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
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
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
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
0395T	High dose rate electronic brachytherapy, interstitial or intracavitary treatment, per fraction, includes basic dosimetry, when performed	Yes

Code	Procedure Description	CCN - Medicare
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
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

Code	Procedure Description	CCN - Medicare
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
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

Code	Procedure Description	CCN - Medicare
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
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

Code	Procedure Description	CCN - Medicare
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 (QMRCP), 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 (QMRCP), 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
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

Code	Procedure Description	CCN - Medicare
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
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
0950T	Ablation of benign prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), including ultrasound guidance	Yes
0951T	Totally implantable active middle ear hearing implant; initial placement, including mastoidectomy, placement of and attachment to sound processor	Yes
0952T	Totally implantable active middle ear hearing implant; revision or replacement, with mastoidectomy and replacement of sound processor	Yes
0953T	Totally implantable active middle ear hearing implant; revision or replacement, without mastoidectomy and replacement of sound processor	Yes
0954T	Totally implantable active middle ear hearing implant; replacement of sound processor only, with attachment to existing transducers	Yes
0955T	Totally implantable active middle ear hearing implant; removal, including removal of sound processor and all implant components	Yes
0970T	Ablation, benign breast tumor (eg, fibroadenoma), percutaneous, laser, including imaging guidance when performed, each tumor	Yes
0971T	Ablation, malignant breast tumor(s), percutaneous, laser, including imaging guidance when performed, unilateral	Yes
0972T	Assistive algorithmic classification of burn healing (ie, healing or nonhealing) by noninvasive multispectral imaging, including system set-up and acquisition, selection, and transmission of images, with automated generation of report	Yes

Code	Procedure Description	CCN - Medicare
0978T	Submucosal cryolysis therapy; soft palate, base of tongue, and lingual tonsil	Yes
0979T	Submucosal cryolysis therapy; soft palate only	Yes
0980T	Submucosal cryolysis therapy; base of tongue and lingual tonsil only	Yes
0988T	Open insertion or replacement of integrated neurostimulation system for bladder dysfunction including electrode(s) (eg, array or leadless), and pulse generator or receiver, including analysis, programming, and imaging guidance, when performed, posterior tibial nerve; subcutaneous and subfascial	Yes
0989T	Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming, and imaging, when performed, posterior tibial nerve; subcutaneous and subfascial	Yes
0991T	Cystourethroscopy, with low-energy lithotripsy and acoustically actuated microspheres, including imaging	Yes
0994T	Endovascular delivery of aortic wall stabilization drug therapy through a sheath positioned within an abdominal aortic aneurysm, with aortic roadmapping, balloon occlusion, imaging guidance, and radiological supervision and interpretation; percutaneous	Yes
0995T	Endovascular delivery of aortic wall stabilization drug therapy through a sheath positioned within an abdominal aortic aneurysm, with aortic roadmapping, balloon occlusion, imaging guidance, and radiological supervision and interpretation; open	Yes
0996T	Insertion and scleral fixation of a capsular bag prosthesis containing an intraocular lens prosthesis, with vitrectomy, including removal of crystalline lens or dislocated intraocular lens prosthesis, when performed	Yes
1003T	Arthroplasty, first carpometacarpal joint, with distal trapezial and proximal first metacarpal prosthetic replacement (eg, first carpometacarpal total joint)	Yes
0118U	Transplantation medicine, quantification of donor-derived cell-free DNA using whole genome next-generation sequencing, plasma, reported as percentage of donor-derived cell-free DNA in the total cell-free DNA	Yes
0134U	Hereditary pan cancer (eg, hereditary breast and ovarian cancer, hereditary endometrial cancer, hereditary colorectal cancer), targeted mRNA sequence analysis panel (18 genes) (List separately in addition to code for primary procedure)	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

Code	Procedure Description	CCN - Medicare
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
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, formalinfixed 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
0340U	Oncology (pan-cancer), analysis of minimal residual disease (MRD) from plasma, with assays personalized to each patient based on prior next-generation sequencing of the patient's tumor and germline DNA, reported as absence or	Yes

Code	Procedure Description	CCN - Medicare
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
0356U	Oncology (oropharyngeal or anal), evaluation of 17 DNA biomarkers using droplet digital PCR (ddPCR), cell-free DNA, algorithm reported as a prognostic risk score for cancer recurrence	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
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
0378U	RFC1 (replication factor C subunit 1), repeat expansion variant analysis by traditional and repeat-primed PCR, blood, saliva, or buccal swab	Yes
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

Code	Procedure Description	CCN - Medicare
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
0485U	Oncology (solid tumor), cell-free DNA and RNA by nextgeneration sequencing, interpretative report for germline mutations, clonal hematopoiesis of indeterminate potential, and tumor-derived single-nucleotide variants, small insertions/deletions, copy number alterations, fusions, microsatellite instability, and tumor mutational burden	Yes
0493U	Transplantation medicine, quantification of donor-derived cell-free DNA (cfDNA) using next-generation sequencing, plasma, reported as percentage of donor-derived cell-free DNA	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
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
0540U	Transplantation medicine, quantification of donor-derived cell-free DNA using next-generation sequencing analysis of plasma, reported as percentage of donor-derived cell-free DNA to determine probability of rejection	Yes

Code	Procedure Description	CCN - Medicare
0543U	Oncology (solid tumor), next-generation sequencing of DNA from formalin-fixed paraffin-embedded (FFPE) tissue of 517 genes, interrogation for single-nucleotide variants, multi-nucleotide variants, insertions and deletions from DNA, fusions in 24 genes and splice variants in 1 gene from RNA, and tumor mutation burden	Yes
0562U	Oncology (solid tumor), targeted genomic sequence analysis, 33 genes, detection of single-nucleotide variants (SNVs), insertions and deletions, copy-number amplifications, and translocations in human genomic circulating cell-free DNA, plasma, reported as presence of actionable variants	Yes
0563U	Infectious disease (bacterial and/or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 11 viral targets and 4 bacterial targets, qualitative RT-PCR, upper respiratory specimen, each pathogen reported as positive or negative	Yes
0564U	Infectious disease (bacterial and/or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 10 viral targets and 4 bacterial targets, qualitative RT-PCR, upper respiratory specimen, each pathogen reported as positive or negative	Yes
0569U	Oncology (solid tumor), next-generation sequencing analysis of tumor methylation markers (>20000 differentially methylated regions) present in cell-free circulating tumor DNA (ctDNA), whole blood, algorithm reported as presence or absence of ctDNA with tumor fraction, if appropriate	Yes
0570U	Neurology (traumatic brain injury), analysis of glial fibrillary acidic protein (GFAP) and ubiquitin carboxyl-terminal hydrolase L1 (UCH-L1), immunoassay, whole blood or plasma, individual components reported with the overall result of elevated or nonelevated based on threshold comparison	Yes
0571U	Oncology (solid tumor), DNA (80 genes) and RNA (10 genes), by next-generation sequencing, plasma, including single-nucleotide variants, insertions/deletions, copy-number alterations, microsatellite instability, and fusions, reported as clinically actionable variants	Yes
0615U	Borrelia burgdorferi (Lyme disease), antibody detection of 26 recombinant protein groups, by immunoassay, IgM	Yes
01999	Under Anesthesia for Other Procedures	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

Code	Procedure Description	CCN - Medicare
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
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

Code	Procedure Description	CCN - Medicare
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 mammaplasty	Yes
19325	Mammplasty, 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
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

Code	Procedure Description	CCN - Medicare
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 thorascopy	Yes
21899	Unlisted procedure, neck or thorax	Yes
22532	Arthrodesis, thoracic, lateral extracavitary technique, incl minimal diskectomy to prepare intespace	Yes
22533	Arthrodesis, lumbar, lateral extracavitary technique, incl minimal diskectomy to prepare intespace	Yes
22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy 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

Code	Procedure Description	CCN - Medicare
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 lmbr	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
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

Code	Procedure Description	CCN - Medicare
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
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
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

Code	Procedure Description	CCN - Medicare
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
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

Code	Procedure Description	CCN - Medicare
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
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

Code	Procedure Description	CCN - Medicare
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
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

Code	Procedure Description	CCN - Medicare
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
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
38228	Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous	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

Code	Procedure Description	CCN - Medicare
38242	Lymphocyte Infuse Transplant	Yes
38243	Transplant, Hematopoietic cell boost	Yes
38531	Biopsy or excision of lymph node(s); open, inguinofemoral 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
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

Code	Procedure Description	CCN - Medicare
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
43889	Gastric restrictive procedure, transoral, endoscopic sleeve gastroplasty (ESG), including argon plasma coagulation, when performed	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
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

Code	Procedure Description	CCN - Medicare
45349	Sigmoidoscopy W/Resection	Yes
45350	Sgmdsc W/Band Ligation	Yes
45378	Colonoscopy, flexible; diagnonostic (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
47384	Ablation, irreversible electroporation, liver, 1 or more tumors, including imaging guidance, percutaneous	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
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

Code	Procedure Description	CCN - Medicare
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
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

Code	Procedure Description	CCN - Medicare
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
52443	Cystourethroscopy with initial transurethral anterior prostate commissurotomy with a nondrug-coated balloon catheter followed by therapeutic drug delivery into the prostate by a drug-coated balloon catheter, including transrectal ultrasound and fluoroscopy, when performed	Yes
52597	Transurethral robotic-assisted waterjet resection of prostate, including intraoperative planning, ultrasound guidance, control of postoperative bleeding, complete, including vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy, 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

Code	Procedure Description	CCN - Medicare
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
55868	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed; with lymph node biopsy(ies) (limited pelvic lymphadenectomy)	Yes
55869	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes	Yes
55877	Ablation, irreversible electroporation, prostate, 1 or more tumors, including imaging guidance, percutaneous	Yes
55880	Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), including ultrasound guidance	Yes
55899	Genital Surgery Procedure	Yes
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

Code	Procedure Description	CCN - Medicare
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
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

Code	Procedure Description	CCN - Medicare
59899	Maternity Care Procedure	Yes
60659	Laparo Proc Endocrine	Yes
60699	Endocrine Surgery Procedure	Yes
61630	Intracranial Angioplasty	Yes
61635	Intracran Angioplsty 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
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 reciever, 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

Code	Procedure Description	CCN - Medicare
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, interlaminer epidural or subarcachnoid, cervical or thoracic, without imaging guidance	Yes
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, interlaminer epidural or subarcachnoid, 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, interlaminer epidural or subarcachnoid, 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
62330	Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access, epidurography, and imaging guidance (ie, CT or fluoroscopy), bilateral; one interspace, lumbar	Yes
62331	Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access, epidurography, and imaging guidance (ie, CT or fluoroscopy), bilateral; additional interspace(s), lumbar (List separately in addition to code for primary procedure)	Yes

Code	Procedure Description	CCN - Medicare
63032	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; with repair of annular defect by implantation of bone-anchored annular closure device, including all imaging guidance, 1 interspace, lumbar (List separately in addition to code for primary procedure)	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
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 anesthestic agent diagnostic or therapeutic in the somatic nerves	Yes
64480	Intro/injection of anesthestic 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

Code	Procedure Description	CCN - Medicare
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
64567	Percutaneous electrical nerve field stimulation, cranial nerves, without implantation	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
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

Code	Procedure Description	CCN - Medicare
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
66174	Transluminal dilation of aqueous outflow canal (eg, canaloplasty); without retention of device or stent	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
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

Code	Procedure Description	CCN - Medicare
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
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
69714	Implantation, osseointegrated implant, skull; with percutaneous attachment to external speech processor	Yes

Code	Procedure Description	CCN - Medicare
69716	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, within the mastoid and/or resulting in removal of less than 100 sq mm surface area of bone deep to the outer cranial cortex	Yes
69717	Replacement (including removal of existing device), osseointegrated implant, skull; with percutaneous attachment to external speech processor	Yes
69719	Replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, within the mastoid and/or involving a bony defect less than 100 sq mm surface area of bone deep to the outer cranial cortex	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
70471	Computed tomographic angiography (CTA), head and neck, with contrast material(s), including noncontrast images, when performed, and image postprocessing	Yes
70472	Computed tomographic (CT) cerebral perfusion analysis with contrast material(s), including image postprocessing performed with concurrent CT or CT angiography of the same anatomy (List separately in addition to code for primary procedure)	Yes
70473	Computed tomographic (CT) cerebral perfusion analysis with contrast material(s), including image postprocessing performed without concurrent CT or CT angiography of the same anatomy	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

Code	Procedure Description	CCN - Medicare
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
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

Code	Procedure Description	CCN - Medicare
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
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

Code	Procedure Description	CCN - Medicare
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
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
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

Code	Procedure Description	CCN - Medicare
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
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

Code	Procedure Description	CCN - Medicare
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
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

Code	Procedure Description	CCN - Medicare
80412	Corticotropic releasing hormone (CRH) stimulation panel. This panel must include the following: Cortisol (82533 x 6) Adrenocorticotropic 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
80418	Combined rapid anterior pituitary evaluation panel. This panel must include the following: Adrenocorticotropic 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

Code	Procedure Description	CCN - Medicare
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 [GPIba]), 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
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

Code	Procedure Description	CCN - Medicare
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
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

Code	Procedure Description	CCN - Medicare
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
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

Code	Procedure Description	CCN - Medicare
81227	CYP3A4 (cytochrome P450 family 3 subfamily A member 4) (eg, drug metabolism), gene analysis, common variant(s) (eg, *2, *22)	Yes
81228	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number variants, comparative genomic hybridization [CGH] microarray analysis	Yes
81229	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants, comparative genomic hybridization (CGH) microarray analysis	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
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

Code	Procedure Description	CCN - Medicare
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
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

Code	Procedure Description	CCN - Medicare
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
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

Code	Procedure Description	CCN - Medicare
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
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

Code	Procedure Description	CCN - Medicare
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 Dsordrs	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
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

Code	Procedure Description	CCN - Medicare
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
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

Code	Procedure Description	CCN - Medicare
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
89398	Unlisted Reprod Med Lab Proc	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
91124	Rectal sensation, tone, and compliance study (eg, barostat)	Yes
91125	Anorectal manometry, with rectal sensation and rectal balloon expulsion test, when performed	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

Code	Procedure Description	CCN - Medicare
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
92622	Diagnostic analysis, programming, and verification of an auditory osseointegrated sound processor, any type; first 60 minutes	Yes
92623	Diagnostic analysis, programming, and verification of an auditory osseointegrated sound processor, any type; each additional 15 minutes (List separately in addition to code for primary procedure)	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
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

Code	Procedure Description	CCN - Medicare
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	Spirmtry 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
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 Unmntr	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 Unmntr	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

Code	Procedure Description	CCN - Medicare
95712	Veeg 2-12 Hr Intmt Mntr	Yes
95713	Veeg 2-12 Hr Cont Mntr	Yes
95714	Veeg Ea 12-26 Hr Unmntr	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
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
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

Code	Procedure Description	CCN - Medicare
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
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

Code	Procedure Description	CCN - Medicare
96377	Applicaton On-Body Injector	Yes
96549	Chemotherapy Unspecified	Yes
96567	Photodynamic Tx Skin	Yes
96999	Dermatological Procedure	Yes
97007	Mechanical scalp cooling, including individual cap supply with head measurement, fitting, and patient education	Yes
97008	Mechanical scalp cooling; including hair preparation, individual cap placement, therapy initiation, and precooling period	Yes
97009	Mechanical scalp cooling; provided after discontinuation of chemotherapy, each 30 minutes (List separately in addition to code for primary 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 supervison 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
99244	Office consult, 60 minutes	Not valid for Medicare
99245	Office consult, 80 minutes	Not valid for Medicare

Code	Procedure Description	CCN - 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 for Medicare
A0380	Basic Life Support (BLS) mileage (per mile)	Not covered for 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
A2030	Miro3D Fibers, per mg	Yes
A2031	MiroDry Wound Matrix, per sq cm	Yes
A2032	Myriad Matrix, per sq cm	Yes
A2033	Myriad Morcells, 4 mg	Yes
A2034	Foundation DRS Solo, per sq cm	Yes
A2035	Corplex P or Theracor P or Allacor P, per mg	Yes
A2036	Cohealyx Collagen Dermal Matrix, per sq cm	Yes

Code	Procedure Description	CCN - Medicare
A2037	G4Derm Plus, per ml	Yes
A2038	MariGen Pacto, per sq cm	Yes
A2039	MariGen Pacto, per sq cm	Yes
A2040	Microlyte PainGuard, per sq cm	Yes
A2041	Foundation DRS+ Duo, per sq cm	Yes
A2042	Foundation DRS+ Solo, per sq cm	Yes
A2043	BIOBRANE, per sq cm	Yes
A2044	BIOBRANE Glove, each	Yes
A2045	NovaShield or NovoGen Wound Matrix, per sq cm	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
A4335	Incontinence wash	Not covered for 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
A4479	Electronic transanal irrigation system, includes electronic pump, water reservoir, tubing, and accessories, without catheter, any type	Yes
A4554	Disposable underpads, breathable	Not covered for Medicare
A4650	*08Implant Radiation Dosimeter	Yes
A6250	Incontinence cream/ointment	Not covered for 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

Code	Procedure Description	CCN - Medicare
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
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
A7021	Supplies and accessories for lung expansion airway clearance, continuous high frequency oscillation, and nebulization device (e.g., handset, nebulizer kit, biofilter)	Yes
A8002	Soft Protect Helmet Custom	Yes
A8003	Hard Protect Helmet Custom	Yes
A8004	Repl Soft Interface, Helmet	Yes

Code	Procedure Description	CCN - Medicare
A9281	Reaching/Grabbing Device	Not covered for 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
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
A9611	Flurpiridaz F18, diagnostic, 1 mCi	Yes
A9612	Injection, fluorescein, 1 mg	Yes
A9616	Gallium Ga-68 gozetotide (Gozellix), 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
C1608	Prosthesis, total, dual mobility, first carpometacarpal joint (implantable)	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

Code	Procedure Description	CCN - Medicare
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
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
C7566	Arthrodesis, interphalangeal joints, with or without internal fixation, with autografts (includes obtaining grafts)	Yes

Code	Procedure Description	CCN - Medicare
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
C8004	Simulation angiogram with use of a pressure-generating catheter (e.g., one-way valve, intermittently occluding), inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the angiogram, for subsequent therapeutic radioembolization of tumors	Yes
C8007	Open implantation of hypoglossal nerve neurostimulator array and pulse generator, not requiring insertion of a separate distal respiratory sensor electrode or electrode array	Yes
C8008	Revision or replacement of hypoglossal nerve neurostimulator array including connection to existing pulse generator	Yes
C8009	Removal of hypoglossal nerve neurostimulator array and pulse generator	Yes
C8010	Percutaneous placement of permanent common carotid embolic protection device, including all system components and imaging guidance; bilateral	Yes
C8011	Open implantation of hypoglossal nerve(s) neurostimulator electrode array(s) and receiver, including external power source and all system components	Yes
C8012	Revision or replacement of hypoglossal nerve(s) neurostimulator electrode array(s) and receiver	Yes
C8013	Removal of hypoglossal nerve(s) neurostimulator electrode array(s) and receiver	Yes
C9067	Gallium ga-68, dotatoc, diagnostic, 0.01 mci	Yes
C9176	Tc-99m from domestically produced non-HEU-MO-99, [minimum 50 percent], full cost recovery add-on, per study dose	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
C9756	Fluorescence Lymph Map W/Icg	Yes

Code	Procedure Description	CCN - Medicare
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
C9811	Electronic ambulatory infusion pump (e.g., Sapphire pump), including all pump components, including disposable components , non-opioid medical device (must be a qualifying Medicare non-opioid medical device for post-surgical pain relief in accordance with Section 4135 of the CAA, 2023)	Yes
C9812	Echogenic nerve block needles (e.g., SonoPlex, SonoBlock, SonoTAP), non-opioid medical device (must be a qualifying Medicare non-opioid medical device for post-surgical pain relief in accordance with Section 4135 of the CAA, 2023)	Yes
C9813	Perforated continuous infusion catheter set (e.g., InfiltraLong), including all components, non-opioid medical device (must be a qualifying Medicare non-opioid medical device for post-surgical pain relief in accordance with Section 4135 of the CAA, 2023)	Yes

Code	Procedure Description	CCN - Medicare
C9814	Continuous anesthesia echogenic conduction catheter set (e.g., SonoLong), non-opioid medical device (must be a qualifying Medicare non-opioid medical device for post-surgical pain relief in accordance with Section 4135 of the CAA, 2023)	Yes
C9815	Linear peristaltic pain management infusion pump (e.g., CADD-Solis ambulatory infusion pump), and all disposable system components, non-opioid medical device (must be a qualifying Medicare non-opioid medical device for post-surgical pain relief in accordance with Section 4135 of the CAA, 2023)	Yes
C9816	Rotary peristaltic infusion pump (e.g., reusable ambIT pump) including all disposable system components, reusable non-opioid medical device (must be a qualifying Medicare non-opioid medical device for post-surgical pain relief in accordance with Section 4135 of the CAA, 2023)	Yes
C9817	Electronic cryo-pneumatic compression, pain management system (e.g., Game Ready GRPro 2.1 system), including control unit, anatomically correct wrap(s), and other system component(s), non-opioid medical device (must be a qualifying Medicare non-opioid medical device for post-surgical pain relief in accordance with Section 4135 of the CAA, 2023)	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
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
E0201	Penile contracture device, manual, greater than 3 lbs traction force	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
E0300	Pediatric crib, hospital grade, fully enclosed	Yes

Code	Procedure Description	CCN - Medicare
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 02	Yes
E0434	Portable Gas Liq Oxygen System- Rental	Yes
E0435	Portable Gas Liq Oxygen System- Purchase	Yes
E0439	Stationary Liquid 02	Yes
E0440	Oxygen System, Liquid, Stationary,	Yes
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
E0469	Lung expansion airway clearance, continuous high frequency oscillation, and nebulization device	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

Code	Procedure Description	CCN - Medicare
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
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 ultrsound, non-invasive	Yes
E0766	Elec stim cancer treatment	Yes

Code	Procedure Description	CCN - Medicare
E0767	Intrabuccal, systemic delivery of amplitude-modulated, radiofrequency electromagnetic field device, for cancer treatment, includes all accessories	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
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

Code	Procedure Description	CCN - Medicare
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
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
E1022	Wheelchair transportation securement system, any type, includes all components and accessories	Yes
E1023	Wheelchair transit securement system, includes all components and accessories	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

Code	Procedure Description	CCN - Medicare
E1031	Rollabout chair, any and all types with casters 5" or greater	Yes
E1032	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware used with joystick or other drive control interface	Yes
E1033	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for headrest, cushioned, any type	Yes
E1034	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for lateral trunk or hip support, any type	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
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

Code	Procedure Description	CCN - Medicare
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
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

Code	Procedure Description	CCN - Medicare
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
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

Code	Procedure Description	CCN - Medicare
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
E2513	Accessory for speech generating device, electromyographic sensor	Yes
E2599	Accessory for SGD, NOC	Yes
E2601	General use wheelchair seat cushion, width <22", any depth	Yes
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

Code	Procedure Description	CCN - Medicare
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
E3200	Gait modulation system, rhythmic auditory stimulation, including restricted therapy software, all components and accessories, prescription only	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
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

Code	Procedure Description	CCN - Medicare
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
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

Code	Procedure Description	CCN - Medicare
G0680	Detection and quantification of coronary artery calcium and/or aortic valve calcification from algorithmic analysis of computed tomography of the chest with report	Yes
G0681	Application of a premarket approval (PMA), 510(k), 361 human cells, tissues or cellular and tissue-based products (HCT/P) nonsheet form skin substitute for a wound surface area up to 100 sq cm; first 25 sq cm or less of wound surface area	Yes
G0682	Application of a premarket approval (PMA), 510(k), 361 human cells, tissues or cellular and tissue-based products (HCT/P) nonsheet form skin substitute for a wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)	Yes
G0683	Application of a premarket approval (PMA), 510(k), 361 human cells, tissues or cellular and tissue-based products (HCT/P) nonsheet form skin substitute graft for a wound surface 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
G0684	Application of a premarket approval (PMA), 510(k), 361 human cells, tissues or cellular and tissue-based products (HCT/P) nonsheet form skin substitute graft for a wound surface greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)	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
J3389	Topical administration, prademagene zamikeracel, per treatment	Yes
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

Code	Procedure Description	CCN - Medicare
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
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

Code	Procedure Description	CCN - Medicare
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
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

Code	Procedure Description	CCN - Medicare
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
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

Code	Procedure Description	CCN - Medicare
L0457	Tlso flexible trnk sj-ss prefabricated, off-the-shelf	Yes
L0458	Two rigid plastic shells, soft liner, to xiphiod, 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
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 & adjustmnt	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

Code	Procedure Description	CCN - Medicare
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
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	CTLSO 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

Code	Procedure Description	CCN - Medicare
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
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&extention 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/Dbl Swg/Stn Mcpr Cus	Yes

Code	Procedure Description	CCN - Medicare
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
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

Code	Procedure Description	CCN - Medicare
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
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 (CTLSO 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

Code	Procedure Description	CCN - Medicare
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
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

Code	Procedure Description	CCN - Medicare
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
L5560	Preparatory, above knee-knee disarticulation, plaster socket, ischial level socket,non-alignable systempylon, 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

Code	Procedure Description	CCN - Medicare
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
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 l5673 or l5679)	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 l5673 or l5679)	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

Code	Procedure Description	CCN - Medicare
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
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, Ulta-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/miniature 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

Code	Procedure Description	CCN - Medicare
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
L5966	Addition, Endoskeletal System, Hip Disarticulation, Flexible outer sufrace 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 Systemor 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
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, (Muensteror 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

Code	Procedure Description	CCN - Medicare
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
L6370	Interscapular Thoracic, Passive Restoration (Shoulder Cap Only)	Yes
L6380	Immediate Post Surgicalor Early Fitting, Application of Initial Rigid dressing, wrist disarticulatio	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 diarticulation	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, electic locking feature, only for use w/manually powered elbow	Yes
L6646	Upper extremity addition, shoulder joint, multipositional locking, flexion, adj abduction friction control	Yes

Code	Procedure Description	CCN - Medicare
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
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

Code	Procedure Description	CCN - Medicare
L6945	Elbow Disarticulation,Ext Power,Molded Inner Socket,Otto Bock or equal electrodes, myoeletronic control	Yes
L6950	Above Elbow,Ext Power,Molded Inner Socket,Otto Bock or equal switch, switch ontrol 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
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 Battry	Yes
L8629	*10Cid Transmit Coil And Cable	Yes

Code	Procedure Description	CCN - Medicare
L8678	Electrical stimulator supplies (external) for use with implantable neurostimulator per month	Yes
L8680	Implt Neurostim Elctr Each	Yes
L8681	Pt Prgrm 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
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
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
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

Code	Procedure Description	CCN - Medicare
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
Q4125	Arthroflex	Yes
Q4126	Memoderm	Yes
Q4127	Talymed	Yes
Q4128	Flexhd Or Allopatch Hd	Yes
Q4130	Strattice Tm	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 Promatrx	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

Code	Procedure Description	CCN - Medicare
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
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 cenitmeter	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

Code	Procedure Description	CCN - Medicare
Q4232	Corplex, per square centimeter	Yes
Q4233	Surfactor or nudyn, per 0.5 cc	Yes
Q4234	Xcellerate, per square centimeter	Yes
Q4235	Amniorepair or altiply, per square centimeter	Yes
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	Amniply, 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

Code	Procedure Description	CCN - Medicare
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
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

Code	Procedure Description	CCN - Medicare
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
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

Code	Procedure Description	CCN - Medicare
Q4352	Overlay SL Matrix, per sq cm	Yes
Q4353	Xceed TL Matrix, per sq cm	Yes
Q4354	PalinGen Dual-Layer Membrane, per sq cm	Yes
Q4355	Abiomend Xplus Membrane and Abiomend Xplus Hydromembrane, per sq cm	Yes
Q4356	Abiomend Membrane and Abiomend Hydromembrane, per sq cm	Yes
Q4357	XWRAP Plus, per sq cm	Yes
Q4358	XWRAP Dual, per sq cm	Yes
Q4359	ChoriPly, per sq cm	Yes
Q4360	AmchoPlast FD, per sq cm	Yes
Q4361	EPIXPRESS, per sq cm	Yes
Q4362	CYGNUS Disk, per sq cm	Yes
Q4363	Amnio Burgeon Membrane and Hydromembrane, per sq cm	Yes
Q4364	Amnio Burgeon Xplus Membrane and Xplus Hydromembrane, per sq cm	Yes
Q4365	Amnio Burgeon Dual-Layer Membrane, per sq cm	Yes
Q4366	Dual Layer Amnio Burgeon X-Membrane, per sq cm	Yes
Q4367	AmnioCore SL, per sq cm	Yes
Q4368	AMCHOTHICK PER SQ CM	Yes
Q4369	AMNIOPLAST 3 PER SQ CM	Yes
Q4370	AEROGUARD PER SQ CM	Yes
Q4371	NEOGUARD PER SQ CM	Yes
Q4372	AMCHOPLAST EXCL PER SQ CM	Yes
Q4373	MEMBRANE WRP LT PER SQ CM	Yes
Q4375	DUOGRAFT AC PER SQ CM	Yes
Q4376	DUOGRAFT AA PER SQ CM	Yes
Q4377	TRIGRAFT FT PER SQ CM	Yes
Q4378	RENEW FT MATRIX PER SQ CM	Yes
Q4379	AMNIODEFEND FT PER SQ CM	Yes
Q4380	ADVOGRAFT ONE PER SQ CM	Yes
Q4382	ADVOGRAFT DUAL PER SQ CM	Yes
Q4383	Axolotl Graft Ultra, per sq cm	Yes
Q4384	Axolotl DualGraft Ultra, per sq cm	Yes
Q4385	Apollo FT, per sq cm	Yes
Q4386	Acesso TrifACA, per sq cm	Yes
Q4387	NeoThelium FT, per sq cm	Yes
Q4388	NeoThelium 4L, per sq cm	Yes
Q4389	NeoThelium 4L Plus, per sq cm	Yes
Q4390	Ascendion, per sq cm	Yes
Q4391	AmnioPlast Double, per sq cm	Yes
Q4392	GRAFIX Duo, per sq cm	Yes

Code	Procedure Description	CCN - Medicare
Q4393	SurGraft AC, per sq cm	Yes
Q4394	SurGraft ACA, per sq cm	Yes
Q4395	Acelagraft, per sq cm	Yes
Q4396	Natalin, per sq cm	Yes
Q4397	Summit AAA, per sq cm	Yes
Q4398	Summit AC, per sq cm (add-on, list separately in addition to primary procedure)	Yes
Q4399	Summit FX, per sq cm (add-on, list separately in addition to primary procedure)	Yes
Q4400	Polygon3 Membrane, per sq cm (add-on, list separately in addition to primary procedure)	Yes
Q4401	Absolv3 Membrane, per sq cm (add-on, list separately in addition to primary procedure)	Yes
Q4402	XWRAP 2.0, per sq cm (add-on, list separately in addition to primary procedure)	Yes
Q4403	XWRAP Dual Plus, per sq cm (add-on, list separately in addition to primary procedure)	Yes
Q4404	XWRAP Hydro Plus, per sq cm (add-on, list separately in addition to primary procedure)	Yes
Q4405	XWRAP Fenestra Plus, per sq cm (add-on, list separately in addition to primary procedure)	Yes
Q4406	XWRAP Fenestra, per sq cm (add-on, list separately in addition to primary procedure)	Yes
Q4407	XWRAP Tribus, per sq cm (add-on, list separately in addition to primary procedure)	Yes
Q4408	XWRAP Hydro, per sq cm (add-on, list separately in addition to primary procedure)	Yes
Q4409	AmniomatrixF3X, per sq cm (add-on, list separately in addition to primary procedure)	Yes
Q4410	AmchoMatrixDL, per sq cm (add-on, list separately in addition to primary procedure)	Yes
Q4411	AmniomatrixF4X, per sq cm (add-on, list separately in addition to primary procedure)	Yes
Q4412	CHORIOFIX, per sq cm (add-on, list separately in addition to primary procedure)	Yes
Q4413	Cygnus Solo, per sq cm (add-on, list separately in addition to primary procedure)	Yes
Q4414	SimpliChor, per sq cm (add-on, list separately in addition to primary procedure)	Yes
Q4415	AlexiGuard SL-T, per sq cm (add-on, list separately in addition to primary procedure)	Yes
Q4416	AlexiGuard TL-T, per sq cm (add-on, list separately in addition to primary procedure)	Yes

Code	Procedure Description	CCN - Medicare
Q4417	AlexiGuard DL-T, per sq cm (add-on, list separately in addition to primary procedure)	Yes
Q4418	BioLab Membrane Wrap Flow, per sq cm (add-on, list separately in addition to primary procedure)	Yes
Q4419	BioLab Membrane Wrap Lite Flow, per sq cm (add-on, list separately in addition to primary procedure)	Yes
Q4420	NuForm, per sq cm (add-on, list separately in addition to primary procedure)	Yes
Q4421	BioLab Membrane Wrap Solo, per sq cm (add-on, list separately in addition to primary procedure)	Yes
Q4422	A/C Wrap, per sq cm (add-on, list separately in addition to primary procedure)	Yes
Q4423	BioLab Tri-Membrane Wrap Flow, per sq cm (add-on, list separately in addition to primary procedure)	Yes
Q4424	Revive FT, per sq cm (add-on, list separately in addition to primary procedure)	Yes
Q4425	Revive TL, per sq cm (add-on, list separately in addition to primary procedure)	Yes
Q4426	DermaBind TL + or DermaBind TL X, per sq cm (add-on, list separately in addition to primary procedure)	Yes
Q4427	DermaBind DL N, DermaBind DL +, or DermaBind DL X, per sq cm (add-on, list separately in addition to primary procedure)	Yes
Q4428	DermaBind SL N, DermaBind SL +, or DermaBind SL X, per sq cm (add-on, list separately in addition to primary procedure)	Yes
Q4429	DermaBind CH N or DermaBind CH X, per sq cm (add-on, list separately in addition to primary procedure)	Yes
Q4431	PMA skin substitute product, not otherwise specified (list in addition to primary procedure)	Yes
Q4432	510(k) skin substitute product, not otherwise specified (list in addition to primary procedure)	Yes
Q4433	361 HCT/P skin substitute product, not otherwise specified (list in addition to primary procedure)	Yes
Q4435	Renati Membrane, per sq cm (add-on, list separately in addition to primary procedure)	Yes
Q4436	Renati AC Membrane, per sq cm (add-on, list separately in addition to primary procedure)	Yes
Q4437	Revival AC, per sq cm (add-on, list separately in addition to primary procedure)	Yes
Q4438	Pretect, per sq cm (add-on, list separately in addition to primary procedure)	Yes
Q4439	InstaGraft, per sq cm (add-on, list separately in addition to primary procedure)	Yes
Q4440	CuraMatrix, per sq cm (add-on, list separately in addition to primary procedure)	Yes
S0500	Disposable Contact Lens, Per Lens	Yes
S0512	Daily Wear Specialty Contact Lens/Lens	Yes
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

Code	Procedure Description	CCN - Medicare
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
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
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

Code	Procedure Description	CCN - 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
V5120	Binaural, Body	Not covered by Medicare
V5130	Binaural, in the ear	Not covered by Medicare

Code	Procedure Description	CCN - 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
X3902	Physical Therapy: single modality one area - each additional 15 minutes	Not Valid for Onecare-please use Medicare codes

Code	Procedure Description	CCN - Medicare
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
X3922	Any of the tests and measurements each additional 15 minutes, plus reports	Not Valid for Onecare-please use Medicare codes

Code	Procedure Description	CCN - Medicare
X3924	Physical therapy preliminary evaluation rehabilitation center, SNF, ICF.	Not Valid for Onecare-please use Medicare codes
X3926	Case conference and report intial 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
X4104	Case conference and report initial 30 minutes.	Not Valid for Onecare-please use Medicare codes

Code	Procedure Description	CCN - Medicare
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
X4301	Speech Evaluation	Not Valid for Onecare-please use Medicare codes

Code	Procedure Description	CCN - Medicare
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 serices at any given location on the same day	Not Valid for Onecare-please use Medicare codes
X4308	Speech therapy preliminary evaluation , rehabilitation, SNF, ICF, or subacute care facilities, often related to augmentative communication assessments	Not Valid for Onecare-please use Medicare codes
X4310	Speech generating device (SGD) - related bundled speech therapy services, per visit	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 Valid for Onecare-please use Medicare codes
X4530	Impedeance Audiometry	Not Valid for Onecare-please use Medicare codes

Code	Procedure Description	CCN - Medicare
X4535	Unlisted Audiological Services	Not Valid for Onecare-please use Medicare codes
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, Regestired 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 Services Marriage/Family/Child Counsel	Not Valid for Onecare-please use Medicare codes
Z5816	EPSDT Services Social 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

Code	Procedure Description	CCN - Medicare
Z5946	EPSDT Supplemental Service Hearing Aid	Not Valid for Onecare-please use Medicare codes
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 Services	Not Valid for Onecare-please use Medicare codes
	BEHAVIORAL HEALTH CODES	
0345U	Psychiatry (eg, depression, anxiety, attention deficit hyperactivity disorder [ADHD]), genomic analysis panel, variant analysis of 15 genes, including deletion/duplication analysis of CYP2D6	Yes
90865	Narcosynthesis for psychiatric diagnostic and therapeutic purposes (eg, sodium amobarbital (Amytal) interview)	Yes
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
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

Code	Procedure Description	CCN - Medicare
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
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

Code	Procedure Description	CCN - Medicare
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
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