction/Injection of Anesthetic Agent (Nerve Block), Diagnostic or Therapeutic Procedurespinal Nerves and Branches | Yes |
| 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 | Yes |
| 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) | Yes |
| 64495 | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure) | Yes |
| 64561 | Percutaneous implantation of neurostimulator electrode array; sacral nerve [transforaminal placement] including imaging guidance, if performed | Yes |
| 64581 | Open implantation of neurostimulator electrode array; sacral nerve [transforaminal placement] | Yes |
| 64596 | Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; initial electrode array | Yes |

| Code | Procedure Description | CCN - Medicare |
|-------------|--|-----------------------|
| 64597 | Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; each additional electrode array (List separately in addition to code for primary procedure)Code first (64596) | Yes |
| 64598 | Revision or removal of neurostimulator electrode array, peripheral nerve, with integrated neurostimulator | Yes |
| 64624 | Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed | Yes |
| 64625 | Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography) | Yes |
| 64702 | Neuroplasty; digital, one or both, same digit | Yes |
| 64704 | Neuroplasty; nerve of hand or foot | Yes |
| 64708 | Neuroplasty, major peripheral nerve, arm or leg; other than specified | Yes |
| 64712 | Neuroplasty, major peripheral nerve, arm or leg; sciatic nerve | Yes |
| 64713 | Neuroplasty, major peripheral nerve, arm or leg; brachial plexus | Yes |
| 64714 | Neuroplasty, major peripheral nerve, arm or leg; lumbar plexus | Yes |
| 64716 | Neuroplasty and/or transposition; cranial nerve | Yes |
| 64718 | Neuroplasty and/or transposition; ulnar nerve at elbow | Yes |
| 64719 | Neuroplasty and/or transposition; ulnar nerve at wrist | Yes |
| 64721 | Neuroplasty and/or transposition; median nerve at carpal tunnel | Yes |
| 64722 | Decompression; unspecified nerve(s) | Yes |
| 64726 | Decompression; plantar digital nerve | Yes |
| 64727 | Internal neurolysis, requiring use of operating microscope | Yes |
| 65780 | Ocular surface reconstruction; amniotic membrane transplantation | Yes |
| 65781 | Ocular surface reconstruction; limbal stem cell allograft (eg, cadaveric or living donor) | Yes |
| 65782 | Ocular surface reconstruction; limbal conjunctival autograft (includes obtaining graft) | Yes |
| 64783 | Limb Nerve Surgery Addon | Yes |
| 64837 | Repair Nerve Addon | Yes |
| 64859 | Nerve Surgery | Yes |
| 64999 | Nervous System Surgery | Yes |
| 65155 | Reinsert Ocular Implant | Yes |
| 65757 | Prep Corneal Endo Allograft | Yes |
| 66179 | Aqueous Shunt Eye W/O Graft | Yes |
| 66184 | Revision Of Aqueous Shunt | Yes |
| 66683 | Implantation of iris prosthesis, including suture fixation and repair or removal of iris, when performed | Yes |

| Code | Procedure Description | CCN - Medicare |
|-------------|---|-----------------------|
| 66987 | Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with endoscopic cyclophotocoagulation | Yes |
| 66988 | Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); with endoscopic cyclophotocoagulation | Yes |
| 66989 | Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more | Yes |
| 66991 | Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more | Yes |
| 66999 | Unlisted Procedure, Anterior Segment, Eye | Yes |
| 67299 | Eye Surgery Procedure | Yes |
| 67314 | Strabismus, One Muscle | Yes |
| 67316 | Strabismus, 2+ Muscles | Yes |
| 67318 | Revise Eye Muscle(S) | Yes |
| 67320 | Revise Eye Muscle(S) Add-On | Yes |
| 67331 | Eye Surgery Follow-Up Add-On | Yes |
| 67332 | Rerevise Eye Muscles Add-On | Yes |
| 67335 | Eye Suture During Surgery | Yes |
| 67399 | Eye Muscle Surgery Procedure | Yes |
| 67599 | Orbit Surgery Procedure | Yes |
| 67902 | Eyelid repair | Yes |
| 67912 | Correction of lagophthalmos, w/implantation of upper eyelid lid load (eg, gold weight) | Yes |
| 67999 | Eyelid Surgery Procedure | Yes |
| 68328 | Revise/Graft Eyelid Lining | Yes |
| 68371 | Harvesting conjunctival allograft, living donor | Yes |
| 68399 | Eyelid Lining Surgery | Yes |
| 68899 | Tear Duct System Surgery | Yes |

| Code | Procedure Description | CCN - Medicare |
|-------------|--|-----------------------|
| 69399 | Outer Ear Surgery Procedure | Yes |
| 69670 | Remove Mastoid Air Cells | Yes |
| 69705 | Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation) unilateral | Yes |
| 69706 | Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral | Yes |
| 69728 | Removal, entire osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside the mastoid and involving a bony defect greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex | Yes |
| 69729 | Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside of the mastoid and resulting in removal of greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex | Yes |
| 69730 | Replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside the mastoid and involving a bony defect greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex | Yes |
| 69799 | Middle Ear Surgery Procedure | Yes |
| 69930 | Cochlear device implantation, w/ or w/o mastoidectomy | Yes |
| 69949 | Inner Ear Surgery Procedure | Yes |
| 69979 | Temporal Bone Surgery | Yes |
| 70540 | Magnetic resonance imaging, orbit/face/neck; w/o contrast material | Yes |
| 70542 | Magnetic resonance imaging, orbit/face/neck; w/ contrast material | Yes |
| 70543 | Magnetic resonance imaging, orbit/face/neck; w/o contrast material, followed by contrast material(s) and further sequences | Yes |
| 70544 | Magnetic resonance angiography, head; w/o contrast material | Yes |
| 70545 | Magnetic resonance angiography, head; w/ contrast material | Yes |
| 70546 | Magnetic resonance angiography, head; w/o contrast material, followed by contrast material(s) and further sequences | Yes |
| 70547 | Magnetic resonance angiography, neck; w/o contrast material | Yes |
| 70548 | Magnetic resonance angiography, neck; w/ contrast material | Yes |
| 70549 | Magnetic resonance angiography, neck; w/o contrast material, followed by contrast material(s) and further sequences | Yes |
| 70551 | Magnetic resonance imaging, brain; w/o contrast material | Yes |
| 70552 | Magnetic resonance imaging, brain; w/ contrast material | Yes |
| 70553 | Magnetic resonance imaging, brain; w/o contrast material, followed by contrast material(s) and further sequences | Yes |
| 70555 | Magnetic resonance imaging, brain, functional MRI;requiring physician or psychologist administration of entire neuro functional testing | Yes |
| 70557 | Magnetic resonance imaging, brain, during open intracranial procedure; w/o contrast material | Yes |

| Code | Procedure Description | CCN - Medicare |
|-------------|--|-----------------------|
| 70558 | Magnetic resonance imaging, brain, during open intracranial procedure; w/ contrast material | Yes |
| 70559 | Magnetic resonance imaging, brain, during open intracranial procedure; w/o contrast material, followed by contrast material(s) | Yes |
| 71550 | Magnetic resonance angiography, chest; w/o contrast material | Yes |
| 71551 | Magnetic resonance angiography, chest; w/ contrast material | Yes |
| 71552 | Magnetic resonance angiography, chest; w/o contrast material, followed by contrast material(s) and further sequences | Yes |
| 71555 | Magnetic resonance imaging angio chest w or w/o dye | Yes |
| 72141 | Magnetic resonance imaging, spinal canal and contents, cervical; w/o contrast material | Yes |
| 72142 | Magnetic resonance imaging, spinal canal and contents, cervical; w/ contrast material | Yes |
| 72146 | Magnetic resonance imaging, spinal canal and contents, thoracic; w/o contrast material | Yes |
| 72147 | Magnetic resonance imaging, spinal canal and contents, thoracic; w/ contrast material | Yes |
| 72148 | Magnetic resonance imaging, spinal canal and contents, lumbar; w/o contrast material | Yes |
| 72149 | Magnetic resonance imaging, spinal canal and contents, lumbar; w/ contrast material | Yes |
| 72156 | Magnetic resonance imaging, spinal canal and contents, cervical; w/o contrast material, followed by contrast material(s) | Yes |
| 72157 | Magnetic resonance imaging, spinal canal and contents, thoracic; w/o contrast material, followed by contrast material(s) | Yes |
| 72158 | Magnetic resonance imaging, spinal canal and contents, lumbar; w/o contrast material, followed by contrast material(s) | Yes |
| 72159 | Magnetic resonance angio spine w/o & w/ dye | Yes |
| 72195 | Magnetic resonance imaging, pelvis; w/o contrast materials | Yes |
| 72196 | Magnetic resonance imaging, pelvis; w/ contrast materials | Yes |
| 72197 | Magnetic resonance imaging, pelvis; w/o contrast materials, followed by contrast material(s) and further sequences | Yes |
| 72198 | Magnetic resonance angio pelvis w/o & w/ dye | Yes |
| 73218 | Magnetic resonance imaging, upper extremity other than joint; w/o contrast material | Yes |
| 73219 | Magnetic resonance imaging, upper extremity other than joint; w/ contrast material | Yes |
| 73220 | Magnetic resonance imaging, upper extremity other than joint; w/o contrast material, followed by contrast material(s) | Yes |
| 73221 | Magnetic resonance imaging, any joint of upper extremity; w/o contrast material | Yes |
| 73222 | Magnetic resonance imaging, any joint of upper extremity; w/ contrast material | Yes |

| Code | Procedure Description | CCN - Medicare |
|-------------|---|-----------------------|
| 73223 | Magnetic resonance imaging, any joint of upper extremity; w/o contrast material, followed by contrast material(s) | Yes |
| 73225 | Magnetic resonance angio upper extr w/o & w/ dye | Yes |
| 73718 | Magnetic resonance imaging, lower extremity other than joint; w/o contrast material | Yes |
| 73719 | Magnetic resonance imaging, lower extremity other than joint; w/ contrast material | Yes |
| 73720 | Magnetic resonance imaging, lower extremity other than joint; w/o contrast material, followed by contrast material(s) | Yes |
| 73721 | Magnetic resonance imaging, any joint of lower extremity; w/o contrast material | Yes |
| 73722 | Magnetic resonance imaging, any joint of lower extremity; w/ contrast material | Yes |
| 73723 | Magnetic resonance imaging, any joint of lower extremity; w/o contrast material, followed by contrast material(s) | Yes |
| 73725 | Magnetic resonance angio lwr ext w/ or w/o dye | Yes |
| 74181 | Magnetic resonance imaging, abdomen; w/o contrast materials | Yes |
| 74182 | Magnetic resonance imaging, abdomen; w/ contrast materials | Yes |
| 74183 | Magnetic resonance imaging, abdomen; w/o contrast materials, followed by contrast material(s) and further sequences | Yes |
| 74185 | Magnetic resonance angiography, abdomen, w/ or w/o contrast material | Yes |
| 74261 | Computed tomographic [CT] colonography, diagnostic, including image postprocessing; without contrast material | Yes |
| 74262 | Computed tomographic [CT] colonography, diagnostic, including image postprocessing; with contrast material[s] including non-contrast images, if performed | Yes |
| 74263 | Computed tomographic [CT] colonography, screening, including image postprocessing | Yes |
| 74283 | Ther Nma Rdctj Intus/Obstrcj | Yes |
| 74775 | Xray Exam Of Perineum | Yes |
| 75831 | Vein X-Ray Kidney | Yes |
| 75833 | Vein X-Ray Kidneys | Yes |
| 75840 | Vein X-Ray Adrenal Gland | Yes |
| 75860 | Vein X-Ray Neck | Yes |
| 75872 | Vein X-Ray Skull Epidural | Yes |
| 75880 | Vein X-Ray Eye Socket | Yes |
| 75887 | Vein X-Ray Liver W/O Hemodyn | Yes |
| 75889 | Vein X-Ray Liver W/Hemodynam | Yes |
| 75891 | Vein X-Ray Liver | Yes |
| 75893 | Venous Sampling By Catheter | Yes |
| 75894 | X-Rays Transcath Therapy | Yes |

| Code | Procedure Description | CCN - Medicare |
|-------------|---|-----------------------|
| 75970 | Vascular Biopsy | Yes |
| 76145 | Medical physics dose evaluation for radiation exposure that exceeds institutional review threshold, including report | Yes |
| 76391 | Magnetic resonance (eg, vibration) elastography | Yes |
| 76496 | Fluoroscopic Procedure | Yes |
| 76497 | Ct Procedure | Yes |
| 76498 | Mri Procedure | Yes |
| 76499 | Radiographic Procedure | Yes |
| 76883 | Us nrv&acc strux 1xtr compre | Yes |
| 76978 | Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initial lesion | Yes |
| 76979 | Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); each additional lesion with separate injection (List separately in addition to code for primary procedure) | Yes |
| 76999 | Echo Examination Procedure | Yes |
| 77046 | Magnetic resonance imaging, breast, without contrast material; unilateral | Yes |
| 77047 | Magnetic resonance imaging, breast, without contrast material; bilateral | Yes |
| 77048 | Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral | Yes |
| 77049 | Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral | Yes |
| 77299 | Radiation Therapy Planning | Yes |
| 77385 | Ntsty Modul Rad Tx Dlvr Smpl | Yes |
| 77386 | Ntsty Modul Rad Tx Dlvr Cplx | Yes |
| 77387 | Guidance For Radiaj Tx Dlvr | Yes |
| 77399 | External Radiation Dosimetry | Yes |
| 77424 | Io Rad Tx Delivery By X-Ray | Yes |
| 77425 | *12Io Rad Tx Deliver By Elctrns | Yes |
| 77499 | Radiation Therapy Management | Yes |
| 77520 | Proton Trmt Simple W/O Comp | Yes |
| 77522 | Proton Trmt Simple W/Comp | Yes |
| 77523 | Proton Trmt Intermediate | Yes |
| 77525 | Proton Treatment Complex | Yes |
| 77799 | Radium/Radioisotope Therapy | Yes |
| 78103 | Bone Marrow Imaging Mult | Yes |
| 78104 | Bone Marrow Imaging Body | Yes |
| 78199 | Nuclear Exam Blood/Lymph | Yes |
| 78299 | G.I. Nuclear Procedure | Yes |
| 78399 | Musculoskeletal Nuclear Exam | Yes |

| Code | Procedure Description | CCN - Medicare |
|-------------|--|-----------------------|
| 78428 | Nuclear Exam, Heart Shunt | Yes |
| 78429 | Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan | Yes |
| 78430 | Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan | Yes |
| 78431 | Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan | Yes |
| 78432 | Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability) | Yes |
| 78433 | Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan | Yes |
| 78434 | Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography (PET), rest and pharmacologic stress (List separately in addition to code for primary procedure) | Yes |
| 78459 | Myocardial imaging, positron emission tomography (PET), metabolic evaluation | Yes |
| 78491 | Myocardial imaging, positron emission tomography (PET), perfusion, single study at rest or stress | Yes |
| 78492 | Myocardial imaging, positron emission tomography (PET), perfusion, multiple studies at rest and/or stress | Yes |
| 78499 | Cardiovascular Nuclear Exam | Yes |
| 78599 | Respiratory Nuclear Exam | Yes |
| 78608 | Brain imaging, positron emission tomography (PET); metabolic evaluation | Yes |
| 78609 | Brain Imaging (Pet) | Yes |
| 78699 | Nervous System Nuclear Exam | Yes |
| 78799 | Genitourinary Nuclear Exam | Yes |
| 78804 | Radiopharm localization tumor/distribution radiopharm agent(s); whole body, req 2 or more days | Yes |
| 78811 | Tumor imaging, positron emission tomography (PET); limited area (e.g. chest, head/neck) | Yes |
| 78812 | Tumor imaging, positron emission tomography (PET); skull base to mid thigh | Yes |
| 78813 | Tumor imaging, positron emission tomography (PET); whole body | Yes |

| Code | Procedure Description | CCN - Medicare |
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| 78814 | Tumor imaging,positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization;limited area (e.g. chest, head/neck) | Yes |
| 78815 | Tumor imaging,positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization;limited area (e.g. Skull base to mid-thigh) | Yes |
| 78816 | Tumor imaging,positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization;limited area (e.g. whole body) | Yes |
| 78830 | Radiopharmaceutical localization of tumor, inflammatory process, or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT) with concurrently acquired CT transmission scan for anatomical review, localization, and determination/detection of pathology, single area (eg, head, neck, chest, pelvis), single day imaging | Yes |
| 78999 | Nuclear Diagnostic Exam | Yes |
| 79403 | Radiopharm therapy, radiolabeled monoclonal antibody by IV infusion | Yes |
| 79440 | Nuclear Rx Intra-Articular | Yes |
| 79999 | Nuclear Medicine Therapy | Yes |
| 80400 | ACTH stimulation panel; for adrenal insufficiency. This panel must include the following: Cortisol (82533 x 2) | Yes |
| 80402 | ACTH stimulation panel; for 21 hydroxylase deficiency. This panel must include the following: Cortisol (82533 x 2) | Yes |
| 80406 | ACTH stimulation panel; for 3 beta-hydroxydehydrogenase deficiency. This panel must include the following: Cortisol (82533 x 2) 17 hydroxypregnenolone (84143 x 2) | Yes |
| 80408 | Aldosterone suppression evaluation panel (eg, saline infusion). This panel must include the following: Aldosterone (82088 x 2) Renin (84244 x 2) | Yes |
| 80410 | Calcitonin stimulation panel (eg, calcium, pentagastrin). This panel must include the following: Calcitonin (82308 x 3) | Yes |
| 80412 | Corticotrophic releasing hormone (CRH) stimulation panel. This panel must include the following: Cortisol (82533 x 6) Adrenocorticotrophic hormone (ACTH) (82024 x 6) | Yes |
| 80414 | Chorionic gonadotropin stimulation panel; testosterone response. This panel must include the following: Testosterone (84403 x 2 on 3 pooled blood samples) | Yes |
| 80415 | Chorionic gonadotropin stimulation panel; estradiol response. This panel must include the following: Estradiol (82670 x 2 on 3 pooled blood samples) | Yes |
| 80416 | Renal vein renin stimulation panel (eg, captopril). This panel must include the following: Renin (84244 x 6) | Yes |
| 80417 | Peripheral vein renin stimulation panel (eg, captopril). This panel must include the following: Renin (84244 x 2) | Yes |

| Code | Procedure Description | CCN - Medicare |
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| 80418 | Combined rapid anterior pituitary evaluation panel. This panel must include the following: Adrenocorticotrophic hormone (ACTH) (82024 x 4) Luteinizing hormone (LH) (83002 x 4) Follicle stimulating hormone (FSH) (83001 x 4) Prolactin (84146 x 4) Human growth hormone (HGH) (83003 x 4) Cortisol (82533 x 4) Thyroid stimulating hormone (TSH) (84443 x 4) | Yes |
| 80420 | Dexamethasone suppression panel, 48 hour. This panel must include the following: Free cortisol, urine (82530 x 2) Cortisol (82533 x 2) Volume measurement for timed collection (81050 x 2) | Yes |
| 80422 | Glucagon tolerance panel; for insulinoma. This panel must include the following: Glucose (82947 x 3) Insulin (83525 x 3) | Yes |
| 80424 | Glucagon tolerance panel; for pheochromocytoma. This panel must include the following: Catecholamines, fractionated (82384 x 2) | Yes |
| 80426 | Gonadotropin releasing hormone stimulation panel. This panel must include the following: Follicle stimulating hormone (FSH) (83001 x 4) Luteinizing hormone (LH) (83002 x 4) | Yes |
| 80428 | Growth hormone stimulation panel (eg, arginine infusion, l-dopa administration). This panel must include the following: Human growth hormone (HGH) (83003 x 4) | Yes |
| 80430 | Growth hormone suppression panel (glucose administration). This panel must include the following: Glucose (82947 x 3) Human growth hormone (HGH) (83003 x 4) | Yes |
| 80432 | Insulin-induced C-peptide suppression panel. This panel must include the following: Insulin (83525) C-peptide (84681 x 5) Glucose (82947 x 5) | Yes |
| 80434 | Insulin tolerance panel; for ACTH insufficiency. This panel must include the following: Cortisol (82533 x 5) Glucose (82947 x 5) | Yes |
| 80435 | Insulin tolerance panel; for growth hormone deficiency. This panel must include the following: Glucose (82947 x 5) Human growth hormone (HGH) (83003 x 5) | Yes |
| 80436 | Metyrapone panel. This panel must include the following: Cortisol (82533 x 2) 11 deoxycortisol (82634 x 2) | Yes |
| 80438 | Thyrotropin releasing hormone (TRH) stimulation panel; 1 hour. This panel must include the following: Thyroid stimulating hormone (TSH) (84443 x 3) | Yes |
| 80439 | Thyrotropin releasing hormone (TRH) stimulation panel; 2 hour. This panel must include the following: Thyroid stimulating hormone (TSH) (84443 x 4) | Yes |
| 81105 | Human Platelet Antigen 1 genotyping (HPA-1), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa]), gene analysis, common variant, HPA-1a/b (L33P) | Yes |
| 81106 | Human Platelet Antigen 2 genotyping (HPA-2), GP1BA (glycoprotein Ib [platelet], alpha polypeptide [GPIb]), gene analysis, common variant, HPA-2a/b (T145M) | Yes |
| 81107 | Human Platelet Antigen 3 genotyping (HPA-3), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa complex], antigen CD41 [GPIIb]), gene analysis, common variant, HPA-3a/b (I843S) | Yes |

| Code | Procedure Description | CCN - Medicare |
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| 81108 | Human Platelet Antigen 4 genotyping (HPA-4), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa], antigen CD61 [GPIIIa]), gene analysis, common variant, HPA-4a/b (R143Q) | Yes |
| 81109 | Human Platelet Antigen 5 genotyping (HPA-5), ITGA2 (integrin, alpha 2 [CD49B, alpha 2 subunit of VLA-2 receptor] [GPIa]), gene analysis, common variant (eg, HPA-5a/b (K505E)) | Yes |
| 81110 | Human Platelet Antigen 6 genotyping (HPA-6w), ITGB3 (integrin, beta 3 [platelet glycoprotein IIIa, antigen CD61] [GPIIIa]), gene analysis, common variant, HPA-6a/b (R489Q) | Yes |
| 81111 | Human Platelet Antigen 9 genotyping (HPA-9w), ITGA2B (integrin, alpha 2b [platelet glycoprotein IIb of IIb/IIIa complex, antigen CD41] [GPIIb]), gene analysis, common variant, HPA-9a/b (V837M) | Yes |
| 81112 | Human Platelet Antigen 15 genotyping (HPA-15), CD109 (CD109 molecule), gene analysis, common variant, HPA-15a/b (S682Y) | Yes |
| 81120 | IDH1 (isocitrate dehydrogenase 1 [NADP+], soluble), common variants | Yes |
| 81121 | IDH2 (isocitrate dehydrogenase 2 [NADP+], mitochondrial), common variants | Yes |
| 81162 | BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis (ie, detection of large gene rearrangements) | Yes |
| 81163 | BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis | Yes |
| 81164 | BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements) | Yes |
| 81165 | BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis | Yes |
| 81166 | BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements) | Yes |
| 81167 | BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements) | Yes |
| 81168 | CCND1/IGH (t(11;14)) (eg, mantle cell lymphoma) translocation analysis, major breakpoint, qualitative and quantitative, if performed | Yes |
| 81171 | AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg, fragile X mental retardation 2 [FRAXE]) gene analysis; evaluation to detect abnormal (eg, expanded) alleles | Yes |
| 81172 | AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg, fragile X mental retardation 2 [FRAXE]) gene analysis; characterization of alleles (eg, expanded size and methylation status) | Yes |
| 81173 | AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; full gene sequence | Yes |

| Code | Procedure Description | CCN - Medicare |
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| 81174 | AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; known familial variant | Yes |
| 81175 | ASXL1 (additional sex combs like 1, transcriptional regulator), gene analysis; full gene sequence | Yes |
| 81176 | ASXL1 (additional sex combs like 1, transcriptional regulator), gene analysis; targeted sequence analysis | Yes |
| 81177 | ATN1 (atrophin 1) (eg, dentatorubral-pallidoluysian atrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles | Yes |
| 81178 | ATXN1 (ataxin 1) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles | Yes |
| 81179 | ATXN2 (ataxin 2) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles | Yes |
| 81180 | ATXN3 (ataxin 3) (eg, spinocerebellar ataxia, Machado-Joseph disease) gene analysis, evaluation to detect abnormal (eg, expanded) alleles | Yes |
| 81181 | ATXN7 (ataxin 7) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles | Yes |
| 81182 | ATXN8OS (ATXN8 opposite strand [non-protein coding]) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles | Yes |
| 81183 | ATXN10 (ataxin 10) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles | Yes |
| 81184 | CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; evaluation to detect abnormal (eg, expanded) alleles | Yes |
| 81185 | CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; full gene sequence | Yes |
| 81186 | CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; known familial variant | Yes |
| 81187 | CNBP (CCHC-type zinc finger nucleic acid binding protein) (eg, myotonic dystrophy type 2) gene analysis, evaluation to detect abnormal (eg, expanded) alleles | Yes |
| 81188 | CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles | Yes |
| 81189 | CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; full gene sequence | Yes |
| 81190 | CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; known familial variant(s) | Yes |
| 81191 | NTRK1 (neurotrophic receptor tyrosine kinase 1) (eg, solid tumors) translocation analysis | Yes |
| 81192 | NTRK2 (neurotrophic receptor tyrosine kinase 2) (eg, solid tumors) translocation analysis | Yes |
| 81193 | NTRK3 (neurotrophic receptor tyrosine kinase 3) (eg, solid tumors) translocation analysis | Yes |
| 81194 | NTRK (neurotrophic-tropomyosin receptor tyrosine kinase 1, 2, and 3) (eg, solid tumors) translocation analysis | Yes |

| Code | Procedure Description | CCN - Medicare |
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| 81201 | APC (adenomatous polyposis coli) full gene sequence | Yes |
| 81202 | APC (adenomatous polyposis coli) known familial variants | Yes |
| 81203 | APC (adenomatous polyposis coli); duplication/deletion variant | Yes |
| 81204 | AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; characterization of alleles (eg, expanded size or methylation status) | Yes |
| 81206 | Bcr/abl1 gene major bp | Yes |
| 81207 | Bcr/abl1 gene minor bp | Yes |
| 81208 | Bcr/abl1 gene other bp | Yes |
| 81210 | Braf gene | Yes |
| 81212 | BRCA1&2 185&5385&6174 var | Yes |
| 81215 | BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant | Yes |
| 81216 | BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis | Yes |
| 81217 | BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements) | Yes |
| 81221 | CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; known familial variants | Yes |
| 81222 | CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; duplication/deletion variants) | Yes |
| 81223 | CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; full gene sequence | Yes |
| 81224 | CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; intron 8 poly-T analysis (eg, male infertility) | Yes |
| 81225 | CYP2c19 Gene Analysis Common Variants | Yes |
| 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) | Yes |
| 81227 | CYP3A4 (cytochrome P450 family 3 subfamily A member 4) (eg, drug metabolism), gene analysis, common variant(s) (eg, *2, *22) | Yes |
| 81230 | CYP3a4 Gene Analysis Common Variants | Yes |
| 81231 | CYP3a5 Gene Analysis Common Variants | Yes |
| 81232 | DPYD (dihydropyrimidine dehydrogenase) (eg, 5-fluorouracil/5-FU and capecitabine drug metabolism), gene analysis, common variant(s) (eg, *2A, *4, *5, *6) | Yes |
| 81233 | BTK (Bruton's tyrosine kinase) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, C481S, C481R, C481F) | Yes |
| 81234 | DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; evaluation to detect abnormal (expanded) alleles | Yes |
| 81235 | EGFR gene analysis, common variants | Yes |

| Code | Procedure Description | CCN - Medicare |
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| 81236 | EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, myelodysplastic syndrome, myeloproliferative neoplasms) gene analysis, full gene sequence | Yes |
| 81237 | EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, diffuse large B-cell lymphoma) gene analysis, common variant(s) (eg, codon 646) | Yes |
| 81238 | F9 (coagulation factor IX), full gene sequence | Yes |
| 81239 | DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; characterization of alleles (eg, expanded size) | Yes |
| 81250 | G6pc gene | Yes |
| 81256 | Hfe gene | Yes |
| 81258 | HBA1/HBA2 (alpha globin 1 and alpha globin 2), gene analysis; known familial variant | Yes |
| 81260 | Ikbkap gene | Yes |
| 81265 | Str markers specimen anal | Yes |
| 81266 | Str markers spec anal addl | Yes |
| 81267 | Chimerism anal no cell selec | Yes |
| 81268 | Chimerism anal w/cell select | Yes |
| 81269 | HBA1/HBA2 (alpha globin 1 and alpha globin 2), gene analysis; duplication/deletion variants | Yes |
| 81270 | Jak2 gene | Yes |
| 81271 | HTT (huntingtin) (eg, Huntington disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles | Yes |
| 81274 | HTT (huntingtin) (eg, Huntington disease) gene analysis; characterization of alleles (eg, expanded size) | Yes |
| 81275 | Kras gene | Yes |
| 81277 | Cytogenomic neoplasia (genome-wide) microarray analysis, interrogation of genomic regions for copy number and loss-of-heterozygosity variants for chromosomal abnormalities | Yes |
| 81278 | IGH@/BCL2 (t(14;18)) (eg, follicular lymphoma) translocation analysis, major breakpoint region (MBR) and minor cluster region (mcr) breakpoints, qualitative or quantitative | Yes |
| 81279 | JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) targeted sequence analysis (eg, exons 12 and 13) | Yes |
| 81283 | IFNL3 (interferon, lambda 3), gene analysis, rs12979860 variant | Yes |
| 81284 | FXN (frataxin) (eg, Friedreich ataxia) gene analysis; evaluation to detect abnormal (expanded) alleles | Yes |
| 81285 | FXN (frataxin) (eg, Friedreich ataxia) gene analysis; characterization of alleles (eg, expanded size) | Yes |
| 81286 | FXN (frataxin) (eg, Friedreich ataxia) gene analysis; full gene sequence | Yes |
| 81287 | Mgmt gene methylation anal | Yes |
| 81288 | Mlh1 Gene | Yes |

| Code | Procedure Description | CCN - Medicare |
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| 81289 | FXN (frataxin) (eg, Friedreich ataxia) gene analysis; known familial variant(s) | Yes |
| 81291 | MTHFR Gene Analysis Common Variants | Yes |
| 81292 | MLh1 gene full seq | Yes |
| 81293 | MLh1 gene known variants | Yes |
| 81294 | MLh1 gene dup/delete variant | Yes |
| 81295 | Msh2 gene full seq | Yes |
| 81296 | Msh2 gene known variants | Yes |
| 81297 | Msh2 gene dup/delete variant | Yes |
| 81298 | Msh6 gene full seq | Yes |
| 81299 | Msh6 gene known variants | Yes |
| 81300 | Msh6 gene dup/delete variant | Yes |
| 81301 | Microsatellite instability | Yes |
| 81305 | MYD88 (myeloid differentiation primary response 88) (eg, Waldenstrom's macroglobulinemia, lymphoplasmacytic leukemia) gene analysis, p.Leu265Pro (L265P) variant | Yes |
| 81306 | NUDT15 (nudix hydrolase 15) (eg, drug metabolism) gene analysis, common variant(s) (eg, *2, *3, *4, *5, *6) | Yes |
| 81309 | PIK3CA gene analysis, targeted sequence analysis | Yes |
| 81312 | PABPN1 (poly[A] binding protein nuclear 1) (eg, oculopharyngeal muscular dystrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles | Yes |
| 81315 | Pml/raralpha com breakpoints | Yes |
| 81316 | Pml/raralpha 1 breakpoint | Yes |
| 81317 | Pms2 gene full seq analysis | Yes |
| 81318 | Pms2 known familial variants | Yes |
| 81319 | Pms2 gene dup/delet variants | Yes |
| 81320 | PLCG2 (phospholipase C gamma 2) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, R665W, S707F, L845F) | Yes |
| 81321 | PTEN gene analysis; full sequence analysis | Yes |
| 81322 | PTEN gene analysis; known familial variant | Yes |
| 81323 | PTEN gene analysis; duplication/deletion variant | Yes |
| 81331 | Snrpn/ube3a gene | Yes |
| 81334 | RUNX1 (runt related transcription factor 1), gene analysis, targeted sequence analysis | Yes |
| 81335 | TPMT Genotype (Thiopurine S-Methyltransferase) | Yes |
| 81336 | SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; full gene sequence | Yes |
| 81337 | SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; known familial sequence variant(s) | Yes |
| 81338 | MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; common variants (eg, W515A, W515K, W515L, W515R) | Yes |

| Code | Procedure Description | CCN - Medicare |
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| 81339 | MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; sequence analysis, exon 10 | Yes |
| 81343 | PPP2R2B (protein phosphatase 2 regulatory subunit Bbeta) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles | Yes |
| 81344 | TBP (TATA box binding protein) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles | Yes |
| 81345 | TERT (telomerase reverse transcriptase) (eg, thyroid carcinoma, glioblastoma multiforme) gene analysis, targeted sequence analysis (eg, promoter region) | Yes |
| 81347 | SF3B1 (splicing factor [3b] subunit B1) (eg, myelodysplastic syndrome/acute myeloid leukemia) gene analysis, common variants (eg, A672T, E622D, L833F, R625C, R625L) | Yes |
| 81348 | SRSF2 (serine and arginine-rich splicing factor 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, P95H, P95L) | Yes |
| 81351 | TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; full gene sequence | Yes |
| 81352 | TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; targeted sequence analysis (eg, 4 oncology) | Yes |
| 81353 | TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; known familial variant | Yes |
| 81357 | U2AF1 (U2 small nuclear RNA auxiliary factor 1) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, S34F, S34Y, Q157R, Q157P) | Yes |
| 81360 | ZRSR2 (zinc finger CCCH-type, RNA binding motif and serine/arginine-rich 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variant(s) (eg, E65fs, E122fs, R448fs) | Yes |
| 81362 | HBB (hemoglobin, subunit beta); known familial variant(s) | Yes |
| 81363 | HBB (hemoglobin, subunit beta); duplication/deletion variant(s) | Yes |
| 81364 | HBB (hemoglobin, subunit beta), full gene sequence | Yes |
| 81370 | Hla i & ii typing lr | Yes |
| 81371 | Hla i & ii type verify lr | Yes |
| 81372 | Hla i typing complete lr | Yes |
| 81373 | Hla i typing 1 locus lr | Yes |
| 81374 | Hla i typing 1 antigen lr | Yes |
| 81375 | Hla ii typing ag equiv lr | Yes |
| 81376 | Hla ii typing 1 locus lr | Yes |
| 81377 | Hla ii type 1 ag equiv lr | Yes |
| 81378 | Hla i & ii typing hr | Yes |
| 81379 | Hla i typing complete hr | Yes |
| 81380 | Hla i typing 1 locus hr | Yes |
| 81381 | Hla i typing 1 allele hr | Yes |
| 81382 | Hla ii typing 1 loc hr | Yes |

| Code | Procedure Description | CCN - Medicare |
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| 81383 | Hla ii typing 1 allele hr | Yes |
| 81400 | Mopath procedure level 1 | Yes |
| 81401 | Mopath procedure level 2 | Yes |
| 81402 | Mopath procedure level 3 | Yes |
| 81403 | Mopath procedure level 4 | Yes |
| 81404 | Mopath procedure level 5 | Yes |
| 81405 | Molecular pathology procedure, Level 6, (e.g., analysis of 6-10 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 11-25 exons) Includes FH (fumarate hydratase) (eg, fumarate hydratase deficiency, hereditary leiomyomatosis with renal cell cancer), full gene sequence | Yes |
| 81406 | IDUA (iduronidase, alpha-L)(e.g. mucopolysaccharidosis, type I) | Yes |
| 81407 | Mopath procedure level 8 | Yes |
| 81408 | Mopath Procedure Level 9 | Yes |
| 81419 | Epilepsy genomic sequence analysis panel, must include analyses for ALDH7A1, CACNA1A, CDKL5, CHD2, GABRG2, GRIN2A, KCNQ2, MECP2, PCDH19, POLG, PRRT2, SCN1A, SCN1B, SCN2A, SCN8A, SLC2A1, SLC9A6, STXBP1, SYNGAP1, TCF4, TPP1, TSC1, TSC2, and ZEB2 | Yes |
| 81432 | Hereditary breast cancer - related disorders (eg , hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); genomic sequence analysis panel, must include sequencing of at least 14 genes, including ATM, BRCA1, BRCA2, BRIP1, CDH1, MLH1, MSH2, MSH6, NBN, PALB2, PTEN, RAD51C, STK11, and TP53 | Yes |
| 81434 | Hereditary retinal disorders [e.g., 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 | Yes |
| 81435 | Hereditary Colon Ca Disorders | Yes |
| 81445 | 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, RLT3, IDH1, IDH2, JAK2, KIT, KRAS, MLL, NPM1, NRAS, MET, NOTCH1, PDGRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed. | Yes |
| 81448 | Hereditary peripheral neuropathies, genomic sequence analysis panel, must include sequencing of at least 5 peripheral neuropathy-related genes. | Yes |
| 81455 | Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm, DNA analysis, and RNA analysis when performed, 51 or greater genes | Yes |
| 81457 | Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, microsatellite instability | Yes |
| 81458 | Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, copy number variants and microsatellite instability | Yes |

| Code | Procedure Description | CCN - Medicare |
|-------------|---|-----------------------|
| 81459 | Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and rearrangements | Yes |
| 81462 | Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants and rearrangements | Yes |
| 81479 | Unlisted molecular pathology procedure | Yes |
| 81500 | Onco(ovarian), biochemical assays of two proteins | Yes |
| 81503 | Onco(ovarian), biochemical assays of five proteins | Yes |
| 81506 | Endo(type 2 diabetes), assays of seven analytes | Yes |
| 81507 | Fetal aneuploidy trisom risk | Yes |
| 81508 | Fetal congenital abnormalities, biochemical assays of two proteins | Yes |
| 81509 | Fetal congenital abnormalities, biochemical assays of three proteins | Yes |
| 81510 | Fetal congenital abnormalities, biochemical assays of three analytes | Yes |
| 81511 | Fetal congenital abnormalities, biochemical assays of four analytes | Yes |
| 81512 | Fetal congenital abnormalities, biochemical assays of five analytes | Yes |
| 81517 | Liver disease, analysis of 3 biomarkers (hyaluronic acid [HA], procollagen III amino terminal peptide [PIIINP], tissue inhibitor of metalloproteinase 1 [TIMP-1]), using immunoassays, utilizing serum, prognostic algorithm reported as a risk score and risk of liver fibrosis and liver-related clinical events within 5 years | Yes |
| 81518 | Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 11 genes (7 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithms reported as percentage risk for metastatic recurrence and likelihood of benefit from extended endocrine therapy | Yes |
| 81519 | Onco(breast), mRNA, gene expression profiling by real-time RT-PCR of 21 genes | Yes |
| 81520 | Oncology (breast), mRNA gene expression profiling by hybrid capture of 58 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk of distant metastasis. | Yes |
| 81521 | Oncology (breast), mRNA microarray gene expression profiling of 70 content genes and 465 housekeeping genes, utilizing fresh frozen or formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk of distant metastasis. | Yes |
| 81522 | Oncology (breast), mRNA, gene expression profiling by RT-PCR of 12 genes (8 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk score | Yes |
| 81541 | Oncology (prostate), mRNA gene expression profiling by real-time RT-PCR of 46 genes (31 content and 15 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a disease-specific mortality risk score | Yes |
| 81542 | Oncology (prostate), mRNA, microarray gene expression profiling of 22 content genes, utilizing formalin-fixed paraffin embedded tissue, algorithm reported as metastasis risk score | Yes |

| Code | Procedure Description | CCN - Medicare |
|-------------|---|-----------------------|
| 81546 | Oncology (thyroid), mRNA, gene expression analysis of 10,196 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (eg, benign or suspicious) | Yes |
| 81552 | Oncology (uveal melanoma), mRNA, gene expression profiling by real-time RT-PCR of 15 genes (12 content and 3 housekeeping), utilizing fine needle aspirate or formalin-fixed paraffin-embedded tissue, algorithm reported as risk of metastasis | Yes |
| 81595 | Cardiology Hrt Trnspl Mrna | Yes |
| 81599 | Unlisted Multianalyte Assay With Algorithmic Analysis | Yes |
| 82166 | Anti-mullerian hormone (AMH) | Yes |
| 82233 | Beta-amyloid; 1-40 (Abeta 40) | Yes |
| 82234 | Beta-amyloid; 1-42 (Abeta 42) | Yes |
| 84393 | Tau, phosphorylated (eg, pTau 181, pTau 217), each | Yes |
| 84394 | Tau, total (tTau) | Yes |
| 85999 | Hematology Procedure | Yes |
| 86711 | Antibody; JC (John Cunningham) virus | Yes |
| 86828 | HLA Class I/II HLA antigens; qualitative | Yes |
| 86829 | HLA Class I/II HLA antigens; qualitative | Yes |
| 86830 | HLA Class I; HLA phenotypes | Yes |
| 86831 | HLA Class II; HLA phenotypes | Yes |
| 86832 | HLA Class I High definition qualitative panel | Yes |
| 86833 | HLA Class II High definition qualitative panel | Yes |
| 86834 | HLA Class I High semi-quantitative panel | Yes |
| 86835 | HLA Class II High semi-quantitative panel | Yes |
| 86849 | Allomap® gene expression profiling | Yes |
| 86927 | Plasma Fresh Frozen | Yes |
| 86930 | Frozen Blood Prep | Yes |
| 86931 | Frozen Blood Thaw | Yes |
| 86932 | Frozen Blood Freeze/Thaw | Yes |
| 86960 | Vol Reduction Of Blood/Prod | Yes |
| 86999 | Immunology Procedure | Yes |
| 87563 | M. Genitalium Amp Probe | Yes |
| 87910 | Genotype analysis; cytomegalovirus | Yes |
| 87912 | Genotype analysis; hepatitis B | Yes |
| 87999 | Unlisted microbiology procedure | Yes |
| 88199 | Cytopathology Procedure | Yes |
| 88299 | Cytogenetic Study | Yes |
| 88399 | Surgical Pathology Procedure | Yes |
| 88749 | In Vivo Lab Service | Yes |
| 89240 | Pathology Lab Procedure | Yes |

| Code | Procedure Description | CCN - Medicare |
|-------------|---|-----------------------|
| 89398 | Unlisted Reprod Med Lab Proc | Yes |
| 90865 | Narcosynthesis for psychiatric diagnostic and therapeutic purposes (eg, sodium amobarbital (Amytal) interview) | Yes |
| 91110 | GI tract imaging, intraluminal (eg, capsule endoscopy), espohagus w/ physician interpretation & report | Yes |
| 91112 | GI WIRELESS CAPSULE W/INTERP | Yes |
| 91113 | Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon | Yes |
| 91299 | Gastroenterology Procedure | Yes |
| 92002 | Ophthalmological services, Medical examination and evaluation with initiation of diagnostic treatment program; intermediate, new patient | Yes |
| 92004 | Ophthalmological services, Medical examination and evaluation with initiation of diagnostic treatment program; intermediate, new patient one or more visits | Yes |
| 92071 | Contact lens fitting for tx | Yes |
| 92072 | Fit contac lens for managmnt | Yes |
| 92499 | Ophthalmologic Service Or Procedure Un | Yes |
| 92507 | Treatment of speech, language, voice, communication, and / or auditory processing disorder, individual | Yes |
| 92508 | Group, 2 or more individuals | Yes |
| 92521 | Evaluation of speech fluency | Yes |
| 92522 | Evaluate speech production | Yes |
| 92523 | Speech sound lang comprehen | Yes |
| 92524 | Behavioral and qualitative analysis of voice and resonance | Yes |
| 92531 | Spontaneous Nystagmus Study | Yes |
| 92532 | Positional Nystagmus Test | Yes |
| 92534 | Optokinetic Nystagmus Test | Yes |
| 92558 | *12Evoked Auditory Test Qual | Yes |
| 92630 | Aud Rehab Preling Hear Loss | Yes |
| 92633 | Aud Rehab Postling Hear Loss | Yes |
| 92650 | Auditory evoked potentials; screening of auditory potential with broadband stimuli, automated analysis | Yes |
| 92651 | For hearing status determination, broadband stimuli, with interpretation and report | Yes |
| 92652 | For threshold estimation at multiple frequencies, with interpretation and report | Yes |
| 92653 | Neurodiagnostic, with interpretation and report | Yes |
| 92700 | Ent Procedure/Service | Yes |
| 92971 | Cardioassist-method of circulatory assist; external | Yes |
| 92972 | Percutaneous transluminal coronary lithotripsy (List separately in addition to code for primary procedure) | Yes |

| Code | Procedure Description | CCN - Medicare |
|-------------|--|-----------------------|
| 93264 | Remote monitoring of a wireless pulmonary artery pressure sensor for up to 30 days, including at least weekly downloads of pulmonary artery pressure recordings, interpretation(s), trend analysis, and report(s) by a physician or other qualified health care professional | Yes |
| 93569 | Njx cth slct p-art angrp uni | Yes |
| 93573 | Njx cath slct p -art angrp bi | Yes |
| 93574 | Njx cath slct pulm vn angrph | Yes |
| 93575 | Njx cath slct p angrph mapca | Yes |
| 93623 | Stimulation Pacing Heart | Yes |
| 93660 | Tilt Table Evaluation | Yes |
| 93784 | Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; including recording, scanning analysis, interpretation and report | Yes |
| 93786 | Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; recording only | Yes |
| 93788 | Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; scanning analysis with report | Yes |
| 93790 | Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disk, for 24 hours or longer; review with interpretation and report | Yes |
| 93797 | Cardiac Rehabilitation without continuous ECG monitoring | Yes |
| 93798 | Cardiac Rehabilitation with continuous ECG monitoring | Yes |
| 93799 | Cardiovascular Procedure | Yes |
| 93896 | Vasoreactivity study performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure) | Yes |
| 93897 | Emboli detection without intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure) | Yes |
| 93898 | Venous-arterial shunt detection with intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure) | Yes |
| 93998 | Noninvas Vasc Dx Study Proc | Yes |
| 94011 | Spirometry Up To 2 Yrs Old | Yes |
| 94012 | Spirometry W/Brnchdil Inf-2 Yr | Yes |
| 94013 | Meas Lung Vol Thru 2 Yrs | Yes |
| 94619 | Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry; without electrocardiographic recording(s) | Yes |
| 94625 | Physician or other qualified health care professional services for outpatient pulmonary rehabilitation, without continuous oximetry monitoring (per session) | Yes |
| 94626 | Physician or other qualified health care professional services for outpatient pulmonary rehabilitation, with continuous oximetry monitoring (per session) | Yes |
| 94799 | Pulmonary Service/Procedure | Yes |

| Code | Procedure Description | CCN - Medicare |
|-------------|---|-----------------------|
| 95012 | Nitric oxide expired gas determination | Yes |
| 95250 | Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; physician or other qualified health care professional (office) provided equipment, sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording | Yes |
| 95251 | Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; analysis, interpretation and report | Yes |
| 95700 | Eeg Cont Rec W/Vid Eeg Tech | Yes |
| 95705 | Eeg W/O Vid 2-12 Hr Unmnr | Yes |
| 95706 | Eeg Wo Vid 2-12Hr Intmt Mntr | Yes |
| 95707 | Eeg W/O Vid 2-12Hr Cont Mntr | Yes |
| 95708 | Eeg Wo Vid Ea 12-26Hr Unmnr | Yes |
| 95709 | Eeg W/O Vid Ea 12-26Hr Intmt | Yes |
| 95710 | Eeg W/O Vid Ea 12-26Hr Cont | Yes |
| 95711 | Veeg 2-12 Hr Unmonitored | Yes |
| 95712 | Veeg 2-12 Hr Intmt Mntr | Yes |
| 95713 | Veeg 2-12 Hr Cont Mntr | Yes |
| 95714 | Veeg Ea 12-26 Hr Unmnr | Yes |
| 95715 | Veeg Ea 12-26Hr Intmt Mntr | Yes |
| 95716 | Veeg Ea 12-26Hr Cont Mntr | Yes |
| 95782 | Polysomnography; <than 6 years, with 4/> addl parameters , attd by tech | Yes |
| 95783 | Polysomnography; <than 6 years, with initiation of CPAP/BiPap , attd by tech | Yes |
| 95800 | Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time | Yes |
| 95801 | Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone) | Yes |
| 95836 | Electrocorticogram from an implanted brain neurostimulator pulse generator/transmitter, including recording, with interpretation and written report, up to 30 days | Yes |
| 95941 | Ionm Remote/>1 Pt Or Per Hr | Yes |
| 95961 | Functional cortical and subcortical mapping by stimulation and/or recording of electrodes on brain surface, or depth electrodes, to provoke seizures or identify vital brain structures; initial hour of physician attendance | Yes |
| 95962 | Functional cortical and subcortical mapping by stimulation and/or recording of electrodes on brain surface, or depth electrodes, to provoke seizures or identify vital brain structures; each additional hour of physician attendance | Yes |
| 95965 | Magnetoencephalography [MEG], recording and analysis; for spontaneous brain magnetic activity | Yes |

| Code | Procedure Description | CCN - Medicare |
|-------------|--|------------------------|
| 95966 | Magnetoencephalography [MEG], recording and analysis; for evoked magnetic fields, single modality | Yes |
| 95967 | Magnetoencephalography [MEG], recording and analysis; for evoked magnetic fields, each additional modality | Yes |
| 95992 | Canalith Repositioning Proc | Yes |
| 95999 | Neurological Procedure | Yes |
| 96020 | Neurofunctional testing selection and administration during noninvasive imaging functional brain mapping, with test administered entirely by a physician or psychologist, with review of test results and report | Yes |
| 96377 | Applicaton On-Body Injector | Yes |
| 96549 | Chemotherapy Unspecified | Yes |
| 96567 | Photodynamic Tx Skin | Yes |
| 96999 | Dermatological Procedure | Yes |
| 97039 | Unlisted modality | Yes |
| 97113 | Theraputic procedure, one or more areas, each 15 minutes; aquatic therapy with theraputic exercises | Yes |
| 97139 | Theraputic procedure, one or more areas, each 15 minutes; unlisted procedure | Yes |
| 97161 | PT eval low complex 20 min | Yes |
| 97162 | PT eval mod complex 30 min | Yes |
| 97163 | PT eval high complex 45 min | Yes |
| 97164 | PT re-eval est plan care | Yes |
| 97165 | OT eval low complex 30 min | Yes |
| 97166 | OT eval mod complex 45 min | Yes |
| 97167 | OT eval high complex 60 min | Yes |
| 97168 | OT re-eval est plan care | Yes |
| 97530 | Theraputic activities, direct (one-on-one) patient contact by provider, each 15 minutes | Yes |
| 97533 | Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-to-one) patient contact by the provider, each 15 minutes | Yes |
| 97750 | Theraputic performance test or measuremenet, with written report, each 15 minutes | Yes |
| 97799 | Unlisted Phys Med/Rehab Serv Or Proc | Yes |
| 99070 | Special Supplies Phys/Qhp | Yes |
| 99183 | Physician attendance and supervision of hyperbaric oxygen therapy, per session | Yes |
| 99199 | Special Service/Proc/Report | Yes |
| 99242 | Office consult, 30 minutes | Not valid for Medicare |
| 99243 | Office consult, 40 minutes | Not valid for Medicare |

| Code | Procedure Description | CCN - Medicare |
|-------------|--|-------------------------|
| 99244 | Office consult, 60 minutes | Not valid for Medicare |
| 99245 | Office consult, 80 minutes | Not valid for Medicare |
| 99429 | Unlisted Preventive Med. | Yes |
| 99490 | Care Coordination | Yes |
| 99499 | Unlisted E & M Service | Yes |
| 99600 | Unlisted home visit service or procedure | Yes |
| A0130 | Non-emergency transportation: wheelchair van (refer to NEMT code) | Not covered by Medicare |
| A0380 | Basic Life Support (BLS) mileage (per mile) | Not covered by Medicare |
| A0426 | Ambulance service, advanced life support, non-emergency transport, level 1 (ALS1) | Yes |
| A0428 | Ambulance service, basic life support, non-emergency transport (BLS) | Yes |
| A0430 | Fixed Wing Air Transport | Yes |
| A0431 | Rotary Wing Air Transport | Yes |
| A0999 | Unlisted Ambulance Service | Yes |
| A2011 | Supra sdrm, per square centimeter | Yes |
| A2012 | Suprathel, per square centimeter | Yes |
| A2013 | Innovamatrix fs, per square centimeter | Yes |
| A2014 | Omeza collag per 100 mg Omeza collagen matrix, per 100 | Yes |
| A2015 | Phoenix wound matrix, per square centimeter | Yes |
| A2016 | Permeaderm b, per square centimeter | Yes |
| A2017 | Permeaderm glove, each | Yes |
| A2018 | Permeaderm c, per square centimeter | Yes |
| A2019 | Kerecis omega3 marigen shield per square centimeter | Yes |
| A2020 | Ac5 advanced wound system (ac5) | Yes |
| A2021 | Neomatrix per square centimeter | Yes |
| A2022 | Innovaburn or innovamatrix xl, per square centimeter | Yes |
| A2023 | Innovamatrix pd, 1 mg | Yes |
| A2024 | Resolve matrix, per square centimeter | Yes |
| A2025 | Miro3d, per cubic centimeter | Yes |
| A2026 | Restrata MiniMatrix, 5 mg | Yes |
| A2027 | MatriDerm, per sq cm | Yes |
| A2028 | MicroMatrix Flex, per mg | Yes |
| A2029 | MiroTract Wound Matrix sheet, per cc | Yes |
| A4100 | Skin substitute, fda cleared as a device, not otherwise specified | Yes |
| A4271 | Integrated lancing and blood sample testing cartridges for home blood glucose monitor, per month | Yes |

| Code | Procedure Description | CCN - Medicare |
|-------------|---|-------------------------|
| A4335 | Incontinence wash | Not covered by Medicare |
| A4453 | Rectal catheter for use with the manual pump-operated enema system, replacement only | Yes |
| A4459 | Manual pump-operated enema system, includes balloon, catheter and all accessories, reusable, any type | Yes |
| A4554 | Disposable underpads, breathable | Not covered by Medicare |
| A4650 | *08Implant Radiation Dosimeter | Yes |
| A6250 | Incontinence cream/ointment | Not covered by Medicare |
| A6501 | Compres Burngarment Bodysuit | Yes |
| A6502 | Compres Burngarment Chinstrp | Yes |
| A6503 | Compres Burngarment Facehood | Yes |
| A6504 | Cmprsburngarment Glovewrist | Yes |
| A6505 | Cmprsburngarment Gloveelbow | Yes |
| A6506 | Cmprsburngrmnt Gloveaxilla | Yes |
| A6507 | Cmprs Burngarment Footknee | Yes |
| A6508 | Cmprs Burngarment Footthigh | Yes |
| A6509 | Compres Burn Garment Jacket | Yes |
| A6510 | Compres Burn Garment Leotard | Yes |
| A6511 | Compres Burn Garment Panty | Yes |
| A6512 | Compres Burn Garment, Noc | Yes |
| A6513 | Compress Burn Mask Face/Neck | Yes |
| A6521 | Gradient compression garment, glove, padded, for nighttime use, custom, each | Yes |
| A6523 | Gradient compression garment, arm, padded, for nighttime use, custom, each | Yes |
| A6525 | Gradient compression garment, lower leg and foot, padded, for nighttime use, custom, each | Yes |
| A6527 | Gradient compression garment, full leg and foot, padded, for nighttime use, custom, each | Yes |
| A6529 | Gradient compression garment, bra, for nighttime use, custom, each | Yes |
| A6545 | Grad comp non-elastic BK | Yes |
| A6549 | G Compression Stocking | Yes |
| A6553 | Gradient compression stocking, below knee, 30-40 mm Hg, custom, each | Yes |
| A6555 | Gradient compression stocking, below knee, 40 mm Hg or greater, custom, each | Yes |
| A6556 | Gradient compression stocking, thigh length, 18-30 mm Hg, custom, each | Yes |
| A6557 | Gradient compression stocking, thigh length, 30-40 mm Hg, custom, each | Yes |
| A6558 | Gradient compression stocking, thigh length, 40 mm Hg or greater, custom, each | Yes |
| A6559 | Gradient compression stocking, full length/chap style, 18-30 mm Hg, custom, each | Yes |

| Code | Procedure Description | CCN - Medicare |
|-------------|--|-------------------------|
| A6560 | Gradient compression stocking, full length/chap style, 30-40 mm Hg, custom, each | Yes |
| A6561 | Gradient compression stocking, full length/chap style, 40 mm Hg or greater, custom, each | Yes |
| A6562 | Gradient compression stocking, waist length, 18-30 mm Hg, custom, each | Yes |
| A6563 | Gradient compression stocking, waist length, 30-40 mm Hg, custom, each | Yes |
| A6564 | Gradient compression stocking, waist length, 40 mm Hg or greater, custom, each | Yes |
| A6565 | Gradient compression gauntlet, custom, each | Yes |
| A6567 | Gradient compression garment, neck/head, custom, each | Yes |
| A6569 | Gradient compression garment, torso/shoulder, custom, each | Yes |
| A6571 | Gradient compression garment, genital region, custom, each | Yes |
| A6573 | Gradient compression garment, toe caps, custom, each | Yes |
| A6574 | Gradient compression arm sleeve and glove combination, custom, each | Yes |
| A6576 | Gradient compression arm sleeve, custom, medium weight, each | Yes |
| A6577 | Gradient compression arm sleeve, custom, heavy weight, each | Yes |
| A6579 | Gradient compression glove, custom, medium weight, each | Yes |
| A6580 | Gradient compression glove, custom, heavy weight, each | Yes |
| A6610 | Gradient compression stocking, below knee, 18-30 mm Hg, custom, each | Yes |
| A7012 | Water Collec Dev Use W/Lg Vol Neb | Yes |
| A7013 | Filter Disposabl W/Areosol Compress/Us Generator | Yes |
| A7016 | Dome&Mouthpiece Used W/Small Volume Us Nebulizr | Yes |
| A8002 | Soft Protect Helmet Custom | Yes |
| A8003 | Hard Protect Helmet Custom | Yes |
| A8004 | Repl Soft Interface, Helmet | Yes |
| A9281 | Reaching/Grabbing Device | Not covered by Medicare |
| A9284 | Non-electronic spirometer | Yes |
| A9517 | Iodine i-131 sodium iodide capsule(s), therapeutic, per millicurie | Yes |
| A9527 | Iodine i-125, sodium iodide solution, therapeutic, per millicurie | Yes |
| A9530 | Iodine i-131, sodium iodide solution, therapeutic, per millicurie | Yes |
| A9542 | Indium In-111 ibritumomab tiuxetan, diagnostic, per study dose, up to 5 millicuries | Yes |
| A9563 | Sodium phosphate p-32, therapeutic, per millicurie | Yes |
| A9564 | Chromic phosphate p-32 suspension, therapeutic, per millicurie | Yes |
| A9573 | Injection, gadopiclenol, 1 ml | Yes |
| A9590 | Iodine i-131, iobenguane, 1 millicurie | Yes |
| A9592 | Copper cu-64, dotatate, diagnostic, 1 millicurie | Yes |
| A9595 | Piflufolastat f-18, diagnostic, 1 millicurie | Yes |
| A9596 | Gallium ga-68 gozetotide, diagnostic, 1 millicurie | Yes |
| A9597 | Pet, Dx, For Tumor Id, Noc | Yes |

| Code | Procedure Description | CCN - Medicare |
|-------------|--|-----------------------|
| A9598 | Pet Dx For Non-Tumor Id, Noc | Yes |
| A9602 | Fluorodopa f-18, diagnostic, per millicurie | Yes |
| A9603 | Injection, pafolacianine, 0.1 mg | Yes |
| A9608 | Flotufolastat F18, diagnostic, 1 mCi | Yes |
| A9697 | Injection, carboxydextran-coated superparamagnetic iron oxide, per study dose | Yes |
| A9800 | Gallium ga-68 gozetotide, diagnostic, (locametz), 1 millicurie | Yes |
| A9900 | Miscellaneous DME supply, accessory, and/or service component of another HCPCS code | Yes |
| A9999 | Miscellaneous DME supply or accessory, not otherwise specified | Yes |
| C1062 | Intravertebral body fracture augmentation with implant (e.g., metal, polymer) | Yes |
| C1721 | *04 Aicd, Dual Chamber | Yes |
| C1722 | *04 Aicd, Single Chamber | Yes |
| C1734 | Orth/Devic/Drug Bn/Bn,Tis/Bn | Yes |
| C1767 | *04 Generator, Neurostim, Imp | Yes |
| C1771 | *04 Rep Dev, Urinary, W/Sling | Yes |
| C1777 | *04 Lead, Aicd, Endo Single Coil | Yes |
| C1785 | *04 Pmkr, Dual, Rate-Resp | Yes |
| C1786 | *04 Pmkr, Single, Rate-Resp | Yes |
| C1820 | Generator Neuro Rechg Bat Sys | Yes |
| C1822 | Gen, Neuro, Hf, Rechg Bat | Yes |
| C1823 | Generator, neurostimulator (implantable), non-rechargeable, with transvenous sensing and stimulation leads | Yes |
| C1824 | Generator, cardiac contractility modulation (implantable) | Yes |
| C1825 | Generator, neurostimulator (implantable), non-rechargeable with carotid sinus baroreceptor stimulation lead(s) | Yes |
| C1830 | Power Bone Marrow Bx Needle | Yes |
| C1839 | Iris prosthesis | Yes |
| C1840 | Telescopic Intraocular Lens | Yes |
| C1874 | *04 Stent, Coated/Cov W/Del Sys | Yes |
| C1875 | *04 Stent, Coated/Cov W/O Del Sy | Yes |
| C1882 | *04 Aicd, Other Than Sing/Dual | Yes |
| C1886 | Catheter, Ablation | Yes |
| C1895 | *04 Lead, Aicd, Endo Dual Coil | Yes |
| C1896 | *04 Lead, Aicd, Non Sing/Dual | Yes |
| C1982 | Cath, Pressure,Valve-Occlu | Yes |
| C2596 | Probe, image-guided, robotic, waterjet ablation | Yes |
| C2616 | Brachytherapy source, non-stranded, yttrium-90, per source | Yes |
| C2619 | *04 Pmkr, Dual, Non Rate-Resp | Yes |
| C2620 | Pmkr, Single, Non Rate-Resp | Yes |
| C2621 | *04 Pmkr, Other Than Sing/Dual | Yes |

| Code | Procedure Description | CCN - Medicare |
|-------------|---|-----------------------|
| C2624 | Wireless Pressure Sensor | Yes |
| C2634 | Brachytx, Nonstr, Ha, I125 | Yes |
| C2635 | Brachytx, Nonstr, Ha, P103 | Yes |
| C2637 | Brachy,Nonstr,Ytterbium169 | Yes |
| C2638 | Brachytx, Stranded, I125 | Yes |
| C2639 | Brachytx, Nonstranded,I125 | Yes |
| C2640 | Brachytx, Stranded, P103 | Yes |
| C2641 | Brachytx, Nonstranded,P103 | Yes |
| C2644 | Brachytherapy Source, Cesium | Yes |
| C2645 | Brachytx Planar, P-103 | Yes |
| C2698 | Brachytx, Stranded, Nos | Yes |
| C2699 | Brachytx, Nonstranded, Nos | Yes |
| C7565 | Repair of anterior abdominal hernia(s) (i.e., epigastric, incisional, ventral, umbilical, spigelian), any approach (i.e., open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s) less than 3 cm, reducible with removal of total or near total noninfected mesh or other prosthesis at the time of initial or recurrent anterior abdominal hernia repair or parastomal hernia repair | Yes |
| C8001 | 3D anatomical segmentation imaging for preoperative planning, data preparation and transmission, obtained from previous diagnostic computed tomographic or magnetic resonance examination of the same anatomy | Yes |
| C8002 | Preparation of skin cell suspension autograft, automated, including all enzymatic processing and device components (do not report with manual suspension preparation) | Yes |
| C8003 | Implantation of medial knee extraarticular implantable shock absorber spanning the knee joint from distal femur to proximal tibia, open, includes measurements, positioning and adjustments, with imaging guidance (e.g., fluoroscopy) | Yes |
| C9067 | Gallium ga-68, dotatoc, diagnostic, 0.01 mci | Yes |
| C9250 | Artiss Fibrin Sealant | Yes |
| C9360 | Dermal substitute, native, non-denatured collagen, neonatal bovine origin (surgimend collagen matrix), per 0.5 square centimeters | Yes |
| C9361 | Collagen matrix nerve wrap (neuromend collagen nerve wrap), per 0.5 centimeter length | Yes |
| C9362 | Porous purified collagen matrix bone void filler (integra mozaik osteoconductive scaffold strip), per 0.5 cc | Yes |
| C9363 | Skin substitute, integra meshed bilayer wound matrix, per square centimeter | Yes |
| C9725 | Place Endorectal App | Yes |
| C9738 | Blue Light Cysto Imag Agent | Yes |

| Code | Procedure Description | CCN - Medicare |
|-------------|---|-------------------------|
| C9751 | Bronchoscopy, rigid or flexible, transbronchial ablation of lesion(s) by microwave energy, including fluoroscopic guidance, when performed, with computed tomography acquisition(s) and 3-D rendering, computer-assisted, image-guided navigation, and endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (e.g., aspiration[s]/biopsy[ies]) and all mediastinal and/or hilar lymph node stations or structures and therapeutic intervention(s) | Yes |
| C9756 | Fluorescence Lymph Map W/Icg | Yes |
| C9757 | Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and excision of herniated intervertebral disc, and repair of annular defect with implantation of bone anchored annular closure device, including annular defect measurement, alignment and sizing assessment, and image guidance; 1 interspace, lumbar | Yes |
| C9767 | Revascularization, endovascular, open or percutaneous, any vessel(s); with intravascular lithotripsy and transluminal stent placement(s), and atherectomy, includes angioplasty within the same vessel(s), when performed | Yes |
| C9772 | Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies), with intravascular lithotripsy, includes angioplasty within the same vessel (s), when performed | Yes |
| C9773 | Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy, and transluminal stent placement(s), includes angioplasty within the same vessel(s), when performed | Yes |
| C9774 | Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel (s), when performed | Yes |
| C9775 | Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and transluminal stent placement(s), and atherectomy, includes angioplasty within the same vessel (s), when performed | Yes |
| C9781 | Arthroscopy, shoulder, surgical; with implantation of subacromial spacer (e.g., balloon), includes debridement (e.g., limited or extensive), subacromial decompression, acromioplasty, and biceps tenodesis when performed | Yes |
| C9789 | Instillation of anti-neoplastic pharmacologic/biologic agent into renal pelvis, any method, including all imaging guidance, including volumetric measurement if performed | Yes |
| C9791 | Magnetic resonance imaging with inhaled hyperpolarized xenon-129 contrast agent, chest, including preparation and administration of agent | Yes |
| C9796 | Repair of enterocutaneous fistula small intestine or colon (excluding anorectal fistula) with plug (e.g., porcine small intestine submucosa [SIS]) | Yes |
| E0140 | Walker, w/trunk support, adjustable or fixed height, any type | Yes |
| E0144 | Walker, enclosed 4-sided framed, rigid or folding, wheeled w/posterior seat | Not covered by Medicare |
| E0147 | Walker, Heavy Duty, Multiple Braking System, Variable Wheel Resistance | Yes |

| Code | Procedure Description | CCN - Medicare |
|-------------|--|-------------------------|
| E0165 | Commode Chair, Mobile, with Detachable Arms | Yes |
| E0181 | Pressure Pad, Alternating with Pump, Heavy Duty | Yes |
| E0182 | Pump for Alternating Pressure Pad | Yes |
| E0185 | Gel or gel-like pressure pad for mattress, standard mattress length & width | Yes |
| E0186 | Air Pressure Mattress | Yes |
| E0187 | Water Pressure Mattress | Yes |
| E0193 | Pwr Air Flt Bed(Lw Air Lass Tpy)Dly Rntl | Yes |
| E0194 | Air Fluidized Bed | Yes |
| E0196 | Gel Pressure Mattress | Yes |
| E0197 | Air Pressure Pad for Mattress, standard mattress length & width | Yes |
| E0198 | Water Pressure Pad for Mattress, standard mattress length & width | Yes |
| E0271 | Mattress, Innerspring | Yes |
| E0272 | Mattress, Foam Rubber | Yes |
| E0277 | Powered pressure-reducing air mattress | Yes |
| E0291 | Hospital Bed, fixed height, w/o side rails, w/o mattress | Yes |
| E0293 | Hospital Bed, Variable Height, Hi-Lo, Without Side Rails, Without Mattress | Yes |
| E0295 | Hospital Bed,Semi-Electric (Head & Foot Adjustment), w/o Side Rails, w/o mattress | Yes |
| E0297 | Hospital Bed, Total Electric (Head, Foot & Height Adjustments), w/o side rails, w/o mattress | Yes |
| E0300 | Pediatric crib, hospital grade, fully enclosed | Yes |
| E0303 | Hospital bed, heavy duty, extra wide, 350-600 lbs, w/any type side rails, w/mattress | Yes |
| E0304 | Hospital bed, extra heavy duty, extra wide, >600 lbs, w/any type side rails, w/mattress | Yes |
| E0316 | Safety enclosure frame/canopy for use w/hospital bed, any type | Yes |
| E0328 | Pediatric hospital bed, manual | Yes |
| E0329 | Pediatric hospital bed semi/electric | Yes |
| E0350 | Control Unit for Electronic Bowel Irrigation/Evacuation System | Not covered by Medicare |
| E0371 | Nonpower Mattress Overlay Daily Rental | Yes |
| E0372 | Powered air overlay for mattress, standard mattress length & width | Yes |
| E0373 | Nonpowered Pressure Mattress Daily Rent | Yes |
| E0425 | Stationary compressed gas oxygen system, purchase | Yes |
| E0430 | Portable gaseous oxygen system, purchase | Yes |
| E0431 | Portable Gaseous O2 | Yes |
| E0434 | Portable Gas Liq Oxygen System- Rental | Yes |
| E0435 | Portable Gas Liq Oxygen System- Purchase | Yes |
| E0439 | Stationary Liquid O2 | Yes |
| E0440 | Oxygen System, Liquid, Stationary, | Yes |

| Code | Procedure Description | CCN - Medicare |
|-------------|---|-----------------------|
| E0443 | Portable liquid oxygen system, rental; home liquefier used to fill portable liquid oxygen containers, | Yes |
| E0445 | Oximeter Noninvasive | Yes |
| E0465 | Home ventilator, any type, used with invasive interface | Yes |
| E0466 | Home ventilator, any type, used with noninvasive interface | Yes |
| E0467 | Home ventilator; multi-function respiratory device, also performs any or all of the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stimulation, includes all accessories, components and supplies for all functions | Yes |
| E0470 | Respiratory assist device,bi-level pressure capability,w/o backup rate feature, w/non-invasive inferface | Yes |
| E0471 | Respiratory assist device,bi-level pressure capability,w/backup rate feature,used w/non-invasive int | Yes |
| E0472 | Respiratory assist device,bi-level pressure capability,w/backup rate feature,used w/invasive interfa | Yes |
| E0480 | Percussor, electric or pneumatic, home model | Yes |
| E0481 | Intrpulmnry Percuss Vent Sys | Yes |
| E0482 | Cough stimulating device, alternating positive and negative airway pressure | Yes |
| E0483 | High frequency chest wall oscillation air-pulse generator system, each | Yes |
| E0486 | Oral device/appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, custom fabricated, includes fitting and adjustment. | Yes |
| E0487 | Electronic spirometer | Yes |
| E0555 | Humidifier, Durable, Glass Or Auto | Yes |
| E0562 | Humidifier, heated, used w/positive airway pressure device | Yes |
| E0570 | Nebulizer, with compressor | Yes |
| E0600 | Respiratory suction pump, electic, port/stat, home model | Yes |
| E0601 | CPAP (Continuous Airway Pressure) Device | Yes |
| E0618 | Apnea monitor, w/o recording feature | Yes |
| E0619 | Apnea monitor, w/recording feature | Yes |
| E0625 | Patient lift, Kartop, bathroom or toilet | Yes |
| E0630 | Patient lift; hydraulic, w/seat or sling | Yes |
| E0637 | Combo sit to stand system, any size, w/seat lift, w/ or w/o wheels | Yes |
| E0638 | Standing frame system, any size, w/ or w/o wheels | Yes |
| E0639 | Moveable Patient Lift System | Yes |
| E0641 | Multi-Position Stnd Fram Sys | Yes |
| E0642 | Dynamic Standing Frame | Yes |
| E0650 | Pneumatic compressor, nonsegmental home model | Yes |
| E0651 | Pneumatic compressor, segmental home model w/o calibrated gradient pressure | Yes |
| E0656 | Segmental pneumatic trunk | Yes |
| E0657 | Segmental pneumatic chest | Yes |

| Code | Procedure Description | CCN - Medicare |
|-------------|--|-----------------------|
| E0668 | Segmental pneumatic appliance, full arm, for use w/pneumatic compressor | Yes |
| E0670 | Segmental pneumatic appliance, 2 full legs and trunk | Yes |
| E0678 | Nonpneumatic sequential compression garment, full leg | Yes |
| E0679 | Nonpneumatic sequential compression garment, half leg | Yes |
| E0680 | Nonpneumatic compression controller with sequential calibrated gradient pressure | Yes |
| E0681 | Nonpneumatic compression controller without calibrated gradient pressure | Yes |
| E0682 | Nonpneumatic sequential compression garment, full arm | Yes |
| E0691 | Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; treatment area 2 sq ft or less | Yes |
| E0694 | Ultraviolet multidirectional light therapy system in 6 ft cabinet, includes bulbs/lamps, timer, and eye protection | Yes |
| E0720 | TENS, two lead, localized stimulation | Yes |
| E0730 | TENS, four or more leads, for multiple stimulation | Yes |
| E0747 | Osteogenesis stimulator, electrical, non-invasive, other than spinal applications | Yes |
| E0748 | Osteogenesis stimulator, electrical, non-invasive, spinal applications | Yes |
| E0760 | Osteogenesis stimulator, low intensity ultrasound, non-invasive | Yes |
| E0766 | Elec stim cancer treatment | Yes |
| E0770 | Functional electric stim NOS | Yes |
| E0784 | External ambulatory insulin infusion pump | Yes |
| E0787 | Cgs Dose Adj Insulin Inf Pmp | Yes |
| E0849 | Traction eq, cervical, free-standing, pneumatic, not for mandible (Replaces K0627) | Yes |
| E0920 | Fracture frame, attached to bed, includes weights | Yes |
| E0930 | Fracture frame, free standing, includes weights | Yes |
| E0935 | Cont Pas Motion Exercise Dev | Yes |
| E0936 | CPM device, other than knee | Yes |
| E0940 | Trapeze bar, freestanding, complete w/grab bar | Yes |
| E0947 | Fracture frame, attachments for complex pelvic traction | Yes |
| E0948 | Fracture frame, attachments for complex cervical traction | Yes |
| E0950 | Tray, wheelchair accessory, each | Yes |
| E0951 | Heel loop/holder,any type, w/ or w/o ankle strap, each | Yes |
| E0952 | Toe loop/holder, any type, each | Yes |
| E0953 | Wheelchair accessory, lateral thigh or knee support, any type including fixed mounting hardware, each | Yes |
| E0954 | Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot | Yes |
| E0955 | Headrest, cushioned, any type, including fixed mounting hardware, each | Yes |
| E0956 | Lateral trunk or hip support, any type, including fixed mounting hardware, each | Yes |
| E0957 | Medial thigh support, any type, including fixed mounting hardware, each | Yes |
| E0958 | Manual wheelchair accessory, one-arm drive attachment, each | Yes |

| Code | Procedure Description | CCN - Medicare |
|-------------|--|-----------------------|
| E0959 | Manual wheelchiar accessory, adapter for amputee, each | Yes |
| E0960 | Wheelchair Accessory, shoulder harness/straps or chest strap, including any type mounting hardware | Yes |
| E0961 | Manual wheelchair accessory, wheel lock brake extension (handle), each | Yes |
| E0966 | Manual wheelchair accessory, headrest extension, each | Yes |
| E0967 | Hand rim w/projections, any type, replacement only, each, manual wheelchair accessory | Yes |
| E0970 | No. 2 footplates, except for elevating legrest | Yes |
| E0971 | Anti-tipping device, wheelchair | Yes |
| E0974 | Manual wheelchair accessory, anti-rollback device, each | Yes |
| E0978 | Positioning belt/safety belt/pelvic strap, each | Yes |
| E0981 | Seat upholstery, replacement only, each, wheelechair accessory | Yes |
| E0982 | Back upholstery, replacement only, each, wheelchair accessory | Yes |
| E0983 | Power add-on to convert manual wheelchair to motorized, joystick control, manual w/c accessory | Yes |
| E0984 | Power add-on to convert manual wheelchair to motorized, tiller control, manual w/c accessory | Yes |
| E0985 | Seat lift mechanism, wheelchair accessory | Yes |
| E0986 | Push activated power assist, each, manual wheelchair accessory | Yes |
| E0988 | Lever-Activated Wheel Drive | Yes |
| E0990 | Elevating leg rest, complete assembly, each, manual wheelchair accessory | Yes |
| E0992 | Solid seat insert, manual wheelchair accessory | Yes |
| E0995 | Calf rest/pad, each, wheel chair accessory | Yes |
| E1002 | Power seating system, tilt only, wheelchair accessory | Yes |
| E1003 | Power seating system, recline only, w/o shear reduction, wheelchair accessory | Yes |
| E1004 | Power seating system, recline only, w/mechanical shear reduction, wheelchair accessory | Yes |
| E1005 | Power seating system, recline only, w/power shear reduction, wheelchair accessory | Yes |
| E1006 | Power seating system, combo tilt & recline, w/o shear reduction, wheelchair accessory | Yes |
| E1007 | Power seating system, combo tilt & recline, w/mechanical shear reduction, wheelchair accessory | Yes |
| E1008 | Power seating system, combo tilt & recline, w/power shear reduction, wheelchair accessory | Yes |
| E1009 | Addition to power seating system, mechanical linked leg elevation system, incl pushrod & legrest | Yes |
| E1010 | Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, pair | Yes |
| E1011 | Modification to pediatric wheelchair, width adjustment package (not to be dispensed w/initial chair) | Yes |
| E1012 | Ctr Mount Pwr Elev Leg Rest | Yes |

| Code | Procedure Description | CCN - Medicare |
|-------------|--|-----------------------|
| E1014 | Reclining back, addition to pediatric wheelchair | Yes |
| E1015 | Shock absorber for manual wheelchair, each | Yes |
| E1016 | Shock absorber for power wheelchair, each | Yes |
| E1017 | Heavy duty shock absorber for heavy duty or extra heavy duty manual wheelchair, each | Yes |
| E1018 | Heavy duty shock absorber for heavy duty or extra heavy duty wheelchair, each | Yes |
| E1020 | Residual limb support system for wheelchair | Yes |
| E1028 | Mounting hardware for joystick (manual swingaway, retractable or removable), other control interface | Yes |
| E1029 | Ventilator tray, fixed, wheelchair accessory | Yes |
| E1030 | Ventilator tray, gimbaled, wheelchair accessory | Yes |
| E1031 | Rollabout chair, any and all types with casters 5" or greater | Yes |
| E1036 | Multi-positional patient transfer system, extra-wide | Yes |
| E1037 | Transport chair, pediatric size | Yes |
| E1038 | Transport chair, adult size, patient weight capacity less than 250 pounds | Yes |
| E1161 | Manual adult size wheelchair, includes tilt in space | Yes |
| E1220 | Wheelchair; Specially Sized Or Con | Yes |
| E1225 | Manual, semi-reclining back | Yes |
| E1226 | Manual, fully reclining back | Yes |
| E1228 | Special back height for wheelchair | Yes |
| E1229 | Pediatric Wheelchair Nos | Yes |
| E1230 | Power operated vehicles (three or four wheel nonhighway), specify brand name & model number | Yes |
| E1231 | Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, w/seating system | Yes |
| E1232 | Wheelchair, pediatric size, tilt-in-space, folding, adjustable, w/seating system | Yes |
| E1233 | Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, w/o seating system | Yes |
| E1234 | Wheelchair, pediatric size, tilt-in-space, folding, adjustable, w/o seating system | Yes |
| E1235 | Wheelchair, pediatric size, rigid, adjustable, w/seating system | Yes |
| E1236 | Wheelchair, pediatric size, folding, adjustable, w/seating system | Yes |
| E1237 | Wheelchair, pediatric size, rigid, adjustable, w/o seating system | Yes |
| E1238 | Wheelchair, pediatric size, folding, adjustable, w/o seating system | Yes |
| E1239 | Ped Power Wheelchair Nos | Yes |
| E1296 | Special wheelchair seat height from floor | Yes |
| E1297 | Special wheelchair seat depth by upholstery | Yes |
| E1298 | Special wheelchair seat depth and/or width by construction | Yes |
| E1354 | Wheeled cart, port cyl/conc | Yes |
| E1356 | Batt pack/cart, port conc | Yes |
| E1357 | Battery charger, port conc | Yes |
| E1358 | DC power adapter, port conc | Yes |

| Code | Procedure Description | CCN - Medicare |
|-------------|---|-----------------------|
| E1390 | Oxygen concentrator, single delivery port | Yes |
| E1391 | Oxygen concentrator, dual delivery port, each | Yes |
| E1392 | *06 Portable Oxygen Concentrator | Yes |
| E1399 | Miscellaneous DME | Yes |
| E1639 | Scale, each | Yes |
| E1810 | Dynamic adjustable knee extension/flexion device, includes soft interface material | Yes |
| E1902 | Communication board, non-electronic augmentative or alternative communication device | Yes |
| E2000 | Gastric suction pump, electric | Yes |
| E2100 | Blood glucose monitor w/integrated voice synthesizer | Yes |
| E2104 | Home blood glucose monitor for use with integrated lancing/blood sample testing cartridge | Yes |
| E2201 | Nonstandard seat frame, width equal or >20" and <24", manual wheelchair accessory | Yes |
| E2202 | Manual Wheelchair Accessory, nonstandard seat frame width 24" - 27" | Yes |
| E2203 | Nonstandard seat frame depth, 20" to <22", manual wheelchair accessory | Yes |
| E2204 | Nonstandard seat frame depth 22" - 25", manual wheelchair accessory | Yes |
| E2206 | Wheel lock assembly, complete, each (Replaces K0081 in 2005) | Yes |
| E2207 | Crutch and cane holder, each (replaces K0102) | Yes |
| E2208 | Cylinder tank carrier, each (replaces K0104) | Yes |
| E2209 | Arm trough, each (replaces K0106) | Yes |
| E2210 | Wheelchair bearings, any type (replaces K0452) | Yes |
| E2211 | MWC accessory, pneumatic propulsion tire, any size, each | Yes |
| E2212 | MWC accessory, tube for pneumatic propulsion tire, any size, each | Yes |
| E2213 | MWC accessory, insert for pneumatic propulsion tire (removable), any type, any size, each | Yes |
| E2214 | MWC accessory, pneumatic caster tire, any size, each | Yes |
| E2215 | MWC accessory, tube for pneumatic caster tire, any size, each. | Yes |
| E2218 | Foam Propulsion Tire Each | Yes |
| E2219 | MWC accessory, foam caster tire, any size, each | Yes |
| E2220 | MWC accessory, solid (rubber/plastic) propulsion tire (any size) | Yes |
| E2221 | MWC accessory, solid (rubber/plastic) caster tire (removable), any size, each | Yes |
| E2227 | Gear reduction drive wheel | Yes |
| E2228 | MWC ACC, Wheelchair brake | Yes |
| E2231 | Solid seat support base | Yes |
| E2291 | Planar Back For Ped Size Wc | Yes |
| E2292 | Planar Seat For Ped Size Wc | Yes |
| E2293 | Contour Back For Ped Size Wc | Yes |
| E2294 | Contour Seat For Ped Size Wc | Yes |

| Code | Procedure Description | CCN - Medicare |
|-------------|--|-----------------------|
| E2295 | Ped dynamic seating frame | Yes |
| E2298 | Complex rehabilitative power wheelchair accessory, power seat elevation system, any type | Yes |
| E2301 | Power standing system, power wheelchair accessory | Yes |
| E2310 | Electronic connection between wheelchair controller & 1 power seating system motor, pwr w/c accessory | Yes |
| E2311 | Electronic connection between wheelchair controller & 2 or more power seating system motors, pwr w/c | Yes |
| E2312 | Mini-Prop remote joystick | Yes |
| E2313 | PWC harness, expand control | Yes |
| E2321 | Hand control interface, remote joystick, nonproportional, power wheelchair accessory | Yes |
| E2322 | Hand control interface, multiple mechanical switches, nonproportional, power w/c accessory | Yes |
| E2323 | Specialty joystick handle for hand control interface, prefabricated, power wheelchair accessory | Yes |
| E2324 | Chin cup for chin control interface, power wheelchair accessory | Yes |
| E2325 | Sip and puff interface, nonproportional, power wheelchair accessory | Yes |
| E2326 | Breath tube kit for sip and puff interface, power wheel chair accessory | Yes |
| E2327 | Head control interface, mechanical, proportional, power wheelchair accessory | Yes |
| E2328 | Head or extremity control interface, electronic, proportional, power wheelchair accessory | Yes |
| E2329 | Head control interface, contact switch mechanism, nonproportional, power wheelchair accessory | Yes |
| E2330 | Head control interface, proximity switch mechanism, nonproportional, power wheelchair accessory | Yes |
| E2331 | Attendant control, proportional, power wheelchair accessory | Yes |
| E2340 | Nonstandard seat frame width, 20" - 23", power wheelchair accessory | Yes |
| E2341 | Nonstandard seat frame width, 24" - 27", power wheelchair accessory | Yes |
| E2342 | Nonstandard seat frame depth, 20" or 21", power wheelchair accessory | Yes |
| E2343 | Nonstandard seat frame depth, 22" - 25", power wheelchair accessory | Yes |
| E2351 | Electronic interface to operate SGD using power wheelchair control interface | Yes |
| E2358 | Gr 34 Nonsealed Leadacid | Yes |
| E2360 | 22 NF non-sealed lead acid battery, each, power wheelchair accessory | Yes |
| E2361 | 22 NF sealed lead acid battery, each, power wheelchair accessory | Yes |
| E2362 | Group 24 non-sealed lead acid battery, each, power wheelchair accessory | Yes |
| E2363 | Group 24 sealed lead acid battery, each, power wheelchair accessory | Yes |
| E2364 | U-1 non-sealed lead acid battery, each, power wheelchair accessory | Yes |
| E2365 | U-1 sealed lead acid battery, each, power wheelchair accessory | Yes |
| E2366 | Battery charger, single mode, for use w/only one battery type, sealed or non-sealed, each, pwr w/c accessory | Yes |

| Code | Procedure Description | CCN - Medicare |
|-------------|--|-----------------------|
| E2367 | Battery charger, dual mode, for use w/either battery type, sealed or non-sealed, each, pwr w/c accessory | Yes |
| E2372 | Gr27 Nonsealed Leadacid | Yes |
| E2373 | Hand/chin ctrl spec joystick | Yes |
| E2374 | Hand/chin ctrl std joystick | Yes |
| E2375 | Non-expandable controller | Yes |
| E2376 | Expandable controller, repl | Yes |
| E2377 | Expandable controller, initl | Yes |
| E2378 | Power wc actuator replacement | Yes |
| E2381 | Pneum drive wheel tire | Yes |
| E2382 | Tube, pneum wheel drive tire | Yes |
| E2384 | Pneumatic caster tire | Yes |
| E2385 | Tube, pneumatic caster tire | Yes |
| E2386 | Foam filled drive wheel tire | Yes |
| E2387 | Foam filled caster tire | Yes |
| E2388 | Foam drive wheel tire | Yes |
| E2389 | Foam caster tire | Yes |
| E2390 | Solid drive wheel tire | Yes |
| E2391 | Solid caster tire | Yes |
| E2392 | Solid caster tire, integrate | Yes |
| E2394 | Drive wheel excludes tire | Yes |
| E2395 | Caster wheel excludes tire | Yes |
| E2396 | Caster fork | Yes |
| E2397 | PWC harness, llith-based battery | Yes |
| E2398 | Wc Dynamic Pos Back Hardware | Yes |
| E2402 | Negative pressure wound therapy electric pump, stationary or portable | Yes |
| E2500 | SGD, digitized speech using pre-recorded messages, <= 8 mins recording time | Yes |
| E2502 | SGD, digitized speech using pre-recorded messages, >8 but <= 20 mins recording time | Yes |
| E2504 | SGD, digitized speech using pre-recorded messages, >20 but <= 40 mins recording time | Yes |
| E2506 | SGD, digitized speech using pre-recorded messages, >40 mins | Yes |
| E2508 | SGD, synthesized speech, req messages by spelling & acces by phycial contract w/the device | Yes |
| E2510 | SGD, synthesized speech, mulitple messages methods & multiple device access methods | Yes |
| E2511 | SG generating software program, for personal computer or digital assistant | Yes |
| E2512 | Accessory for SGD, mounting system | Yes |
| E2599 | Accessory for SGD, NOC | Yes |
| E2601 | General use wheelchair seat cushion, width <22", any depth | Yes |

| Code | Procedure Description | CCN - Medicare |
|-------------|--|-----------------------|
| E2602 | General use wheelchair seat cushion, width ≥ 22 ", any depth | Yes |
| E2603 | Skin protection wheelchair seat cushion, width < 22 ", any depth | Yes |
| E2604 | Skin protection wheelchair seat cushion, width ≥ 22 ", any depth | Yes |
| E2605 | Positioning Wheelchair seat cushion, width < 22 ", any depth | Yes |
| E2606 | Positioning wheelchair seat cushion, width ≥ 22 ", any depth | Yes |
| E2607 | Protect/position wheelchair seat cushion, width < 22 ", any depth | Yes |
| E2608 | Protect/position wheelchair seat cushion, width ≥ 22 ", any depth | Yes |
| E2609 | Custom fabricated wheelchair seat cushion, any size | Yes |
| E2610 | Wheelchair seat cushion, powered | Yes |
| E2611 | General use wheelchair back cushion, width < 22 ", any height | Yes |
| E2612 | General use wheelchair back cushion, width ≥ 22 ", any height | Yes |
| E2613 | Posterior positioning wheelchair back cushion, < 22 ", any height | Yes |
| E2614 | Posterior positioning wheelchair back cushion, ≥ 22 ", any height | Yes |
| E2615 | Post/lateral positioning wheelchair back cushion, < 22 ", any height | Yes |
| E2616 | Post/lateral positioning wheelchair back cushion, ≥ 22 ", any height | Yes |
| E2617 | Custom fabricated wheelchair back cushion, any size | Yes |
| E2619 | Replacement cover for wheelchair seat or back cushion | Yes |
| E2622 | SKIN PROTECT WC CUSH WIDTH < 22 IN | Yes |
| E2623 | SKIN PROTECT WC CUSH WIDTH 22 IN/ $>$ | Yes |
| E2624 | SKIN PROTCT&POSITION WC CUSH WD < 22 | Yes |
| E2625 | SKIN PROTCT&POSITION WC CUSH W 22 / $>$ | Yes |
| E2626 | Seo mobile arm sup att to wc | Yes |
| E2627 | Arm supp att to wc rancho ty | Yes |
| E2628 | Mobile arm supports reclinin | Yes |
| E2629 | Friction dampening arm supp | Yes |
| E2630 | Monosuspension arm/hand supp | Yes |
| E2631 | Elevat proximal arm support | Yes |
| E2632 | Offset/lat rocker arm w/ela | Yes |
| E2633 | Mobile arm support supinator | Yes |
| E8000 | Posterior Gait Trainer | Yes |
| E8001 | Upright Gait Trainer | Yes |
| E8002 | Anterior Gait Trainer | Yes |
| G0088 | Professional services, initial visit, for the administration of anti-infective, pain management, chelation, pulmonary hypertension, inotropic, or other intravenous infusion drug or biological (excluding chemotherapy or other highly complex drug or biological) for each infusion drug administration calendar day in the individual's home, each 15 minutes | Yes |

| Code | Procedure Description | CCN - Medicare |
|-------------|---|-----------------------|
| G0089 | Professional services, initial visit, for the administration of subcutaneous immunotherapy or other subcutaneous infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 minutes | Yes |
| G0151 | Services performed by a qualified physical therapist in the home health or hospice setting each 15 minutes(auth required for home health only) | Yes |
| G0152 | Services performed by a qualified occupational therapist in the home health or hospice setting , each 15 minutes(auth required for home health only) | Yes |
| G0153 | Services performed by a qualified speech-language pathologist in the home health or hospice setting each 15 minutes(auth required for home health only) | Yes |
| G0155 | Services of clinical social worker in home health or hospice setting, each 15 minutes (auth required for home health only) | Yes |
| G0156 | Services of home health/hospice aide in home health or hospice setting, each 15 minutes (auth required for home health only) | Yes |
| G0162 | Skilled services by a registered nurse (RN) in the delivery of management and evaluation of the plan of care, each 15 minutes (auth required for home health only) | Yes |
| G0166 | External Counter Pulsation, per session | Yes |
| G0176 | OPPS/PHP; Activity Therapy | Yes |
| G0283 | Electrical Stimulation to one or more areas for indications other than wound care, as part of a therapy plan | Yes |
| G0299 | Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting | Yes |
| G0300 | Direct skilled nursing services of a licensed practical nurse (LPN) in the home health or hospice setting | Yes |
| G0330 | Facility services for dental rehabilitation procedures performed on a patient who requires monitored anesthesia (e.g., general, intravenous sedation (monitored anesthesia care)) and use of an operating room | Yes |
| G0398 | Home sleep study test (HST) with type II portable monitor, unattended; minimum of 7 channels: EEG, EOG, EMG, ECG/heart rate, airflow, respiratory effort and oxygen saturation | Yes |
| G0399 | Home sleep test (HST) with type III portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ECG/heart rate and 1 oxygen saturation | Yes |
| G0400 | Home sleep test (HST) with type IV portable monitor, unattended; minimum of 3 channels | Yes |
| G0416 | Sat biopsy prostate 1-20 spc | Yes |
| G0422 | Intensive Cardiac rehab: with or without continuous ECG monitoring with exercise, per session | Yes |
| G0423 | Intensive Cardiac rehab: with or without continuous ECG monitoring with exercise, per session | Yes |
| G0458 | LDR prostate brachytherapy | Yes |

| Code | Procedure Description | CCN - Medicare |
|-------------|--|-------------------------|
| G0493 | Rn Care Ea 15 Min Hh/Hospice | Yes |
| G0494 | Lpn Care Ea 15Min Hh/Hospice | Yes |
| G0495 | Rn Care Train/Edu In Hh | Yes |
| G0496 | Lpn Care Train/Edu In Hh | Yes |
| G0555 | Provision of replacement patient electronics system (e.g., system pillow, handheld reader) for home pulmonary artery pressure monitoring | Yes |
| G9037 | Interprofessional telephone/internet/electronic health record clinical question/request for specialty recommendations by a treating/requesting physician or other qualified health care professional for the care of the patient (i.e., not for professional education or scheduling) and may include subsequent follow up on the specialist's recommendations; 30 minutes | Yes |
| G9654 | Mon Anesth Care | Yes |
| H2000 | CBAS Comprehensive multidisciplinary evaluation | Not covered by Medicare |
| J7402 | Mometasone furoate sinus implant, (sinuva), 10 micrograms | Yes |
| K0001 | Standard wheelchair | Yes |
| K0002 | Standard hemi (low seat) wheelchair | Yes |
| K0003 | Lightweight wheelchair | Yes |
| K0004 | High strength, lightweight wheelchair | Yes |
| K0005 | Ultralightweight wheelchair | Yes |
| K0006 | Heavy duty wheelchair | Yes |
| K0007 | Extra heavy duty wheelchair | Yes |
| K0008 | Custom Manual Wheelchair/base | Yes |
| K0009 | Other manual wheelchair/base | Yes |
| K0010 | Standard-weight frame motorized/power wheelchair | Yes |
| K0011 | Standard-weight frame motorized/power wheelchair w/programmable control parameters for speed adj | Yes |
| K0012 | Lightweight portable motorized/power wheelchair | Yes |
| K0013 | Custom Power Wheelchair/base | Yes |
| K0014 | Other motorized/power wheelchair base | Yes |
| K0015 | Detachable, nonadjustable height armrest, each | Yes |
| K0017 | Detachable, adjustable height armrest, base, each | Yes |
| K0018 | Detachable, adjustable height armrest, upper portion, each | Yes |
| K0019 | Arm pad, each | Yes |
| K0020 | Fixed, adjustable height armrest, pair | Yes |
| K0037 | High mount flip-up footrest, each | Yes |
| K0038 | Leg strap, each | Yes |
| K0039 | Leg strap, H style, each | Yes |
| K0040 | Adjustable angle footplate, each | Yes |
| K0041 | Large size footplate, each | Yes |

| Code | Procedure Description | CCN - Medicare |
|-------------|---|-----------------------|
| K0042 | Standard size footplate, each | Yes |
| K0043 | Footrest, lower extension tube, each | Yes |
| K0044 | Footrest, upper hanger bracket, each | Yes |
| K0045 | Footrest, complete assembly | Yes |
| K0046 | Elevating legrest, lower extension tube, each | Yes |
| K0047 | Elevating legrest, upper hanger bracket, each | Yes |
| K0050 | Ratchet assembly | Yes |
| K0051 | Cam release assembly, footrest or legrest, each | Yes |
| K0052 | Swingaway, detachable footrests, each | Yes |
| K0053 | Elevating footrests, articulating, each | Yes |
| K0056 | Seat height, for high strength, lightweight or ultralightweight wheelchair, <17" or >=21" | Yes |
| K0069 | Rear wheel assembly, complete, w/solid tire, spokes or molded, each | Yes |
| K0070 | Rear wheel assembly, complete, w/pneumatic tire, spokes or molded, each | Yes |
| K0071 | Front caster assembly, complete, w/pneumatic tire, each | Yes |
| K0072 | Front caster assembly, complete, w/semi-pneumatic tire, each | Yes |
| K0073 | Caster pin lock each | Yes |
| K0077 | Front caster assembly, complete, w/solid tire each | Yes |
| K0098 | Drive belt for power wheelchair | Yes |
| K0105 | IV hanger, each | Yes |
| K0108 | Other accessories, wheelchair component or accessory, NOS | Yes |
| K0195 | Elevating leg rest, pair | Yes |
| K0455 | Infusion pump for epoprostenol/treprostinil (uninterrupted parenteral admin of meds) | Yes |
| K0606 | Aed Garment W Elec Analysis | Yes |
| K0669 | Wheelchair seat or back cushion, NOC from SADMERC | Yes |
| K0672 | Remove Soft Interface, Repl | Yes |
| K0738 | Portable gaseous oxygen system, rental | Yes |
| K0739 | Repair of non-routine service for DME, other than oxygen equipment requiring the skill of a technician, per 15 minutes of labor | Yes |
| K0740 | Repair of non-routine service for oxygen equipment requiring the skill of a technician, per 15 minutes of labor | Yes |
| K0743 | Portable home suction pump | Yes |
| K0744 | Absorp drg <= 16 suc pump | Yes |
| K0745 | Absorp drg >16<=48 suc pump | Yes |
| K0746 | Absorp drg >48 suc pump | Yes |
| K0800 | POV group 1 std up to 300lbs | Yes |
| K0801 | POV group 1 hd 301-450 lbs | Yes |
| K0802 | POV group 1 vhd 451-600 lbs | Yes |
| K0806 | POV group 2 std up to 300lbs | Yes |

| Code | Procedure Description | CCN - Medicare |
|-------------|------------------------------|-----------------------|
| K0807 | POV group 2 hd 301-450 lbs | Yes |
| K0808 | POV group 2 vhd 451-600 lbs | Yes |
| K0812 | Power operated vehicle NOC | Yes |
| K0813 | PWC gp 1 std port seat/back | Yes |
| K0814 | PWC gp 1 std port cap chair | Yes |
| K0815 | PWC gp 1 std seat/back | Yes |
| K0816 | PWC gp 1 std cap chair | Yes |
| K0820 | PWC gp 2 std port seat/back | Yes |
| K0821 | PWC gp 2 std port cap chair | Yes |
| K0822 | PWC gp 2 std seat/back | Yes |
| K0823 | PWC gp 2 std cap chair | Yes |
| K0824 | PWC gp 2 hd seat/back | Yes |
| K0825 | PWC gp 2 hd cap chair | Yes |
| K0826 | PWC gp 2 vhd seat/back | Yes |
| K0827 | PWC gp vhd cap chair | Yes |
| K0828 | PWC gp 2 xtra hd seat/back | Yes |
| K0829 | PWC gp 2 xtra hd cap chair | Yes |
| K0830 | PWC gp2 std seat elevate s/b | Yes |
| K0831 | PWC gp2 std seat elevate cap | Yes |
| K0835 | PWC gp2 std sing pow opt s/b | Yes |
| K0836 | PWC gp2 std sing pow opt cap | Yes |
| K0837 | PWC gp 2 hd sing pow opt s/b | Yes |
| K0838 | PWC gp 2 hd sing pow opt cap | Yes |
| K0839 | PWC gp2 vhd sing pow opt s/b | Yes |
| K0840 | PWC gp2 xhd sing pow opt s/b | Yes |
| K0841 | PWC gp2 std mult pow opt s/b | Yes |
| K0842 | PWC gp2 std mult pow opt cap | Yes |
| K0843 | PWC gp2 hd mult pow opt s/b | Yes |
| K0848 | PWC gp 3 std seat/back | Yes |
| K0849 | PWC gp 3 std cap chair | Yes |
| K0850 | PWC gp 3 hd seat/back | Yes |
| K0851 | PWC gp 3 hd cap chair | Yes |
| K0852 | PWC gp 3 vhd seat/back | Yes |
| K0853 | PWC gp 3 vhd cap chair | Yes |
| K0854 | PWC gp 3 xhd seat/back | Yes |
| K0855 | PWC gp 3 xhd cap chair | Yes |
| K0856 | PWC gp3 std sing pow opt s/b | Yes |
| K0857 | PWC gp3 std sing pow opt cap | Yes |
| K0858 | PWC gp3 hd sing pow opt s/b | Yes |

| Code | Procedure Description | CCN - Medicare |
|-------------|---|-----------------------|
| K0859 | PWC gp3 hd sing pow opt cap | Yes |
| K0860 | PWC gp3 vhd sing pow opt s/b | Yes |
| K0861 | PWC gp3 std mult pow opt s/b | Yes |
| K0862 | PWC gp3 hd mult pow opt s/b | Yes |
| K0863 | PWC gp3 vhd mult pow opt s/b | Yes |
| K0864 | PWC gp3 xhd mult pow opt s/b | Yes |
| K0868 | PWC gp 4 std seat/back | Yes |
| K0869 | PWC gp 4 std cap chair | Yes |
| K0870 | PWC gp 4 hd seat/back | Yes |
| K0871 | PWC gp 4 vhd seat/back | Yes |
| K0877 | PWC gp4 std sing pow opt s/b | Yes |
| K0878 | PWC gp4 std sing pow opt cap | Yes |
| K0879 | PWC gp4 hd sing pow opt s/b | Yes |
| K0880 | PWC gp4 vhd sing pow opt s/b | Yes |
| K0884 | PWC gp4 std mult pow opt s/b | Yes |
| K0885 | PWC gp4 std mult pow opt cap | Yes |
| K0886 | PWC gp4 hd mult pow s/b | Yes |
| K0890 | PWC gp5 ped sing pow opt s/b | Yes |
| K0891 | PWC gp5 ped mult pow opt s/b | Yes |
| K0898 | Power wheelchair NOC | Yes |
| L0113 | Cranial cervical torticollis | Yes |
| L0170 | Collar, Molded to Patient Model | Yes |
| L0200 | Multiple post collar, occipital/mandibular supports, adjustable cervical bars & thoracic extension | Yes |
| L0452 | Upper thoracic region, included shoulder straps & closures, custom fabricated | Yes |
| L0455 | Tlso flexible trnk sj-t9 prefabricated, off-the-shelf | Yes |
| L0456 | Rigid posterior panel & soft anterior apron, incl straps & closures, prefab, incl fitting & adjustment | Yes |
| L0457 | Tlso flexible trnk sj-ss prefabricated, off-the-shelf | Yes |
| L0458 | Two rigid plastic shells, soft liner, to xiphoid, incl straps & closures, incl fitting & adjustment | Yes |
| L0460 | Two rigid plastic shells, soft liner, to sternal notch, incl straps & closures, incl fitting & adjustment | Yes |
| L0462 | Three rigid plastic shells, soft liner, incl straps & closures, incl fitting & adjustment | Yes |
| L0464 | Four rigid plastic shells, soft liner, incl straps & closures, incl fitting & adjustment | Yes |
| L0467 | Tlso, sagittal control, rigid posterior frame and flexible soft, off-the-shelf | Yes |
| L0468 | Rigid posterior frame & flexible soft anterior apron w/straps, closures & padding, prefab,includes fitting and adjustment | Yes |
| L0469 | Tlso, sagittal-coronal control, rigid posterior frame prefabricated, off-the-shelf | Yes |

| Code | Procedure Description | CCN - Medicare |
|-------------|--|-----------------------|
| L0470 | Rigid posterior frame & flexible soft anterior apron w/straps, closures & padding, incl fitting & adjustment | Yes |
| L0472 | Hyperextension, rigid ant & lat frame, post & lat pads w/straps & closures, incl fitting & adjustment | Yes |
| L0480 | One piece, w/o interface liner, w/mult straps & closures, incl carved plaster or CAD-CAM model, custom | Yes |
| L0482 | One piece, w/interface liner, w/mult straps & closures, incl carved plaster or CAD-CAM model, custom | Yes |
| L0484 | Two piece, w/o interface liner, w/mult straps & closures, incl carved plaster or CAD-CAM model, custom | Yes |
| L0486 | Two piece, w/interface liner, w/mult straps & closures, incl carved plaster or CAD-CAM model, custom | Yes |
| L0488 | One piece, w/interface liner, w/mult straps & closures, prefabricated, incl fitting & adjustment | Yes |
| L0490 | One piece rigid posterior shell w/overlapping reinforced anterior w/mult straps & closures, prefabricated, incl fitting & adjustment | Yes |
| L0492 | Tlso, sagittal-coronal control, modular segmented spinal system, three rigid plastic | Yes |
| L0623 | Sacroiliac orthosis, pelvic-sacral support, with rigid or semi-rigid panels w/mult straps & closures, prefabricated, incl fitting & adjustment | Yes |
| L0624 | Sacroiliac orthosis, provides pelvic-sacral support, with rigid or semi-rigid panels w/mult straps & closures, custom fabricated | Yes |
| L0629 | LSO, flexible, provides lumbo-sacral support, with rigid or semi-rigid panels w/mult straps & closures, custom fabricated | Yes |
| L0631 | LSO, sagittal control, with rigid posterior panel(s), pw/mult straps & closures, prefabricated, incl fitting & adjustment | Yes |
| L0632 | LSO, sagittal control, , with rigid anterior and posterior panels, pw/mult straps & closures, prefabricated, incl fitting & adjustment | Yes |
| L0634 | LSO, sagittal-coronal control, with rigid posterior frame/panel(s)er straps, pendulous abdomen design, custom fabricated | Yes |
| L0635 | LSO, sagittal-coronal control, lumbar flexion, rigid posterior frame/panel(s), pw/mult straps & closures, prefabricated, incl fitting & adjustment | Yes |
| L0636 | LSO, sagittal-coronal control, lumbar flexion, rigid posterior frame/panels, pw/mult straps & closures, incl fitting & adjustment, custom fabricated | Yes |
| L0637 | LSO, sagittal-coronal control, with rigid anterior and posterior frame/panels, pw/mult straps & closures, prefabricated, incl fitting & adjustment | Yes |
| L0638 | LSO, sagittal-coronal control, with rigid anterior and posterior frame/panels, pw/mult straps & closures, incl fitting & adjustment, custom fabricated | Yes |
| L0639 | LSO, sagittal-coronal control, rigid shell(s)/panel(s), pw/mult straps & closures, prefabricated, incl fitting & adjustment | Yes |
| L0640 | LSO, sagittal-coronal control, rigid shell(s)/panel(s), pw/mult straps & closures, prefabricated, incl fitting & adjustment, custom fabricated | Yes |

| Code | Procedure Description | CCN - Medicare |
|-------------|--|-----------------------|
| L0641 | Lumbar orthosis, sagittal control, with rigid posterior panel(s), l l1-l5 pre ots | Yes |
| L0642 | Lumbar orthosis, sagittal control, with rigid anterior and posterior panels pre ots | Yes |
| L0643 | Lumbar-sacral orthosis, sagittal control, with rigid posterior panel(s), pre ots | Yes |
| L0648 | Lumbar-sacral orthosis, sagittal control, with rigid anterior and posterior panels pre ots | Yes |
| L0649 | Lumbar-sacral orthosis, sagittal-coronal control, with rigid posterior frame/panel(s), pre ots | Yes |
| L0650 | Lumbar-sacral orthosis, sagittal-coronal control, with rigid anterior and posterior frame/panel(s), pre ots | Yes |
| L0651 | Lumbar-sacral orthosis, sagittal-coronal control, rigid shell(s)/panel(s), l pre ots | Yes |
| L0700 | Minerva type, molded to patient model | Yes |
| L0710 | Minerva type, molded to patient model, w/interface material | Yes |
| L0810 | Cervical Halo Incorporated Into Jacket Vest | Yes |
| L0820 | Cervical Halo Incorporated Into Plaster Body Jacket | Yes |
| L0830 | Cervical Halo Incorporated Into Milwaukee Type Orthosis | Yes |
| L0859 | Addition to Halo Procedures, Magnetic Reasonance Image Compatible System (replaces L0860) | Yes |
| L1000 | Milwaukee, inclusive of furnishing initial orthosis, including model | Yes |
| L1001 | CTLISO infant immobilizer | Yes |
| L1005 | Tension based scoliosis orthosis and accessory pads, includes fitting and adjustment | Yes |
| L1200 | Thoracic-Lumbar-Sacral-Orthosis (TLSO), Inclusive of Furnishing Initial | Yes |
| L1300 | Other Scoliosis Procedure, Body Jacket Molded to Patient Model | Yes |
| L1310 | Other Scoliosis Procedure, Post-Operative Body Jacket | Yes |
| L1680 | HO, dynamic, pelvic control, adj hip motion control, thigh cuffs, custom fabricated (Rancho type) | Yes |
| L1685 | HO, abduction control of hip joint, post-op hip abduction type, custom fabricated | Yes |
| L1686 | HO, abduction control of hip joint, post op hip abduction type, prefabricated | Yes |
| L1690 | Combo-bilat, lumbo-sacral, hip, femur orthosis providing adduction&internal rotation control,prefab | Yes |
| L1700 | Legg Perthes orthosis, (Toronto type), custom fabricated | Yes |
| L1710 | Legg Perthes orthosis, (Newington type), custom fabricated | Yes |
| L1720 | Legg Perthes orthosis, trilateral, (Tachdijan type), custom fabricated | Yes |
| L1730 | Legg Perthes orthosis, (Scottish Rite type), custom fabricated | Yes |
| L1755 | Legg Perthes orthosis, (Patten bottom type), custom fabricated | Yes |
| L1812 | KO, elastic w/joints prefabricated, off-the-shelf | Yes |
| L1832 | KO, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, includes fitting and adjustment | Yes |
| L1833 | KO, adjustable knee joints (unicentric or polycentric), positional orthosis, rigid support, prefabricated, off-the shelf | Yes |

| Code | Procedure Description | CCN - Medicare |
|-------------|---|-----------------------|
| L1834 | KO, w/o knee joint, custom fabricated | Yes |
| L1840 | KO, derotation, medial-lateral, anterior cruciate ligament, custom fabricated | Yes |
| L1843 | KO, single upright, thigh and calf, with adjustable flexion and extension joint | Yes |
| L1844 | KO, single upright,custom fabricated,thigh&calf,w/adj flexion&extension jnt, med-lat&rotation control | Yes |
| L1845 | KO, double upright,prefabricated,thigh&calf, w/adj flexion&extension jnt,med-lat&rotation control | Yes |
| L1846 | KO, double upright,custom fabricated,thigh&calf,w/adj flexion&extension jnt, med-lat&rotation control | Yes |
| L1847 | KO, double upright w/adjustable joint w/inflatable air support chamber(s), prefabricated | Yes |
| L1848 | KO, double upright with adjustable joint, with inflatable air support chamber(s), prefabricated, off-the-shelf | Yes |
| L1860 | KO, modification of supracondylar prosthetic socket, custom fabricated (SK) | Yes |
| L1904 | AFO, molded ankle gauntlet, custom-fabricated | Yes |
| L1907 | AFO, supramalleolar w/straps, w/ or w/o interface/pads, custom fabricated | Yes |
| L1940 | AFO, plastic or other material, custom fabricated | Yes |
| L1945 | AFO, plastic, rigid anterior tibial section (floor reaction), custom fabricated, molded to pt model | Yes |
| L1950 | AFO, spiral (Institute of Rehabilitative Medicine type), plastic, custom fabricated | Yes |
| L1951 | AFO, spiral (Institute of Rehabilitative Medicine type), plastic or other material, prefabricated | Yes |
| L1960 | AFO, posterior solid ankle, plastic, custom fabricated | Yes |
| L1970 | AFO, plastic, with ankle joint, custom fabricated | Yes |
| L1980 | AFO, single upright free plantar dorsiflexion, solid stirrup, calf band/cuff, custom fabricated | Yes |
| L1990 | Ankle foot orthosis, double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar 'bk' orthosis), custom-fabricated | Yes |
| L2000 | Knee ankle foot orthosis, single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar 'ak' orthosis), custom-fabricated | Yes |
| L2006 | Kaf Sng/DbI Swg/Stn Mcpr Cus | Yes |
| L2010 | Knee ankle foot orthosis, single upright, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar 'ak' orthosis), without knee joint, custom-fabricated | Yes |
| L2020 | KAFO, double upright, free knee, free ankle, solid stirrup, thigh & calf bands/cuffs, custom fabricated | Yes |
| L2030 | KAFO, double upright, free ankle, solid stirrup, thigh & calf bands/cuffs, w/o knee joint,custom fabricated | Yes |
| L2035 | KAFO, plastic, pediatric size | Yes |
| L2036 | KAFO, full plastic, double upright, free knee, w/ or w/o free motion ankle, custom fabricated | Yes |
| L2037 | KAFO, full plastic, single upright, free knee, w/ or w/o free motion ankle, custom fabricated | Yes |

| Code | Procedure Description | CCN - Medicare |
|-------------|---|-----------------------|
| L2038 | KAFO, full plastic, w/o knee joint, multiaxis ankle, (Lively orthosis or euqal), custom fabricated | Yes |
| L2060 | Hip knee ankle foot orthosis, torsion control, bilateral torsion cables, ball bearing hip joint, pelvic band/ belt, custom-fabricated | Yes |
| L2108 | AFO, fracture orthosis, tibial fracture cast orthosis, custom fabricated | Yes |
| L2114 | AFO, fracture orthosis, tibial fracture orthosis, semi-rigid, prefabricated | Yes |
| L2116 | AFO, fracture orthosis, tibial fracture orthosis, rigid, prefabricated | Yes |
| L2126 | KAFO, fx orthosis, femoral fx cast orthosis, thermoplastic type casting material, custom fabricated | Yes |
| L2128 | KAFO, fracture orthosis, femoral fracture cast orthosis, custom fabricated | Yes |
| L2132 | KAFO, fracture orthosis, femoral fracture cast orthosis, soft, prefabricated | Yes |
| L2134 | KAFO, fracture orthosis, femoral fracture cast orthosis, semi-rigid, prefabricated | Yes |
| L2136 | KAFO, fracture orthosis, femoral fracture cast orthosis, rigid, prefabricated | Yes |
| L2350 | Addition to lower extremity, prosthetic type, (BK) socket, molded to patient model | Yes |
| L2510 | Addition to lower thigh | Yes |
| L2520 | Addition to lower extremity, thigh/weight bearing, quadri-lateral brim, custom fitted | Yes |
| L2525 | Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim molded to pt | Yes |
| L2580 | Addition to lower extremity, pelvic control, pelvic sling | Yes |
| L2627 | Addition-lower extremity, pelvic control, plastic, molded to patient model, reciprocating hip joint & cables | Yes |
| L2628 | Addition to lower extremity, pelvic control, metal frame, reciprocating hip joint & cables | Yes |
| L2861 | Addition to lower extremity joint, knee or ankle, concentric adjustable ... | Yes |
| L3000 | Foot - Insert, Removable, Molded to Patient | Yes |
| L3160 | Foot, adjustable shoe-styled positioning device | Yes |
| L3230 | Orthopedic footwear, custom shoe, depth inlay, each | Yes |
| L3677 | Shoulder orthosis, hard plastic, shoulder stabilizer, pre-fabricated, includes fitting and adjustment | Yes |
| L3678 | Shoulder orthosis, without joints, may include soft interface, straps, prefabricated, off-the-shelf | Yes |
| L3720 | EO, double upright w/forearm/arm cuffs, free motion, custom fabricated | Yes |
| L3730 | EO, double upright w/forearm/arm cuffs, extension/flexion assist, custom fabricated | Yes |
| L3740 | EO, double upright w/forearm/arm cuffs, adj position lock w/active control, custom fabricated | Yes |
| L3761 | Elbow orthosis (eo), with adjustable position locking joint(s), prefabricated, off-the shelf | Yes |
| L3806 | WHFO w/joint(s) custom fab | Yes |
| L3807 | Whfo W/O Joints Pre Cst | Yes |

| Code | Procedure Description | CCN - Medicare |
|-------------|--|-----------------------|
| L3808 | WHFO, rigid w/o joints | Yes |
| L3809 | WHFO, without joint(s), prefabricated, off-the-shelf, any type | Yes |
| L3891 | Torsion Mechanism Wrist/Elbo | Yes |
| L3900 | Wrist hand finger orthosis, without joint(s), prefabricated, off-the-shelf, any type | Yes |
| L3901 | WHFO, dynamic flexor hinge, reciprocal wrist exten/flex, finger flex/exten, cable driven,custom fabricated | Yes |
| L3904 | WHFO, external powered, electric, custom fabricated | Yes |
| L3906 | WHO, wrist gauntlet, custom fabricated, molded to patient model | Yes |
| L3915 | WHO w nontor jnt(s) prefab | Yes |
| L3916 | WHO, includes one or more nontorsion joint(s),prefabricated, off-the-shelf | Yes |
| L3918 | Hand orthosis, metacarpal fracture orthosis, prefabricated, off-the-shelf | Yes |
| L3924 | Hand finger orthosis, without joints, may include soft interface, straps, prefabricated, off-the-shelf | Yes |
| L3927 | FO, prefabricated, includes fitting & adjustment | Yes |
| L3930 | Hand finger orthosis, includes one or more nontorsion joint(s), prefabricated, off-the-shelf | Yes |
| L3931 | WHFO nontor joint prefab | Yes |
| L3956 | Addition of joint to upper extremity orthosis, any matieral; per joint | Yes |
| L3960 | SEWHO, abduction positioning, airplane design, prefabricated | Yes |
| L3962 | SEWHO, abduction positioning, Erb's palsey design, prefabricated | Yes |
| L3995 | Addition to upper extremity orthosis, sock, fracture or equal, each | Yes |
| L4000 | Replace girdle for spinal orthosis (CTL SO or SO) | Yes |
| L4010 | Replace trilateral socket brim | Yes |
| L4020 | Replace quadrilateral socket brim, molded to patient model | Yes |
| L4030 | Replace quadrilateral socket | Yes |
| L4040 | Replace molded thigh lacer, for custom fabricated orthosis only | Yes |
| L4050 | Replace molded calf lacer, for custom fabricated orthosis only | Yes |
| L4130 | Replace pretibial shell | Yes |
| L4210 | Repair of orthotic device, repair or replace minor parts | Yes |
| L4361 | Walking boot, pneumatic and/or vacuum, with or without joints,prefabricated, off-the-shelf | Yes |
| L4387 | Walking boot, non-pneumatic, with or without joints,prefabricated, off-the-shelf | Yes |
| L4397 | Static or dynamic ankle foot orthosis, prefabricated, off-the-shelf | Yes |
| L5010 | Partial foot, molded socket, ankle height, w/toe filler | Yes |
| L5020 | Partial foot, molded socket, tibial tubercle height, w/toe filler | Yes |
| L5050 | Ankle, Symes, molded socket, SACH foot | Yes |
| L5060 | Ankle, Symes, metal frame, molded leather socket, articulated ankle/foot | Yes |
| L5100 | Below knee, molded socket, shin, SACH foot | Yes |
| L5105 | Below knee, plastic socket, joints & thigh lacer, SACH foot | Yes |

| Code | Procedure Description | CCN - Medicare |
|-------------|--|-----------------------|
| L5150 | Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot | Yes |
| L5160 | Knee disarticulation (or through knee), molded socket, bent knee config, ext knee jnts, SACH foot | Yes |
| L5200 | Above knee, molded socket, single axis constant friction knee, shin, SACH foot | Yes |
| L5210 | Above knee, short prosthesis, no knee joint (stubbies), w/foot blocks, no ankle joints, each | Yes |
| L5220 | Above knee, short prosthesis, no knee jnt(stubbies), w/articulated ankle/foot,dynamically aligned,each | Yes |
| L5230 | Above knee, for proximal femoral focal deficiency, constant friction knee, shin, SACH foot | Yes |
| L5250 | Hip disarticulation,Canadian type;molded socket,hip joint,single axis constant friction knee, shin, | Yes |
| L5270 | Hip disarticulation,tilt table type;molded socket,locking hip joint,single axis constant friction knee | Yes |
| L5280 | Hemipelvectomy,Canadian type;molded socket,hip joint,single axis constant friction knee,shin, sach foot | Yes |
| L5301 | Below knee, molded socket, shin, SACH foot, endoskeletal system | Yes |
| L5312 | Knee disart, SACH ft, endo | Yes |
| L5321 | Above knee, molded socket, open end, SACH foot, endoskeletal system, single axis knee | Yes |
| L5331 | Hip disarticulation, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, | Yes |
| L5341 | Hemipelvectomy, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH | Yes |
| L5400 | Immediate postop or early fitting, below knee, application initial rigid dressing,fitting&1cast chng | Yes |
| L5420 | Immediate postop or early fitting,above knee,application initial rigid dressing,fitting&alignment &1cast chng AK or knee disarticulation | Yes |
| L5500 | Initial, below knee PTB type socket, non-alignable sys, pylon, no cover, SACH foot, plaster socket, direct formed | Yes |
| L5505 | Initial,above knee-knee disarticulation,ischial level socket,non-alignable sys,pylon,no cover,SACH foot plaster socket, direct formed | Yes |
| L5510 | Preparatory,below knee PTB type socket,non-alignable sys,pylon,no cover,SACH foot,plaster socket,molded to model | Yes |
| L5520 | Preparatory,below knee PTB type socket,non-alignable sys,pylon,no cover,SACH foot,thermoplatic or equal, direct formed | Yes |
| L5530 | Preparatory,below knee PTB type socket,non-alignable sys,pylon,no cover,SACH foot,thermoplastic or equal, molded to model | Yes |
| L5535 | Preparatory, below knee PTB type socket, non-alignable sys, pylon, no cover, SACH foot,prefabricatedadjustable open end socket | Yes |
| L5540 | Preparatory, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, laminated socket, molded to model | Yes |

| Code | Procedure Description | CCN - Medicare |
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| L5560 | Preparatory, above knee-knee disarticulation, plaster socket, ischial level socket,non-alignable system,pylon, no cover, sach foot, plaster socket, molded to model | Yes |
| L5570 | Preparatory, above knee - knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, sach foot, thermoplastic or equal, direct formed | Yes |
| L5580 | Preparatory, above knee - knee disarticulation ischial level socket, non-alignable system, pylon, no cover, sach foot, thermoplastic or equal, molded to model | Yes |
| L5585 | Preparatory, above knee - knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, sach foot, prefabricated adjustable open end socket | Yes |
| L5590 | Preparatory, above knee - knee disarticulation ischial level socket, non-alignable system, pylon no cover, sach foot, laminated socket, molded to model | Yes |
| L5595 | Preparatory, hip disarticulation-hemipelvectomy, pylon, no cover, sach foot, thermoplastic or equal, molded to patient model | Yes |
| L5600 | Preparatory, hip disarticulation-hemipelvectomy, pylon, no cover, sach foot, laminated socket, molded to patient model | Yes |
| L5610 | Addition to lower extremity, endoskeletal system, above knee, hydracadence system | Yes |
| L5613 | Add to lwr extrem,endoskeletal sys,above knee-knee disarticulation,4-bar linkage w/hydraulic swing phase control | Yes |
| L5614 | Addition to lower extremity, exoskeletal system, above knee-knee disarticulation, 4 bar linkage, with pneumatic swing phase control | Yes |
| L5616 | Addition to lower extremity, above knee, universal multiplex sys, friction swing phase control | Yes |
| L5638 | Addition to Lower Extremity, Below Knee, Leather Socket | Yes |
| L5639 | Addition to Lower Extremity, Below Knee, Wood Socket | Yes |
| L5643 | Addition to Lower Extremity, Hip Disarticulation, Flexible Inner Socket, external frame | Yes |
| L5645 | Addition to Lower Extremity, Below Knee, Flexible Inner Socket, External frame | Yes |
| L5647 | Addition to Lower Extremity, Below Knee Suction Socket | Yes |
| L5649 | Addition to Lower Extremity, Ischial Containment/Narrow M-L Socket | Yes |
| L5651 | Addition to Lower Extremity, Above Knee, Flexible Inner Socket, External frame | Yes |
| L5653 | Addition to Lower Extremity, Knee Disarticulation, Expandable Wall Socket | Yes |
| L5661 | Addition to Lower Extremity, Socket Insert, Multi-Durometer Symes | Yes |
| L5665 | Addition to Lower Extremity, Socket Insert, Multi-Durometer, Below Knee | Yes |
| L5671 | Addition to lower extremity, below knee / above knee suspension locking mechanism (shuttle, lanyard or equal), excludes socket insert | Yes |
| L5673 | Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism | Yes |
| L5677 | Additions to Lower Extremity, Below Knee, Knee Joints, Polycentric, Pair | Yes |

| Code | Procedure Description | CCN - Medicare |
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| L5679 | Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism | Yes |
| L5681 | Addition to lower extremity, below knee/above knee, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code I5673 or I5679) | Yes |
| L5683 | Addition to lower extremity, below knee/above knee, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code I5673 or I5679) | Yes |
| L5700 | Replacement, Socket, Below Knee, Molded to Patient Model | Yes |
| L5701 | Replacement, Socket, Above Knee/Knee Disarticulation, Including Attachment plate, molded to pt model | Yes |
| L5702 | Replacement, Socket, Hip Disarticulation, Including Hip Joint, Molded to patient model | Yes |
| L5705 | Replacement, Custom Shaped Protective Cover, Above Knee | Yes |
| L5706 | Replacement, Custom Shaped Protective Cover, Knee Disarticulation | Yes |
| L5707 | Replacement, Custom Shaped Protective Cover, Hip Disarticulation | Yes |
| L5711 | Additions Exoskeletal Knee-Shin System, Single Axis, Manual Lock, Ultra-light material | Yes |
| L5716 | Addition, Exoskeletal Knee-Shin System, Polycentric, Mechanical Stance phase lock | Yes |
| L5718 | Addition, Exoskeletal Knee-Shin System, Polycentric, Friction Swing and stance phase control | Yes |
| L5722 | Addition, Exoskeletal Knee-Shin System, Single Axis, Pneumatic Swing, friction stance phase control | Yes |
| L5724 | Addition, Exoskeletal Knee-Shin System, Single Axis, Fluid Swing Phase control | Yes |
| L5726 | Addition, Exoskeletal Knee-Shin System, Single Axis, External Joints fluid swing phase control | Yes |
| L5728 | Addition, Exoskeletal Knee-Shin System, Single Axis, Fluid Swing and stance phase control | Yes |
| L5780 | Addition, Exoskeletal Knee-Shin System, Single Axis, Pneumatic/Hydra pneumatic swing phase control | Yes |
| L5781 | Addition lower limb prosthesis,vacuum pump, residual limb volume mngmnt&moisture evacuation system | Yes |
| L5782 | Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy duty | Yes |
| L5785 | Addition, Exoskeletal System, Below Knee, Ultra-Light Material (titanium, carbon fiber or equal) | Yes |
| L5790 | Addition, Exoskeletal System, Above Knee, Ultra-Light Material (titanium, carbon fiber or equal) | Yes |

| Code | Procedure Description | CCN - Medicare |
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| L5795 | Addition Exoskeletal sys, Hip Disarticulation, Ultra-Light Material (titanium, carbon fiber or equal) | Yes |
| L5810 | Addition, Endoskeletal Knee-Shin System, Single Axis, Manual Lock | Yes |
| L5811 | Addition, Endoskeletal Knee-Shin System, Single Axis, Manual Lock, Ultra-light material | Yes |
| L5812 | Addition Endoskeletal Knee-Shin sys, Single Axis, Friction Swing & stance phase control (safety knee) | Yes |
| L5814 | Addition Endoskeletal Knee-Shin sys Polycentric Hydraulic Swing phase control, mechanical stance phase lock | Yes |
| L5816 | Addition, Endoskeletal Knee-Shin System, Polycentric, Mechanical Stance phase lock | Yes |
| L5818 | Addition, Endoskeletal Knee-Shin System, Polycentric, Friction Swing & stance phase control | Yes |
| L5822 | Addition, Endoskeletal Knee-Shin System, Single Axis, Pneumatic Swing, friction stance phase control | Yes |
| L5824 | Addition, Endoskeletal Knee-Shin System, Single Axis, Fluid Swing Phase control | Yes |
| L5826 | Addition Endoskeletal Knee-Shin sys,Single Axis, Hydraulic Swing phase control w/minature high activity frame | Yes |
| L5828 | Addition, Endoskeletal Knee-Shin System, Single Axis, Fluid Swing & stance phase control | Yes |
| L5830 | Addition, Endoskeletal Knee-Shin System, Single Axis, Pneumatic/ Swing phase control | Yes |
| L5840 | Addition, Endoskeletal Knee/Shin System, Multiaxial, Pneumatic Swing Phase control | Yes |
| L5845 | Addition, Endoskeletal, Knee-Shin System, Stance Flexion Feature, Adjustable | Yes |
| L5848 | Addition to endoskeletal, knee-shin sys, hydraulic stance extension dampening feature w/ or w/o adj | Yes |
| L5859 | Addition to endoskeleta lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable | Yes |
| L5926 | Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type | Yes |
| L5930 | Addition, Endoskeletal System, High Activity Knee Control Frame | Yes |
| L5940 | Addition, Endoskeletal System, Below Knee, Ultra-Light Material (titanium, carbon fiber or equal) | Yes |
| L5950 | Addition, Endoskeletal System, Above Knee, Ultra-Light Material (titanium, carbon fiber or equal) | Yes |
| L5960 | Addition Endoskeletal Sys, Hip Disarticulation, Ultra-Light Material(titanium, carbon fiber or equal) | Yes |
| L5962 | Addition, endoskeletal system, below knee, flexible protective outer surface covering system | Yes |
| L5964 | Addition, Endoskeletal System, Above Knee, Flexible Protective Outer Surface covering system | Yes |

| Code | Procedure Description | CCN - Medicare |
|-------------|--|-----------------------|
| L5966 | Addition, Endoskeletal System, Hip Disarticulation, Flexible outer surface covering system | Yes |
| L5968 | Addition to Lower Limb Prosthesis, Multiaxial Ankle w/Swing Phase Active Dorsiflexion Feature | Yes |
| L5973 | Endoskeletal ankle foot system, microprocessor controlled feature, dorsifle... | Yes |
| L5976 | All Lower Extremity Prostheses, Energy Storing Foot (Seattle Carbon Copy II or equal) | Yes |
| L5979 | All Lower Extremity Prostheses, Multiaxial Ankle/Foot, Dynamic Response foot, one piece system | Yes |
| L5980 | All Lower Extremity Prostheses, Flex Foot System | Yes |
| L5981 | All Lower Extremity Prostheses, Flex-Walk System or Equal | Yes |
| L5982 | All Exoskeletal Lower Extremity Prostheses, Axial Rotation Unit | Yes |
| L5984 | All Endoskeletal Lower Extremity Prostheses, Axial Rotation Unit, w/ or w/o adjustability | Yes |
| L5986 | All Lower Extremity Prostheses, Multi-Axial Rotation Unit (MCP or Equal) | Yes |
| L5987 | All Lower Extremity Prosthesis Shank Foot System w/vertical loading pylon | Yes |
| L5988 | Addition to Lower Limb Prosthesis, Vertical Shock-Reducing Pylon Feature | Yes |
| L5991 | Addition to lower extremity prostheses, osseointegrated external prosthetic connector | Yes |
| L6010 | Partial Hand, Robin-Aids, Little and/or Ring Finger Remaining (Or Equal) | Yes |
| L6020 | Partial Hand, Robin-Aids, No Finger Remaining (Or Equal) | Yes |
| L6026 | Part Hand Myo Exclu Term Dev | Yes |
| L6050 | Wrist Disarticulation, Molded Socket, Flexible Elbow Hinges, Triceps Pad | Yes |
| L6055 | Wrist Disarticulation, Molded Socket with Expandable Interface, Flexible elbow hinges, triceps pad | Yes |
| L6100 | Below Elbow, Molded Socket, Flexible Elbow Hinge, Triceps Pad | Yes |
| L6110 | Below Elbow, Molded Socket, (Muenster or Northwestern Suspension Type) | Yes |
| L6120 | Below Elbow, Molded Double Wall Split Socket, Step-Up Hinges, Half Cuff | Yes |
| L6130 | Below Elbow, Molded Double Wall Split Socket, Stump Activated Locking hinge, half cuff | Yes |
| L6200 | Elbow Disarticulation, Molded Socket, Outside Locking Hinge, Forearm | Yes |
| L6205 | Elbow Disarticulation, Molded Socket with Expandable Interface, Outside locking hinges, forearm | Yes |
| L6250 | Above Elbow, Molded Double Wall Socket, Internal Locking Elbow, Forearm | Yes |
| L6300 | Shoulder Disarticulation, Molded Socket, Shoulder Bulkhead, Humeral Section, internal locking elbow, | Yes |
| L6310 | Shoulder Disarticulation, Passive Restoration (Complete Prosthesis) | Yes |
| L6320 | Shoulder Disarticulation, Passive Restoration (Shoulder Cap Only) | Yes |
| L6350 | Interscapular thoracic, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm | Yes |
| L6360 | Interscapular Thoracic, Passive Restoration (Complete Prosthesis) | Yes |

| Code | Procedure Description | CCN - Medicare |
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| L6370 | Interscapular Thoracic, Passive Restoration (Shoulder Cap Only) | Yes |
| L6380 | Immediate Post Surgical or Early Fitting, Application of Initial Rigid dressing, wrist disarticulation | Yes |
| L6382 | Immediate Post Surgical or Early Fitting, Application of Initial Rigid dressing, elbow disarticulation | Yes |
| L6384 | Immediate Post Surgical or Early Fitting, Application of Initial Rigid dressing, shoulder disarticulation | Yes |
| L6400 | Below Elbow, Molded Socket, Endoskeletal System, Including Soft Prosthetic tissue shaping | Yes |
| L6450 | Elbow Disarticulation, Molded Socket, Endoskeletal System, Including Soft prosthetic tissue shaping | Yes |
| L6500 | Above Elbow, Molded Socket, Endoskeletal System, Including Soft Prosthetic tissue shaping | Yes |
| L6550 | Shoulder Disarticulation, Molded Socket, Endoskeletal System, Incl soft prosthetic tissue shaping | Yes |
| L6570 | Interscapular Thoracic, Molded Socket, Endoskeletal System, Including soft prosthetic tissue shaping | Yes |
| L6580 | Preparatory, Wrist Disarticulation or Below Elbow, Single Wall Plastic socket, molded to pt model | Yes |
| L6582 | Preparatory, Wrist Disarticulation or Below Elbow, Single Wall Socket, direct formed, friction wrist | Yes |
| L6584 | Preparatory, Elbow Disarticulation or Above Elbow, Single Wall Plastic socket, molded to pt model | Yes |
| L6586 | Preparatory, Elbow Disarticulation or Above Elbow, Single Wall Socket, direct formed, friction wrist | Yes |
| L6588 | Preparatory Shoulder Disarticulation or Interscapular Thoracic, Single wall plastic socket, molded to patient model | Yes |
| L6590 | Preparatory Shoulder Disarticulation or Interscapular Thoracic, Single wall socket, direct formed, | Yes |
| L6611 | Additional switch, ext power | Yes |
| L6624 | Flex/ext/rotation wrist unit | Yes |
| L6638 | Upper extremity addition prosthesis, electric locking feature, only for use w/manually powered elbow | Yes |
| L6646 | Upper extremity addition, shoulder joint, multipositional locking, flexion, adj abduction friction control | Yes |
| L6647 | Upper extremity addition, shoulder lock mechanism, body powered actuator | Yes |
| L6648 | Upper extremity addition, shoulder lock mechanism, external powered actuator | Yes |
| L6686 | Upper Extremity Addition, Suction Socket | Yes |
| L6689 | Upper Extremity Addition, Frame Type Socket, Shoulder Disarticulation | Yes |
| L6690 | Upper Extremity Addition, Frame Type Socket, Interscapular-Thoracic | Yes |
| L6693 | Upper extremity addition locking elbow forearm counter balance | Yes |
| L6703 | Term dev, passive hand mitt | Yes |

| Code | Procedure Description | CCN - Medicare |
|-------------|---|-----------------------|
| L6704 | Term dev, sport/rec/work att | Yes |
| L6706 | Term dev mech hook vol open | Yes |
| L6707 | Term dev mech hook vol close | Yes |
| L6708 | Term dev mech hand vol open | Yes |
| L6709 | Term dev mech hand vol close | Yes |
| L6711 | Ped term dev, hook, vol open | Yes |
| L6712 | Ped term dev, hook, vol clos | Yes |
| L6713 | Ped term dev, hand, vol open | Yes |
| L6714 | Ped term dev, hand, vol clos | Yes |
| L6715 | Term device, multi art digit | Yes |
| L6721 | Hook/hand, hvy dty, vol open | Yes |
| L6722 | Hook/hand, hvy dty, vol clos | Yes |
| L6880 | Elec hand ind art digits | Yes |
| L6881 | Automatic grasp feature, additional to upper limb prosthetic terminal device | Yes |
| L6882 | Microprocessor control feature, addition to upper limb prosthesis terminal device | Yes |
| L6900 | Hand Restoration(casts,shading&measurements included),Partial Hand,w/glove,thumb or 1 finger remaining | Yes |
| L6905 | Hand Restoration(casts,shading&measurements included),Partial Hand,w/glove,multiple fingers remaining | Yes |
| L6910 | Hand Restoration(casts,shading&measurements included),Partial Hand,w/glove,no fingers remaining | Yes |
| L6915 | Hand Restoration (Shading, and Measurements Included), Replacement Glove for above | Yes |
| L6920 | Wrist Disarticulation,Ext Power,Self-Suspended Inner Socket,Otto Bock or equal switch, | Yes |
| L6925 | Wrist Disarticulation,Ext Power,Self-Suspended Inner Socket,Otto Bock or equal electrodes, myoelectronic | Yes |
| L6930 | Below Elbow,Ext Power,Self-Suspended Inner Socket,Otto Bock or equal switch, switch control of terminal | Yes |
| L6935 | Below Elbow,Ext Power,Self-Suspended Inner Socket,Otto Bock or equal electrodes, myoelectronic control | Yes |
| L6940 | Elbow Disarticulation,Ext Power, Molded Inner Socket,Otto Bock or equal switch, switch control of terminal device | Yes |
| L6945 | Elbow Disarticulation,Ext Power,Molded Inner Socket,Otto Bock or equal electrodes, myoelectronic control | Yes |
| L6950 | Above Elbow,Ext Power,Molded Inner Socket,Otto Bock or equal switch, switch control of terminal device | Yes |
| L6955 | Above Elbow,Ext Power,Molded Inner Socket,Otto Bock or equal electrodes,myoelectronic control of terminal | Yes |
| L6960 | Shoulder Disarticulation,Ext Power,Molded Inner Socket,Otto Bock or equal switch, switch control of terminal device | Yes |

| Code | Procedure Description | CCN - Medicare |
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| L6965 | Shoulder Disarticulation,Ext Power,Molded Inner Socket,Otto Bock or equal electrodes, myoelectronictronic | Yes |
| L6970 | Interscapular-Thoracic,Ext Power,Molded Inner Socket,Otto Bock or equal switch,switch control of terminal device | Yes |
| L6975 | Interscapular-Thoracic,Ext Power,Molded Inner Socket,Otto Bock or equal electrodes, myoelectronic control of terminal | Yes |
| L7007 | Adult electric hand | Yes |
| L7008 | Pediatric electric hand | Yes |
| L7009 | Adult electric hook | Yes |
| L7040 | Prehensile Actuator, Hosmer or Equal, Switch Controlled | Yes |
| L7045 | Electronic Hook, Child, Michigan or Equal, Switch Controlled | Yes |
| L7170 | Electronic Elbow, Hosmer or Equal, Switch Controlled | Yes |
| L7180 | Electronic elbow, microprocessor sequential control of elbow and terminal device | Yes |
| L7181 | Electronic Elbo Simultaneous | Yes |
| L7185 | Electronic elbow, adolescent, variety village or equal, switch controlled | Yes |
| L7186 | Electronic elbow, child, variety village or equal, switch controlled | Yes |
| L7190 | Electronic Elbow, Adolescent, Variety Village or Equal, Myoelectronically controlled | Yes |
| L7191 | Electronic Elbow, Child, Variety Village/Equal, Myoelectronically Controlled | Yes |
| L7259 | Electronic Wrist Rotator Any | Yes |
| L7368 | Lithiumion battery charger | Yes |
| L7510 | Repair of prosthetic device, repair or replace minor parts | Yes |
| L7700 | Gasket or seal, for use with prosthetic socket insert, any type, each | Yes |
| L8505 | Artificial larynx replacement battery/accessory, any type | Yes |
| L8603 | Collagen implant, urinary tract, per 2.5 cc syringe | Yes |
| L8604 | Dextranomer/hyaluronic acid | Yes |
| L8606 | Injectable bulking agent, synthetic implant, urinary tract, 1 ml syringe | Yes |
| L8608 | Arg Ii Ext Com/Sup/Acc Misc | Yes |
| L8614 | Cochlear Device | Yes |
| L8619 | Coch Imp Ext Proc/Contr Rplc | Yes |
| L8625 | Charger Coch Impl/Aoi Battery | Yes |
| L8629 | *10Cid Transmit Coil And Cable | Yes |
| L8678 | Electrical stimulator supplies (external) for use with implantable neurostimulator per month | Yes |
| L8680 | Implt Neurostim Elctr Each | Yes |
| L8681 | Pt Prgm For Implt Neurostim | Yes |
| L8682 | Implt Neurostim Radiofq Rec | Yes |
| L8683 | Radiofq Trsmtr For Implt Neu | Yes |
| L8685 | Implt Nrostm Pls Gen Sng Rec | Yes |
| L8686 | Implt Nrostm Pls Gen Sng Non | Yes |

| Code | Procedure Description | CCN - Medicare |
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| L8687 | Implt Nrostm Pls Gen Dua Rec | Yes |
| L8688 | Implt Nrostm Pls Gen Dua Non | Yes |
| L8689 | External Recharg Sys Intern | Yes |
| L8690 | Auditory osseointegrated device, includes all internal and external components | Yes |
| L8691 | Auditory osseointegrated device, external sound processor, excludes transducer/actuator, replacement only, each | Yes |
| L8692 | Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband or other means of external attachment | Yes |
| L8693 | Auditory osseointegrated device abutment, any length, replacement only | Yes |
| L8694 | Auditory osseointegrated device, transducer/actuator, replacement only, each | Yes |
| L8695 | External Recharg Sys Extern | Yes |
| L8696 | Ext Antenna Phren Nerve Stim | Yes |
| L9900 | Orthotic and prosthetic supply, accessory, and/or service comonent of another HCPCS L code | Yes |
| NEMT | All inclusive Non-Emergency Medical Transportation | Not covered by Medicare |
| Q3001 | Radioelements for brachytherapy, any type, each | Yes |
| Q4082 | Drug/Bio Noc Part B Drug Cap | Yes |
| Q4100 | Skin substitute, NOS | Yes |
| Q4101 | Apligraf skin sub | Yes |
| Q4102 | Oasis wound matrix skin sub | Yes |
| Q4103 | Oasis burn matrix skin sub | Yes |
| Q4104 | Integra BMWD skin sub | Yes |
| Q4105 | Integra DRT skin sub | Yes |
| Q4106 | Dermagraft skin sub | Yes |
| Q4107 | Graftjacket skin sub | Yes |
| Q4108 | Integra matrix skin sub | Yes |
| Q4110 | Primatrix skin sub | Yes |
| Q4111 | Gammagraft skin sub | Yes |
| Q4112 | Cymetra allograft | Yes |
| Q4113 | Graftjacket express allograf | Yes |
| Q4114 | Integra flowable wound matri | Yes |
| Q4116 | Skin substitute, alloderm, per square centimeter | Yes |
| Q4117 | Hyalomatrix, per square centimeter | Yes |
| Q4118 | Matristem micromatrix, 1 mg | Yes |
| Q4121 | Theraskin, per square centimeter | Yes |
| Q4122 | Dermacell, Awm, Porous Sq Cm | Yes |
| Q4123 | Alloskin | Yes |
| Q4124 | Oasis Tri-Layer Wound Matrix | Yes |

| Code | Procedure Description | CCN - Medicare |
|-------------|--|-----------------------|
| Q4125 | Arthroflex | Yes |
| Q4126 | Memoderm | Yes |
| Q4127 | Talymed | Yes |
| Q4128 | Flexhd Or Allopatch Hd | Yes |
| Q4130 | Strattice Tm | Yes |
| Q4131 | Epifix or epicord, per square centimeter | Yes |
| Q4132 | Grafix core, per sq cm | Yes |
| Q4133 | Grafix prime, per sq cm | Yes |
| Q4134 | HMatrix, per sq cm | Yes |
| Q4135 | Mediskin, per sq cm | Yes |
| Q4136 | E-Z Derm, per sq cm | Yes |
| Q4151 | AmnioBand or Guardian, per square centimeter | Yes |
| Q4154 | Biovance, per square centimeter | Yes |
| Q4158 | Kerecis omega3, per square centimeter | Yes |
| Q4159 | Affinity, per square centimeter | Yes |
| Q4160 | Nushield, per square centimeter | Yes |
| Q4166 | Cytal, Per Square Centimeter | Yes |
| Q4167 | Truskin, Per Sq Centimete | Yes |
| Q4168 | Amnioband, 1 Mg | Yes |
| Q4169 | Artacent Wound, Per Sq Cm | Yes |
| Q4171 | Interfyl, 1 Mg | Yes |
| Q4173 | Palingen Or Palingen Xplus | Yes |
| Q4174 | Palingen Or Promatrix | Yes |
| Q4175 | Miroderm | Yes |
| Q4176 | Neopatch, Per Sq Centimeter | Yes |
| Q4177 | Floweramnioflo, 0.1 Cc | Yes |
| Q4178 | Floweramniopatch, Per Sq Cm | Yes |
| Q4179 | Flowerderm, Per Sq Cm | Yes |
| Q4180 | Revita, Per Sq Cm | Yes |
| Q4181 | Amnio Wound, Per Square Cm | Yes |
| Q4182 | Transcyte, Per Sq Centimeter | Yes |
| Q4183 | Surgigraft, 1 Sq Cm | Yes |
| Q4184 | Cellesta Or Duo Per Sq Cm | Yes |
| Q4185 | Cellesta Flowab Amnion 0.5Cc | Yes |
| Q4186 | Epifix, per square centimeter | Yes |
| Q4187 | Epicord 1 Sq Cm | Yes |
| Q4188 | Amnioarmor 1 Sq Cm | Yes |
| Q4189 | Artacent Ac, 1 Mg | Yes |
| Q4190 | Artacent Ac 1 Sq Cm | Yes |

| Code | Procedure Description | CCN - Medicare |
|-------------|---|-----------------------|
| Q4191 | Restorigin 1 Sq Cm | Yes |
| Q4192 | Restorigin, 1 Cc | Yes |
| Q4193 | Coll-E-Derm 1 Sq Cm | Yes |
| Q4194 | Novachor 1 Sq Cm | Yes |
| Q4197 | Puraply Xt 1 Sq Cm | Yes |
| Q4198 | Genesis Amnio Membrane 1Sqcm | Yes |
| Q4200 | Skin Te 1 Sq Cm | Yes |
| Q4201 | Matrion 1 Sq Cm | Yes |
| Q4202 | Keroxx (2.5G/Cc), 1Cc | Yes |
| Q4203 | Derma-Gide, 1 Sq Cm | Yes |
| Q4204 | Xwrap 1 Sq Cm | Yes |
| Q4205 | Membrane graft or membrane wrap, per square centimeter | Yes |
| Q4206 | Fluid flow or fluid gf, 1 cc | Yes |
| Q4208 | Novafix, per square centimeter | Yes |
| Q4209 | Surgraft, per square centimeter | Yes |
| Q4211 | Amnion bio or axobiomembrane, per square centimeter | Yes |
| Q4212 | Allogen, per cc | Yes |
| Q4213 | Ascent, 0.5 mg | Yes |
| Q4214 | Cellesta cord, per square centimeter | Yes |
| Q4215 | Axolotl ambient or axolotl cryo, 0.1 mg | Yes |
| Q4216 | Artacent cord, per square centimeter | Yes |
| Q4217 | Woundfix, biowound, woundfix plus, biowound plus, woundfix xplus or biowound xplus, per square centimeter | Yes |
| Q4218 | Surgicord, per square centimeter | Yes |
| Q4219 | Surgigraft-dual, per square centimeter | Yes |
| Q4220 | Bellacell hd or surederm, per square centimeter | Yes |
| Q4221 | Amniowrap2, per square centimeter | Yes |
| Q4222 | Progenamatrix, per square centimeter | Yes |
| Q4224 | Human health factor 10 amniotic patch (hhf10-p), per square centimeter | Yes |
| Q4225 | Amniobind, per square centimeter | Yes |
| Q4226 | Myown skin, includes harvesting and preparation procedures, per square centimeter | Yes |
| Q4227 | Amniocore, per square centimeter | Yes |
| Q4229 | Cogenex amniotic membrane, per square centimeter | Yes |
| Q4230 | Cogenex flowable amnion, per 0.5 cc | Yes |
| Q4231 | Corplex p, per cc | Yes |
| Q4232 | Corplex, per square centimeter | Yes |
| Q4233 | Surfactor or nudyn, per 0.5 cc | Yes |
| Q4234 | Xcellerate, per square centimeter | Yes |
| Q4235 | Amniorepair or altipty, per square centimeter | Yes |

| Code | Procedure Description | CCN - Medicare |
|-------------|--|-----------------------|
| Q4236 | Carepatch, per square centimeter | Yes |
| Q4237 | Cryo-cord, per square centimeter | Yes |
| Q4238 | Derm-maxx, per square centimeter | Yes |
| Q4239 | Amnio-maxx or amnio-maxx lite, per square centimeter | Yes |
| Q4240 | Corecyte, for topical use only, per 0.5 cc | Yes |
| Q4241 | Polycyte, for topical use only, per 0.5 cc | Yes |
| Q4242 | Amniocyte plus, per 0.5 cc | Yes |
| Q4245 | Amniotext, per cc | Yes |
| Q4246 | Coretext or protext, per cc | Yes |
| Q4247 | Amniotext patch, per square centimeter | Yes |
| Q4248 | Dermacyte amniotic membrane allograft, per square centimeter | Yes |
| Q4249 | Amniplay, for topical use only, per square centimeter | Yes |
| Q4250 | Amnioamp-mp, per square centimeter | Yes |
| Q4251 | Vim, per square centimeter | Yes |
| Q4252 | Vendaje, per square centimeter | Yes |
| Q4253 | Zenith amniotic membrane, per square centimeter | Yes |
| Q4254 | Novafix dl, per square centimeter | Yes |
| Q4255 | Reguard, for topical use only, per square centimeter | Yes |
| Q4256 | Mlg-complete, per square centimeter | Yes |
| Q4257 | Relese, per square centimeter | Yes |
| Q4258 | Enverse, per square centimeter | Yes |
| Q4259 | Celera dual layer or celera dual membrane, per square centimeter | Yes |
| Q4260 | Signature apatch, per square centimeter | Yes |
| Q4261 | Tag, per square centimeter | Yes |
| Q4262 | Dual layer impax membrane, per square centimeter | Yes |
| Q4263 | Surgraft tl, per square centimeter | Yes |
| Q4264 | Cocoon membrane, per square centimeter | Yes |
| Q4265 | Neostim tl per square centimeter | Yes |
| Q4266 | Neostim membrane per square centimeter | Yes |
| Q4267 | Neostim dl, per square centimeter | Yes |
| Q4268 | Surgraft ft, per square centimeter | Yes |
| Q4269 | Surgraft xt, per square centimeter | Yes |
| Q4270 | Complete sl, per square centimeter | Yes |
| Q4271 | Complete ft, per square centimeter | Yes |
| Q4272 | Esano A, per square centimeter | Yes |
| Q4273 | Esano AAA, per square centimeter | Yes |
| Q4274 | Esano AC, per square centimeter | Yes |
| Q4275 | Esano ACA, per square centimeter | Yes |
| Q4276 | Orion, per square centimeter | Yes |

| Code | Procedure Description | CCN - Medicare |
|-------------|--|-----------------------|
| Q4278 | Epieffect, per square centimeter | Yes |
| Q4279 | Vendaje AC, per square centimeter | Yes |
| Q4280 | Xcell amnio matrix, per square centimeter | Yes |
| Q4281 | Barrera sl or barrera dl, per square centimeter | Yes |
| Q4282 | Cygnus dual, per square centimeter | Yes |
| Q4283 | Biovance tri-layer or biovance 3l, per square centimeter | Yes |
| Q4284 | Dermabind sl, per square centimeter | Yes |
| Q4285 | Nudyn dl or nudyn dl mesh, per square centimeter | Yes |
| Q4286 | Nudyn sl or nudyn slw, per square centimeter | Yes |
| Q4287 | DermaBind DL, per square centimeter | Yes |
| Q4288 | DermaBind CH, per square centimeter | Yes |
| Q4289 | RevoShield+ Amniotic Barrier, per square centimeter | Yes |
| Q4290 | Membrane Wrap-Hydro TM, per square centimeter | Yes |
| Q4291 | Lamellas XT, per square centimeter | Yes |
| Q4292 | Lamellas, per square centimeter | Yes |
| Q4293 | Acesso DL, per square centimeter | Yes |
| Q4294 | Amnio Quad-Core, per square centimeter | Yes |
| Q4295 | Amnio Tri-Core Amniotic, per square centimeter | Yes |
| Q4296 | Rebound Matrix, per square centimeter | Yes |
| Q4297 | Emerge Matrix, per square centimeter | Yes |
| Q4298 | AmniCore Pro, per square centimeter | Yes |
| Q4299 | AmniCore Pro+, per square centimeter | Yes |
| Q4300 | Acesso TL, per square centimeter | Yes |
| Q4301 | Activate Matrix, per square centimeter | Yes |
| Q4302 | Complete ACA, per square centimeter | Yes |
| Q4303 | Complete AA, per square centimeter | Yes |
| Q4304 | GRAFIX PLUS, per square centimeter | Yes |
| Q4305 | American Amnion AC Tri-Layer, per square centimeter | Yes |
| Q4306 | American Amnion AC, per square centimeter | Yes |
| Q4307 | American Amnion, per square centimeter | Yes |
| Q4308 | Sanopellis, per square centimeter | Yes |
| Q4309 | VIA Matrix, per square centimeter | Yes |
| Q4310 | Procenta, per 100 mg | Yes |
| Q4311 | Acesso, per sq cm | Yes |
| Q4312 | Acesso AC, per sq cm | Yes |
| Q4313 | DermaBind FM, per sq cm | Yes |
| Q4314 | Reeva FT, per sq cm | Yes |
| Q4315 | RegeneLink Amniotic Membrane Allograft, per sq cm | Yes |
| Q4316 | AmchoPlast, per sq cm | Yes |

| Code | Procedure Description | CCN - Medicare |
|-------------|--|-----------------------|
| Q4317 | VitoGraft, per sq cm | Yes |
| Q4318 | E-Graft, per sq cm | Yes |
| Q4319 | SanoGraft, per sq cm | Yes |
| Q4320 | PelloGraft, per sq cm | Yes |
| Q4321 | RenoGraft, per sq cm | Yes |
| Q4322 | CaregraFT, per sq cm | Yes |
| Q4323 | alloPLY, per sq cm | Yes |
| Q4324 | AmnioTX, per sq cm | Yes |
| Q4325 | ACApatch, per sq cm | Yes |
| Q4326 | WoundPlus, per sq cm | Yes |
| Q4327 | DuoAmnion, per sq cm | Yes |
| Q4328 | MOST, per sq cm | Yes |
| Q4329 | Singlay, per sq cm | Yes |
| Q4330 | Axolotl Graft, per sq cm | Yes |
| Q4331 | Axolotl Graft, per sq cm | Yes |
| Q4332 | Axolotl DualGraft, per sq cm | Yes |
| Q4333 | ArdeoGraft, per sq cm | Yes |
| Q4334 | AmnioPlast 1, per sq cm | Yes |
| Q4335 | AmnioPlast 2, per sq cm | Yes |
| Q4336 | Artacent C, per sq cm | Yes |
| Q4337 | Artacent Trident, per sq cm | Yes |
| Q4338 | Artacent Velos, per sq cm | Yes |
| Q4339 | Artacent Vericlen, per sq cm | Yes |
| Q4340 | SimpliGraft, per sq cm | Yes |
| Q4341 | SimpliMax, per sq cm | Yes |
| Q4342 | TheraMend, per sq cm | Yes |
| Q4343 | Dermacyte AC Matrix Amniotic Membrane Allograft, per sq cm | Yes |
| Q4344 | Tri-Membrane Wrap, per sq cm | Yes |
| Q4345 | Matrix HD Allograft Dermis, per sq cm | Yes |
| Q4346 | Shelter DM Matrix, per sq cm | Yes |
| Q4347 | Rampart DL Matrix, per sq cm | Yes |
| Q4348 | Sentry SL Matrix, per sq cm | Yes |
| Q4349 | Mantle DL Matrix, per sq cm | Yes |
| Q4350 | Palisade DM Matrix, per sq cm | Yes |
| Q4351 | Enclose TL Matrix, per sq cm | Yes |
| Q4352 | Overlay SL Matrix, per sq cm | Yes |
| Q4353 | Xceed TL Matrix, per sq cm | Yes |
| S0500 | Disposable Contact Lens, Per Lens | Yes |
| S0512 | Daily Wear Specialty Contact Lens/Lens | Yes |

| Code | Procedure Description | CCN - Medicare |
|-------------|---|---|
| S0514 | Color Contact Lens, Per Lens | Yes |
| S0516 | Safety Eyeglass Frames | Yes |
| S1040 | Cranial remolding orthosis, rigid, w/soft interface material | Yes |
| S2065 | Simult Panc Kidn Trans | Yes |
| S2066 | Breast Gap Flap Reconst | Yes |
| S2067 | Breast "Stacked" Diep/Gap | Yes |
| S2068 | Breast Diep Or Siea Flap | Yes |
| S2117 | Arthroereisis, Subtalar | Yes |
| S2118 | Total hip resurfacing | Yes |
| S300C | Initial In-Home Assessment for Custom DME | Yes |
| S301C | Post-Fit Assessment for Custom DME | Yes |
| S302C | Clinical Record Assessment for Custom DME | Yes |
| S5102 | CBAS Day care services adult; per diem | Not covered by Medicare |
| S8035 | Magnetic source imaging | Yes |
| S8130 | Interferential stim 2 chan | Not covered by Medicare |
| S8131 | Interferential stim 4 chan | Not covered by Medicare |
| S9123 | Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be used) | Not Valid for Onecare-please use Medicare codes |
| S9124 | Nursing care, in the home; by licensed practical nurse, per hour | Not Valid for Onecare-please use Medicare codes |
| T4521 | Adult sized disposable incontinence product, brief/diaper, small, each | Not covered by Medicare |
| T4522 | Adult sized disposable incontinence product, brief/diaper, medium/regular, each | Not covered by Medicare |
| T4523 | Adult sized disposable incontinence product, brief/diaper, large, each | Not covered by Medicare |
| T4524 | Adult sized disposable incontinence product, brief/diaper, extra-large (XL) and double extra-large (XXL), each | Not covered by Medicare |
| T4525 | Adult sized disposable incontinence product, protective underwear/pull-on, small size, each | Not covered by Medicare |
| T4526 | Adult sized disposable incontinence product, protective underwear/pull-on, medium size, each | Not covered by Medicare |
| T4527 | Adult sized disposable incontinence product, protective underwear/pull-on, large size, each | Not covered by Medicare |
| T4528 | Adult sized disposable incontinence product, protective underwear/pull-on, extra-large (XL) and double extra-large (XXL) size, each | Not covered by Medicare |

| Code | Procedure Description | CCN - Medicare |
|-------------|--|-------------------------|
| T4529 | Pediatric sized disposable incontinence product, brief/diaper, small/medium size, each | Not covered by Medicare |
| T4530 | Pediatric sized disposable incontinence product, brief/diaper, large size, each | Not covered by Medicare |
| T4531 | Pediatric sized disposable incontinence product, protective underwear/pull-on, small/medium size, each | Not covered by Medicare |
| T4532 | Pediatric sized disposable incontinence product, protective underwear/pull-on, large size, each | Not covered by Medicare |
| T4533 | Youth sized disposable incontinence product, brief/diaper, each | Not covered by Medicare |
| T4534 | Youth sized disposable incontinence product, protective underwear/pull-on, each | Not covered by Medicare |
| T4535 | Disposable liner, shield, guard, pad, or undergarment (belted or beltless), for incontinence, each | Not covered by Medicare |
| T4536 | Incontinence product, protective underwear/pull-on, reusable, small, medium, large, XL, XXL, each | Not covered by Medicare |
| T4541 | Incontinence product, disposable underpad, large, size (core mat area size equal to or greater than 676 square inches), each | Not covered by Medicare |
| T4542 | Incontinence product, disposable underpad, small size (core mat area size less than 676 square inches), each | Not covered by Medicare |
| T4543 | Adult sized disposable incontinence product, protective brief/diaper, triple extra-large (XXXL) or above, each | Not covered by Medicare |
| T4544 | Adult sized disposable incontinence product, protective underwear/pull-on, triple extra-large (XXXL) or above, each | Not covered by Medicare |
| V2531 | Contact lens, scleral, gas permeable, per lens | Not covered by Medicare |
| V5010 | Assessment for hearing aid | Not covered by Medicare |
| V5014 | Repair/Modification of A Hearing Aid | Not covered by Medicare |
| V5030 | Hearing Aid, Monaural, Body Worn, Air Conduction | Not covered by Medicare |
| V5040 | Hearing Aid, Monaural, Body Worn, Bone Conduction | Not covered by Medicare |
| V5050 | Hearing aid, monaural, in the ear | Not covered by Medicare |
| V5060 | Hearing aid, monaural, behind the ear | Not covered by Medicare |
| V5070 | Glasses, Air Conduction | Not covered by Medicare |
| V5080 | Glasses, Bone Conduction | Not covered by Medicare |

| Code | Procedure Description | CCN - Medicare |
|-------------|---|---|
| V5120 | Binaural, Body | Not covered by Medicare |
| V5130 | Binaural, in the ear | Not covered by Medicare |
| V5140 | Binaural, behind the ear | Not covered by Medicare |
| V5150 | Binaural, Glasses | Not covered by Medicare |
| V5171 | Hearing aid, contralateral routing device, monaural, in the ear (ITE) | Not covered by Medicare |
| V5172 | Hearing aid, contralateral routing device, monaural, in the canal (ITC) | Not covered by Medicare |
| V5181 | Hearing aid, contralateral routing device, monaural, behind the ear (BTE) | Not covered by Medicare |
| V5190 | Hearing Aid, Cros, Glasses | Not covered by Medicare |
| V5211 | Hearing aid, contralateral routing system, binaural, ITE/ITE | Not covered by Medicare |
| V5212 | Hearing aid, contralateral routing system, binaural, ITE/ITC | Not covered by Medicare |
| V5213 | Hearing aid, contralateral routing system, binaural, ITE/BTE | Not covered by Medicare |
| V5214 | Hearing aid, contralateral routing system, binaural, ITC/ITC | Not covered by Medicare |
| V5215 | Hearing aid, contralateral routing system, binaural, ITC/BTE | Not covered by Medicare |
| V5221 | Hearing aid, contralateral routing system, binaural, BTE/BTE | Not covered by Medicare |
| V5230 | Hearing Aid, Bicros, Glasses | Not covered by Medicare |
| V5264 | Ear mold/insert, not disposable, any type | Not covered by Medicare |
| V5265 | Ear mold/insert, disposable, any type | Not covered by Medicare |
| V5267 | Hearing aid supplies/accessories | Not covered by Medicare |
| V5298 | Hearing aid not otherwise classified | Not covered by Medicare |
| X3900 | Single Modality to one area - initial 30 minutes | Not Valid for Onecare-please use Medicare codes |

| Code | Procedure Description | CCN - Medicare |
|-------------|---|---|
| X3902 | Physical Therapy: single modality one area - each additional 15 minutes | Not Valid for Onecare-please use Medicare codes |
| X3904 | Physical Therapy:single procedure to one area initial 30 minutes | Not Valid for Onecare-please use Medicare codes |
| X3906 | Single procedure to one area - each additional 15 minutes | Not Valid for Onecare-please use Medicare codes |
| X3908 | Treatment including combination of any modalities and procedures one or more areas - initial 30 min | Not Valid for Onecare-please use Medicare codes |
| X3910 | Treatment including a combination of any modalities and procedures one or more areas - each | Not Valid for Onecare-please use Medicare codes |
| X3912 | Hubbard Tank - initial 30 minutes | Not Valid for Onecare-please use Medicare codes |
| X3914 | Hubbard Tank each additional 15 minutes | Not Valid for Onecare-please use Medicare codes |
| X3916 | Hubbard Tank or pool therapy with therapeutic exercise initial 30 minutes. | Not Valid for Onecare-please use Medicare codes |
| X3918 | Hubbard Tank or pool therapy with therapeutic exercise initial 15 minutes. | Not Valid for Onecare-please use Medicare codes |
| X3920 | Any of the tests and measurements initial 30 minutes, plus reports. | Not Valid for Onecare-please use Medicare codes |

| Code | Procedure Description | CCN - Medicare |
|-------------|--|---|
| X3922 | Any of the tests and measurements each additional 15 minutes, plus reports | Not Valid for Onecare-please use Medicare codes |
| X3924 | Physical therapy preliminary evaluation rehabilitation center, SNF, ICF. | Not Valid for Onecare-please use Medicare codes |
| X3926 | Case conference and report initial 30 minutes. | Not Valid for Onecare-please use Medicare codes |
| X3928 | Case consultation and report. | Not Valid for Onecare-please use Medicare codes |
| X3930 | Case conference and report each additional 15 minutes. | Not Valid for Onecare-please use Medicare codes |
| X3932 | Home or long term care facility visit - add. | Not Valid for Onecare-please use Medicare codes |
| X3934 | Mileage, per mile one-way beyond 10-mile radius of point of origin (office or home). | Not Valid for Onecare-please use Medicare codes |
| X3936 | Unlisted Services. | Not Valid for Onecare-please use Medicare codes |
| X4100 | Evaluation - initial 30 minutes, plus report. | Not Valid for Onecare-please use Medicare codes |
| X4102 | Evaluation each additional 15 minutes, plus report. | Not Valid for Onecare-please use Medicare codes |

| Code | Procedure Description | CCN - Medicare |
|-------------|---|---|
| X4104 | Case conference and report initial 30 minutes. | Not Valid for Onecare-please use Medicare codes |
| X4106 | Case conference and report each additional 30 minutes. | Not Valid for Onecare-please use Medicare codes |
| X4108 | Occupational Therapy preliminary evaluation rehabilitation,Nursing Facility (NF) B, NF-A. | Not Valid for Onecare-please use Medicare codes |
| X4110 | Treatment initial 30 minutes. | Not Valid for Onecare-please use Medicare codes |
| X4112 | Treatment each additional 15 minutes. | Not Valid for Onecare-please use Medicare codes |
| X4114 | Occupational Therapy -home or long term fac.visit -add | Not Valid for Onecare-please use Medicare codes |
| X4116 | Mileage per mile one way beyond a 10 mile radius or usual hospital base. | Not Valid for Onecare-please use Medicare codes |
| X4118 | Unlisted Services. | Not Valid for Onecare-please use Medicare codes |
| X4120 | Case consultation and report. | Not Valid for Onecare-please use Medicare codes |
| X4300 | Language Evaluation | Not Valid for Onecare-please use Medicare codes |

| Code | Procedure Description | CCN - Medicare |
|-------------|--|---|
| X4301 | Speech Evaluation | Not Valid for Onecare-please use Medicare codes |
| X4302 | Speech Language Therapy Group EA PAT | Not Valid for Onecare-please use Medicare codes |
| X4303 | Speech Language therapy, individual, per hour (following procedures x4300or x4301) | Not Valid for Onecare-please use Medicare codes |
| X4304 | Speech Language therapy, individual, 1/2 hour | Not Valid for Onecare-please use Medicare codes |
| X4306 | Out of office call (payable only for visit to the first patient receiving services at any given location on the same day | Not Valid for Onecare-please use Medicare codes |
| X4308 | Speech therapy preliminary evaluation , rehabilitation, SNF,ICF, | Not Valid for Onecare-please use Medicare codes |
| X4310 | Speech generating device (SGD) - related bundled speech therapy services, per | Not Valid for Onecare-please use Medicare codes |
| X4312 | Speech generating device (SGD) – recipient assessment | Not Valid for Onecare-please use Medicare codes |
| X4320 | Unlisted speech therapy services | Not Valid for Onecare-please use Medicare codes |
| X4500 | Audiological Evaluation | Not covered by Medicare |
| X4530 | Impedance Audiometry | Not covered by Medicare |
| X4535 | Unlisted Audiological Services | Not covered by Medicare |

| Code | Procedure Description | CCN - Medicare |
|-------------|--|---|
| Z5414 | Travel Expenses | Not Valid for Onecare-please use Medicare codes |
| Z5416 | Technician Services | Not Valid for Onecare-please use Medicare codes |
| Z5499 | Unlisted Service & Procedures | Not Valid for Onecare-please use Medicare codes |
| Z5805 | EPSDT: Shared Nursing, Registered Nurse | Not Valid for Onecare-please use Medicare codes |
| Z5807 | EPSDT: Shared Nursing, Licensed Vocational Nurse | Not Valid for Onecare-please use Medicare codes |
| Z5814 | Epsdt Svsmarriage/Family/Child Counsel | Not Valid for Onecare-please use Medicare codes |
| Z5816 | Epsdt Servicessocial Worker | Not Valid for Onecare-please use Medicare codes |
| Z5820 | Epsdt Services Case Management | Not Valid for Onecare-please use Medicare codes |
| Z5822 | Epsdt Services Hearing Aid Batteries | Not Valid for Onecare-please use Medicare codes |
| Z5946 | Epsdt Supplemental Servicehearing Aid | Not Valid for Onecare-please use Medicare codes |

| Code | Procedure Description | CCN - Medicare |
|-------------|---|---|
| Z5999 | Early Periodic Screening, Diagnosis, and Treatment (EPSDT) services – Unlisted/Supplemental Services (covered under 21 years of age only) | Not Valid for Onecare-please use Medicare codes |
| Z7606 | Hyperbaric oxygen chamber 1st 15 min atmos abs | Not Valid for Onecare-please use Medicare codes |
| Z7608 | Hyperbaric oxygen chamber each subseq 15 min | Not Valid for Onecare-please use Medicare codes |
| Z7612 | Unlisted Seivces | Not Valid for Onecare-please use Medicare codes |
| | | |
| | BEHAVIORAL HEALTH CODES | |
| 90867 | Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management | Yes |
| 90868 | Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session | Yes |
| 90869 | Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management | Yes |
| 90870 | Electroconvulsive therapy (ECT) (Includes Necessary Monitoring) | Yes |
| 90899 | Unlisted Evaluation & Management Service | Yes |
| 96116 | Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour | Yes |
| 96121 | Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; each additional hour (List separately in addition to code for primary procedure) | Yes |
| 96130 | Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour | Yes |

| Code | Procedure Description | CCN - Medicare |
|-------------|---|-----------------------|
| 96131 | Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure) | Yes |
| 96132 | Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour | Yes |
| 96133 | Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure) | Yes |
| 96136 | Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes | Yes |
| 96137 | Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure) | Yes |
| 96138 | Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes | Yes |
| 96139 | Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure) | Yes |
| 96146 | Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only | Yes |
| 98978 | Rem ther mntr dev sply cbt | Yes |
| G0410 | Group psychotherapy other than of a multiple-family group, in a partial hospitalization setting, approximately 45 to 50 minutes | Yes |
| G2067 | Medication assisted treatment, methadone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program) | Yes |
| G2068 | Medication assisted treatment, buprenorphine (oral); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program) | Yes |

| Code | Procedure Description | CCN - Medicare |
|-------------|--|-----------------------|
| G2069 | Medication assisted treatment, buprenorphine (injectable); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program) | Yes |
| G2070 | Medication assisted treatment, buprenorphine (implant insertion); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program) | Yes |
| G2071 | Medication assisted treatment, buprenorphine (implant removal); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program) | Yes |
| G2072 | Medication assisted treatment, buprenorphine (implant insertion and removal); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program) | Yes |
| G2073 | Medication assisted treatment, naltrexone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program) | Yes |
| G2074 | Medication assisted treatment, weekly bundle not including the drug, including substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a medicare-enrolled opioid treatment program) services by a Medicare-enrolled Opioid Treatment Program) | Yes |
| G2075 | Medication assisted treatment, medication not otherwise specified; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing, if performed (provision of the services by a Medicare-enrolled Opioid Treatment Program) | Yes |
| G2076 | Intake activities, including initial medical examination that is a complete, fully documented physical evaluation and initial assessment by a program physician or a primary care physician, or an authorized healthcare professional under the supervision of a program physician qualified personnel that includes preparation of a treatment plan that includes the patient's short-term goals and the tasks the patient must perform to complete the short-term goals; the patient's requirements for education, vocational rehabilitation, and employment; and the medical, psycho- social, economic, legal, or other supportive services that a patient needs, conducted by qualified personnel (provision of the services by a Medicare-enrolled Opioid Treatment Program); list separately in addition to code for primary procedure | Yes |
| G2077 | Periodic assessment; assessing periodically by qualified personnel to determine the most appropriate combination of services and treatment (provision of the services by a Medicare-enrolled Opioid Treatment Program); list separately in addition to code for primary procedure | Yes |

| Code | Procedure Description | CCN - Medicare |
|-------------|---|-----------------------|
| G2078 | Take-home supply of methadone; up to 7 additional day supply (provision of the services by a Medicare-enrolled Opioid Treatment Program); list separately in addition to code for primary procedure | Yes |
| G2079 | Take-home supply of buprenorphine (oral); up to 7 additional day supply (provision of the services by a Medicare-enrolled Opioid Treatment Program); list separately in addition to code for primary procedure | Yes |
| G2080 | Each additional 30 minutes of counseling in a week of medication assisted treatment, (provision of the services by a Medicare-enrolled Opioid Treatment Program); list separately in addition to code for primary procedure | Yes |
| S9480 | Intensive outpatient psychiatric services, per diem | Yes |